STANDARD OPERATING PROCEDURE (SOP) FOR THE COUNSELLING CELL AT ARMY PUBLIC SCHOOLS

INTRODUCTION

1.   The well-being and holistic development of students are paramount to their academic success and personal growth. Increasingly, students face academic pressure, personal challenges and social stressors that impact their emotional health. Establishing a Counselling Cell at Army Public Schools will provide a structured, accessible support system to address these issues, enabling students to develop resilience, self awareness and healthy coping strategies.

AIM

2.   The SOP is aimed at the following :-

(a)   Provide individual and group counselling services to students.

(b)   Conduct mental health awareness and resilience building programs.

(c)   Address issues related to stress, peer pressure, family problems, and bullying.

(d)   Assist students with academic concerns, career guidance, and personal development.

(e)   Support students facing emotional or behavioural difficulties.

(f)   Create Awareness and sensitization about importance of mental health and wellbeing among staff and students

SCOPE

3.   The SOP is laid down in the following parts :-

(a)   Part 1 - Org and Functions of Counselling Cell.

(b)   Part 2 - Procedures.

(c)   Part 3 - Documentation.

(d)   Part 4 - Crisis Management.

(e)   Part 5 - Communication and Awareness.

(f)   Part 6 - Roles and Responsibilities.

PART 1 - ORG AND FUNCTIONS OF COUNSELLING CELL

4.   **Structure of the Counselling Cell**.

(a)   **Counsellor(s)**. Qualified professionals with a degree in psychology, or guidance & counselling.

(b) **Support Staff**. Administrative personnel to manage records, appointments, and communications.

(c) **Collaboration**. The cell will coordinate with teachers, parents, and school management and external referrals to ensure a holistic approach to student welfare.

5. **Services Offered**.

(a) **Individual Counselling**. Confidential one on one sessions to help students deal with personal, social, academic, or psychological issues.

(b) **Group Counselling**. Thematic group sessions focusing on common concerns like exam stress, peer relationships, etc.

(c) **Crisis Intervention**. Immediate response for students showing signs of severe distress, suicidal ideation, or self-harm.

(d) **Parent and Teacher Consultation**. Sessions to provide guidance on handling children with specific challenges or behaviour issues.

(e) **Workshops and Awareness Programs**. Mental health awareness campaigns, skill building workshops, and resilience programs for students, staff, and parents.

6. **Qualification of Counsellors**. As per the CBSE Affiliation Byelaws 2.4.12 :-

"Every Secondary and Senior Secondary school shall appoint a person on full time basis for performing the duties of Counsellor & Wellness Teacher. The person appointed as Counsellor and wellness teacher shall be either a Graduate/Post Graduate in psychology or Post Graduate in Child Development or Graduate/Post Graduate with Diploma in Career Guidance and Counselling. Schools having enrolment of less than 300 students in classes from IX to XII can appoint a Counsellor & Wellness Teacher on part-time basis."

PART 2 - PROCEDURES

7. Procedures of Counselling are as under :-

(a) **Appointment Scheduling**.

(i) Counselling sessions will be scheduled in a timely and structured manner, with priority given to urgent cases. Students will have access to discreet methods for booking appointments (e.g., using request forms, online, or direct contact with the Counsellor).

(ii) Follow-up appointments will be scheduled based on the student's progress and specific needs to ensure continuous support.

(b) **Session Structure**. Each counselling session will follow a structured format to ensure a consistent and effective approach :-

(i) **Introduction and Rapport Building**. The Counsellor will create a safe and trusting environment for the student to feel comfortable sharing their concerns.

(ii)   **Identifying the Issue(s)**. The student's primary concerns will be identified, whether emotional, academic, behavioural, or care related.

(iii)   **Exploring Solutions or Coping Strategies**. The Counsellor will work collaboratively with the student to explore potential solutions, coping strategies, or referrals if necessary.

(iv)   **Follow-up and Progress Monitoring**. After the session, follow-up appointments will be scheduled as needed to assess the student's progress and adjust interventions accordingly.

8.   **Referral System**.

(a)   **Internal Referrals**.

(i)   Teachers, parents, or school management can refer students to the Counselling Cell when they observe any behavioural, emotional, or academic concerns that may require intervention.

(ii)   A structured referral process should be established, including documentation and communication between the school staff and the Counsellor to ensure the student's needs are clearly understood.

(b)   **Self Referrals**. Students may voluntarily approach the Counselling Cell if they feel they need support. As a policy school should empowers students to take initiative in managing their emotional and academic wellbeing.

(c)   **Anonymous Referrals**. The school management must create a system that allows students to approach Counsellors in confidence, without fear of stigma or exposure. This could include :-

(i)   A private appointment booking system (digital or physical).

(ii)   Drop-in hours where students can discreetly seek support.

(iii)   Anonymous suggestion boxes or digital tools for students to indicate their desire for a counselling session.

(iv)   Confidentiality should be emphasized, so students feel safe seeking help on their own. This ensures that students can seek support privately and without any fear, making the process more approachable.

(d)   **External Referrals**.

(i)   If a student's needs go beyond the expertise of the Counselling Cell, the Counsellor can refer the student to external professionals, such as psychiatrists, psychologists, or career specialists, for more specialized support.

(ii)   The referral process should involve parental consent (where necessary) and clear communication with external professionals to ensure continuity of care.

(iii)   The Counselling Cell should maintain a network of trusted external professionals and services for swift and effective referrals. Help from station MH can be sought, if required.

PART 3 - DOCUMENTATION

9.   **Record Keeping**.

(a)   Detailed and accurate records of all counselling sessions, including notes, referrals, and follow-ups, will be maintained securely.

(b)   Access to these records will be restricted to authorized personnel only (i.e, Counsellors, administrative staff involved in the counselling process).

(c)   In NO reports the student's names should be highlighted for any purpose to unauthorised personnel except if required for legal cases.

(d)   Digital records will be stored in password protected systems, while physical files will be kept in a locked and secure location.

10.   **Types of Records Maintained**.

(a)   **Pre-counselling History Taking**. A detailed history of the issues must be taken by the counsellor prior to starting the intervention (Suggestive form given at Annexure-1) Session Notes: Brief documentation of the counselling session, including (Suggestive form given at Annexure-2) :-

   (i)   Date, time, and duration of the session.

   (ii)   Presenting issue(s).

   (iii)   Summary of the discussion (without verbatim content).

   (iv)   Action steps or follow-up plans.

(b)   **Referral Records**. Details of referrals made to external professionals, organizations, or agencies.

(c)   **Consent Forms**. Written consent obtained for counselling services. (suggestive form given at Annexure-3) Consent forms for sharing information when required under specific conditions (e.g., referrals, legal requirements). In case of small children (below 12 years), informed consent needs to be taken from a parent / guardian and assent from the minor. Both the parental informed consent and the minor assent must be obtained before initiating therapy sessions.

(d)   **Progress Records**. Tracking students' progress over time to evaluate the effectiveness of counselling interventions.

(e)   **Incident Reports.** Detailed documentation of crises, such as self-harm or abuse disclosures, including actions taken, authorities informed, and follow-up steps.

(f)   **Administrative Logs**. Logs for tracking the number of sessions conducted, types of issues addressed (anonymized), and overall impact for reporting purposes.

11.   **Confidentiality Guidelines.** All counselling sessions are strictly confidential. Information shared during sessions will remain private unless there is an imminent risk of harm to the student or others. Counsellors must ensure that :-

(a)   **Anonymity**. Names, personal details, and session notes must be kept confidential and disclosed only on a need-to-know basis. Records containing sensitive information should only be accessed by the Counsellor and authorized staff (e.g., principal, school management only in exceptional cases).

(b)   **Restricted Access.** Physical files must be kept in a secure, locked cabinet within the Counsellor's office. Digital records must be stored in password-protected systems with limited access rights.

(c)   **No Audio / Video Recordings**. To maintain trust, counselling sessions will not be recorded via audio or video. No CCTVs should be installed in and around Counsellor's office to maintain anonymity. Discipline of children in that particular area will be the sole responsibility of the Counsellor.

12.   **Exceptions to Confidentiality**. Counsellors are committed to maintaining the confidentiality of students. However, there are specific circumstances under which confidentiality may be breached to ensure student safety. Counsellors should clearly explain the limits of confidentiality to students when seeking consent. If a student understands the risks and consents to share specific information for safety reasons, the Counsellor may proceed with that disclosure in following circumstances :-

(a)   **Immediate Risk of Harm**. If a student poses an immediate risk of harm to themselves or others, Counsellors may share necessary information with relevant authorities or school management without seeking consent.

(b)   **Legal requirements**. Counsellors are mandated by law to report suspected cases of abuse or neglect. In such cases, confidentiality may be breached to fulfil these legal responsibilities.

(c)   **Substance Abuse Concerns**. When a student's substance abuse presents a risk to their health or safety, the Counsellor may inform appropriate personnel to facilitate intervention and support.

(d)   **Mental Health Crisis**. In instances of a mental health crisis requiring immediate intervention, Counsellors may disclose relevant information to emergency responders or mental health professionals to ensure the student receives the necessary care.

(e)   **Disclosures of Abuse or Neglect**. Any records of suspected abuse or neglect must be securely stored and only shared with relevant authorities as mandated by POCSO or POSH law.

(f)   **Counsellors are responsible for adhering to these guidelines and ensuring that any disclosures made under these exceptions are documented and justified.**

13. **Anonymized Data Sharing**. To maintain trust and protect student identities, any reports or updates shared with school management must :-

(a) Remove all identifying details (e.g., names, personal information). Data should focus on trends, challenges, and outcomes without linking to specific individuals.

(b) Emphasize anonymized statistics and generalized observations rather than specific case details. Data should focus on trends, challenges, and outcomes without linking to specific individuals.

(c) Maintain the integrity of the counselling process by ensuring that no personal information is disclosed without explicit consent unless it falls under the aforementioned exceptions.

14. **Guidelines for Documenting Sessions**.

(a) **Informed Consent for Documentation**. Students should be informed about the type of records maintained and how their confidentiality will be protected. Obtain consent before including specific details in records or reports. Pre-Counselling consent form can be used as per Annexure-I. Confidential Records to Be Maintained.

(b) **Objective and Concise**. Session notes should be objective, factual, and concise. Avoid subjective language or personal opinions. Written session summaries will focus on key points rather than detailed transcripts.

(c) **Timely Documentation**. Notes should be recorded promptly after the session to ensure accuracy and completeness.

(d) **Separate Files**. Maintain separate files for each student to avoid mixing information. Clearly label files with unique identifiers (e.g, student ID numbers).

(e) **Mental Health Crisis**. Documentation of crisis situations, including actions taken and referrals made, should be stored securely.

(f) **Substance Abuse Concerns**. Records addressing substance abuse issues should be strictly confidential and only shared with the professional involved in the intervention process.

15. **Periodic Review and Secure Disposal of Records**.

(a) **Retention Period**. Records will be retained for a minimum period (5 years) or till required (till passing out of the child).

(b) **Secure Disposal**. All records, whether physical or digital, must be securely stored. Unused records should be destroyed following data protection guidelines.

(c) **Periodic Audits**. Regular audits to be conducted to ensure compliance with confidentiality and record-keeping standards.

PART 4 - CRISIS MANAGEMENT

16. **Crisis Management**.

(a) **Emergency Protocols**. In cases of immediate threats to a student's safety, such as suicidal ideation or self-harm, the following steps will be taken :-

(i) **Notification of Authorities**. The Counsellor will promptly notify school management and, when appropriate, the student's parents or guardians.

(ii) **Emergency Medical Services**. If the situation warrants, emergency medical services will be contacted to ensure the student receives immediate medical attention.

(iii) **Documentation**. All actions taken during the crisis will be documented, including the nature of the threat, individuals notified, and any steps taken.

(b) **Post-Crisis Support**. After a crisis, the following measures will be implemented to ensure the student's ongoing wellbeing :-

(i) **Follow-Up Sessions**. Scheduled follow-up sessions will be arranged to provide ongoing support and monitor the student's mental health.

(ii) **Referrals**. Referrals to mental health professionals or support services will be made to provide additional assistance.

(iii) **Family Engagement**. Where appropriate, engage with the student's family to ensure a supportive environment at home.

(iv) **Practice Empathy**. All efforts should be made to make the child feel secure and safe. A non-judgemental attitude should be adopted. Peer group counselling should be taken up by the counsellor for the other children to sensitize them about the incident and create empathy in the environment.

(c) **Review and Evaluation**. Following a crisis, a review will be conducted to evaluate the response and identify any areas for improvement in crisis management procedures.

17. **Report Components**. When asked by Management or relevant authorities the Counselors will provide reports of the counseling services provided, objectives, and goals of the counseling the specific period. Report shall include :-

(a) **Activities and Sessions**. Detailed information about the approach taken for counseling services provided (e.g., individual sessions, group therapy, workshops, therapeutic approach), including the number of sessions, duration, and topics covered.

(b)   **Impact and Outcomes**. Highlight the outcomes achieved, such as improvements in student well-being, academic performance, or behavior. This could include success stories, statistical data, or feedback summaries.

(c)   **Challenges and Areas for Improvement**. Discuss any challenges faced by the counseling cell, such as insufficient resources, a lack of support from parents, non-compliance by student, or the need for specialized external support.

(d)   **Recommendations**. Provide suggestions for improving the counseling services, including additional training for counselors, introducing new programs, or enhancing the support infrastructure.

18.   **Dissemination Process**. As and when asked and in the crisis situations the detailed reports may be shared with the School Management and HQ AWES Command and AWES HQs. Keeping the identity of the child confidential or shared on need-to-know basis unless cases fall under the crisis situation as per aforementioned scenarios :-

(a)   **Internal Communication**. Share the report with the key stakeholders, such as school administration, department heads, teachers, and counselors. This could be done via email or in a meeting setting.

(b)   **Presentations / Meetings**. Organize a meeting with relevant stakeholders to discuss the findings, challenges, and recommendations from the report. This gives an opportunity for feedback and further discussion.

(c)   **Workshops and Trainings**. If the report suggests areas for improvement, conduct workshops for staff on how to better identify students in need of counselling or how to improve the referral system.

(d)   **Follow-up**. After dissemination, establish a process to track the implementation of any recommendations or improvements suggested in the report. Follow up may be done with relevant stakeholders to ensure changes are made where necessary.

PART 5 - COMMUNICATION AND AWARENESS

19.   (a)   **Regular Communication and Collaboration with Parents and Teachers**. Counsellors will maintain regular communication with parents and teachers to address   concerns regarding student behaviour or academic performance. This may include :-

(i)   Scheduled meetings to discuss individual student needs.

(ii)   Sharing observations and strategies to support students effectively.

(iii)   Providing resources for parents and teachers to facilitate open discussions about mental health and emotional wellbeing.

(b)   **Awareness Programs**.

(i)   Schools must share concise tips or resources through a shared digital platform (e.g., school website, social media, or a dedicated email list).

(ii)   Schools must Organize short workshops or informational sessions on key topics during parent-teacher meetings.

(iii)   Helplines numbers and Counsellors' and other Professional contact details must be displayed prominently on boards in school. This information should also be shared with parents at the beginning of each session.

(c)   **Feedback Mechanism to be established by Schools**. A mechanism should be established to gather feedback from parents, teachers, and students regarding communication effectiveness and topics of interest. This may include :-

(i)   Annual surveys to assess the relevance and impact of communication efforts.

(ii)   Opportunities should be created for parents and all teachers to suggest topics, share articles or posters for creating mental health and wellbeing awareness.

(iii)   Implement a simple feedback form (digital or paper) for parents and teachers to share their concerns or topics they'd like more information about.

20.   **Monitoring and Evaluation**.

(a)   Evaluate the effectiveness of the Counselling Cell through feedback from students, teachers, and parents.

(b)   Prepare concise reports summarizing findings, including successes and areas needing adjustment, to share with school management and stakeholders.

(c)   Based on the reports, conduct annual reviews to update policies and ensure services remain relevant.

21.   **Ethical Considerations**. Mental Health and Wellbeing is not an individualised task and needs the support from the environment. Thus, at our APSs and APPSs all school staff should be sensitised to:

(a)   **Respect for Autonomy**. support students in making their own choices.

(b)   **Non-Maleficence**. Ensure that their actions do not harm students.

(c)   **Beneficence**. Promote the wellbeing of students by creating a supportive environment.

(d)   **Justice & Equity**. Ensure that all students have equal access to counselling services.

(e)   **Data Privacy**. All student data including personal & psychological records will not be used for any external research, study or publication without prior written consent from parent / guardian and school authorities.

PART 6 - ROLES AND RESPONSIBILITIES

22.   **Roles and Responsibilities**.

(a)   **Counsellors**. The Counsellor plays the key role in supporting students' mental health by providing guidance, facilitating counselling sessions, and promoting a safe and nurturing environment for emotional growth. A Counsellor must :-

     (i)   **Create a Rapport with Students**. Counsellors must actively work to build rapport with students by creating a trusting and supportive environment, encouraging open communication, and demonstrating genuine interest in their wellbeing.

     (ii)   **Be Accessible to Students**. Counsellors must maintain accessibility for students, providing timely support and guidance to foster a sense of security and trust within the school community. They need to be kind towards students and parents.

     (iii)   **Conduct Counselling Sessions**. Provide individual and group counselling while maintaining confidentiality to create a safe space for students.

     (iv)   **Document Cases**. Keep detailed records of student sessions and follow up on their progress to ensure effective support.

     (v)   **Facilitate Workshops**. Organize and lead workshops on mental health topics to promote awareness and skills among students.

     (vi)   **Crisis Management**. Respond to emergencies and coordinate with school management and parents when necessary.

     (vii)   **Voice of the Students**. Counsellors should serve as the voice of the student, advocating for their needs and ensuring their perspectives are represented in the school home and community.

(b)   **School Management**. School management must actively support mental health initiatives by providing necessary resources, promoting a culture of wellbeing, and ensuring that counselling services are prioritized within the school environment. They must :-

     (i)   **Allocate Funds.** Ensure that a suitable budget is allocated for the proper functioning of the Counselling cell, buying psychometric tests, conducting trainings and programmes to create awareness on mental health and well-being. This may include funding for professional development opportunities for the Counsellor.

     (ii)   **Provide Resources**. Ensure that the Counselling Cell is equipped with the necessary resources, such as counselling materials, psychometric tests, training tools, books on self-help and a dedicated space for sessions.

     (iii)   **Support Initiatives**. Actively support the Counsellor in implementing mental health programs, including providing time in the school schedule for workshops and counselling activities.

     (iv)   **Crisis Support**. Be available to assist the Counsellor during crises, helping to communicate with parents and coordinate responses as needed.

(v) **Policy Development**. Develop and enforce school policies that prioritize mental health services, ensuring they are clearly communicated to students, staff, and families.

(vi) **Community Awareness**. Promote awareness of mental health initiatives within the school community, encouraging participation from students, parents, and staff.

(c) **Principal**. The principal plays a key role in supporting mental health by fostering a caring school environment, ensuring resources for counselling are available, and actively promoting the importance of student wellbeing. The Principal must ensure :-

(i) **Support Counselling Services**. Ensure that the counselling program is a priority in the school, advocating for its importance among staff, students, and parents.

(ii) **Resource Allocation**. Provide adequate time and resources for the Counselling Cell, including time for counselling sessions, training opportunities and psychometric testing materials.

(iii) **Access to Counselling Rooms**. Ensure that counselling rooms are accessible and not used for other purposes, allowing the Counsellor to conduct sessions in a confidential environment.

(iv) **Limit Substitute Teaching Assignments**. Minimize the assignment of Counsellors as substitute teachers to preserve their availability for counselling duties. Prioritise counsellors' availability for students while planning other events.

(v) **Promote Mental Health Awareness**. Lead initiatives to raise awareness about the importance of mental health within the school community, supporting programs and activities organized by the Counsellor.

(d) **Coordinators and Teachers**. Coordinators and teachers are essential in supporting student mental health, serving as frontline gatekeepers by creating a nurturing classroom environment, recognizing students' needs, and collaborating with Counsellors to promote wellbeing :-

(i) **Identify Needs**. Observe students closely to identify those who may be struggling with emotional or behavioural issues, and refer them to the Counselling Cell for additional support.

(ii) **Integrate Mental Health Education**. Incorporate mental health and emotional wellbeing topics into the curriculum, using age-appropriate language and materials to educate students about these important issues.

(iii) **Collaborate with the Counsellor**. Maintain open lines of communication with the Counsellor to share insights about student behaviour, classroom dynamics, and any concerns that arise. This collaboration can help Counsellor understand each student better and tailor their sessions to meet specific needs.

   (iv) **Foster a Supportive Classroom Environment**. Create an inclusive and supportive classroom atmosphere where students feel safe to express their emotions and seek help when needed.

   (v) **Encourage Parental Involvement**. Keep parents informed about mental health resources and encourage them to engage with the Counsellor regarding their child's needs.

  (e) **Parents**. Parents play a key role in their child's development. When parents are engaged, they can reinforce the strategies and skills taught in counseling sessions, creating a consistent support system both at school and at home. Their involvement can help Counsellors gain a more comprehensive understanding of the child, allowing for more tailored and effective support. Therefore Schools must :-

   (i) **Encourage Engagement with the Counsellor**. Promote open communication between parents and the Counsellor, encouraging them to reach out for guidance and support regarding their child's wellbeing.

   (ii) **Promote Support at Home**. Provide resources and tips for parents on creating a nurturing environment at home that reinforces skills and strategies discussed in counselling sessions.

   (iii) **Facilitate Information Sharing**. Organise events and workshops focused on mental health topics, ensuring parents are informed about available resources and how to support their child effectively.

   (iv) **Invite Collaboration**. Encourage parents to collaborate with teachers and Counsellors to develop strategies that support their child's mental wellbeing.

   (v) **Advocate for Community Involvement**. Create opportunities for parents to engage in mental health initiatives, fostering a community that prioritizes student wellbeing.

23. **Review and Updates**. This SOP will be reviewed annually to incorporate new guidelines, policies, or mental health trends relevant to students.

CONCLUSION

24. Establishing a Counselling Cell at Army Public School will be a valuable investment in our students' emotional and psychological health, supporting their journey to becoming well-rounded individuals. By implementing this initiative, the school will foster a nurturing environment conducive to both academic and personal growth.