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REVIEW

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School- and community-based counselling services for children and young people aged 7–18 in the UK: A rapid review of effectiveness, implementation and acceptability

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Abstract

Introduction: Provision of school- and community-based counselling services differs in terms of funding, implementation and eligibility criteria across the UK. The existing evidence of the effectiveness of counselling services is mixed, with little consideration of service context, implementation or acceptability. This rapid review seeks to address the gaps in the extant evidence syntheses by exploring the effectiveness, implementation and acceptability of school- and community-based counselling services in the UK.

Methods: A systematic literature search was conducted in five electronic databases. Grey literature searches were conducted in 23 national government and third-sector organisational websites. The searches focussed on studies examining counselling interventions aimed at children aged 7–18 years that examined either effectiveness, implementation, acceptability or context.

Results: Fifty-four studies were included in the review. The few RCT studies suggest that there is no clear evidence of effectiveness of the therapeutic approach, due to mixed findings. There is some tentative evidence for weaker study designs that counselling may have positive impacts across different settings. The service is highly valued by learners, teachers and parents and is believed to improve well-being; however, it is often seen as a discrete service that is not well-embedded within the education system.

Conclusions: There is mixed evidence for the effectiveness of school- and community-based counselling. However, this needs to be understood in the context of acceptability and implementation. Future work is needed to improve the implementation of services by considering the wider complexity of the systems in which these services are embedded.

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KEYWORDS
health and well-being, rapid review, school- and community-based counselling

1 | INTRODUCTION

Within the UK, the mental health and well-being of children and young people is a significant public health issue (Gunnell & Kidger, 2018). Almost 20% of learners aged 11–16 years report high rates of symptoms associated with poor mental health (Page et al., 2021). The COVID-19 pandemic exacerbated problems, with 27% of 10- to 11-year-olds reporting emotional difficulties in 2021, compared with 17% in 2019 (Moore et al., 2022). These findings have been reflected globally with a reported increase in depression, anxiety and psychological distress (Kauhanen et al., 2023). Poor mental health potentiates the risk of a range of adverse outcomes, including lower levels of academic attainment (Finning et al., 2020; Lereya et al., 2019; Parker et al., 2019) and being "not in education, employment or training" (NEET). It has been found that 62% of children and young people feel that there is a lack of mental health support available to them in school (Mind, 2021).

Governments across the UK nations provide guidance on the provision of school- and community-based counselling services to support the mental health and well-being of children and young people (Department for Education, 2016; Education Authority, 2020; Scottish Government, 2020; Welsh Government, 2013). Counselling is defined as the professional delivery of therapeutic services by a qualified practitioner (Psychotherapy, 2023). However, there is notable variation in approach to the funding, implementation and eligibility criteria (Department for Education, 2016; Scottish Government, 2020; Welsh Government, 2013). Following the COVID-19 pandemic, variation in provision has potentially increased (Psychotherapy BAfCa, 2022). Demand for counselling has been high since the pandemic, with 12,522 children or young people receiving counselling services in 2021/2022 in Wales, the highest number since this data collection in 2015 (Welsh Goverment, 2023). In turn, waiting lists can be problematic, and service capacity is often overstretched (British Association for Counselling and Psychotherapy, 2022) leading to potential variation in the implementation of the service.

There is mixed and somewhat equivocal evidence on the effectiveness of school- and community-based counselling in the UK context. A number of studies have demonstrated short-term positive impacts on mental health outcomes, but these are not sustained longer term (Cooper et al., 2010; Cooper, Stafford, et al., 2021; McArdle et al., 2002; McArthur et al., 2013; Pearce et al., 2017; Pybis et al., 2015). Mixed impacts have been found for a number of more robust studies (Beecham et al., 2019; Cooper, Stafford, et al., 2021). These include the ETHOS study (Cooper, Stafford, et al., 2021), where evaluation through randomised controlled trial found positive effects for the Young Persons Clinical Outcomes in Routine Evaluation (0.25, 0.03–0.47), but not for anxiety and depression (0.92, −1.53 to 3.38). This is in contrast with the evidence base that comes from the United States (US), which finds large effects sizes for school counselling (Gerler et al., 1985; Pattison & Harris, 2006; Prout & Prout, 1998). However, school counselling within the US tends to take a cognitive behavioural therapy (CBT) approach and has a focus on educational attainment compared with school counselling in the UK (Jenkins, 2009). The US approach is similar to what is offered globally in terms of being more directive and with a focus on educational attainment (Hui, 2002). Therefore, it is important to understand the unique school- and community-based counselling that is offered within the UK.

Systematic and literature reviews (Cooper, Pybis, et al., 2013; Lalor et al., 2006; Pattison & Harris, 2006) have aimed to synthesise the evidence base on counselling; however, they tend to be limited by a focus on effectiveness, rather than focussing on intervention context, implementation or stakeholder acceptability. This reflects a wider issue in the counselling literature, namely that it has been slow

Implications for practice and policy

- A complex system approach should be taken to understand the features of the system that counselling services need to adapt to in order to become embedded in a sustainable way (Gunnell & Kidger, 2018; Page et al., 2021). For example, an appropriate and confidential space for counselling should be provided. Ideally, the space should have a concealed entrance, be a private space where no one will overhear and be a nicely furnished room with a comfortable chair.
- Counselling should also be easily accessible with multiple and clear referral pathways. Learners should be able to self-refer, and any other referral should be made with the involvement of the learner.
- Research has indicated the importance of involving children in decisions and processes about their own mental health (Finning et al., 2020). Counselling should also be tailored to the needs of children (Lereya et al., 2019; Parker et al., 2019). Without this, the counselling process can be disrupted and learners unmotivated to engage in the process (Everall & Paulson, 2002).
- Finally, in terms of policy, the wider system in which counselling is delivered should be considered. For example, high-quality relationships between stakeholders and reducing stigma around mental health should be prioritised. These relationships will increase awareness of other organisations and services in the system.

to incorporate a complex system lens to service development and evaluation (Jacobson et al., 2019; Langellier et al., 2019). Complex system approaches recognise that intervention effectiveness is contingent on the contextual conditions in which it is implemented and evaluated. As such, to understand whether effective approaches can be scaled, it is important to understand the original delivery setting. Recently, this approach has become more prevalent in systematic reviews, especially within health, and is an important approach that should be applied within the counselling literature (Booth et al., 2019; Petticrew et al., 2019). In addition, the Medical Research Council (MRC) process evaluation guidance emphasises the relations between implementation, mechanisms and context. Therefore, it is important to understand how the intervention will be affected by its existing context and how the intervention may also change aspects of the context in which it is delivered (Moore et al., 2015). Therefore, a review is required that examines effectiveness and process data and addresses the extant gaps and limitations in existing reviews. This approach explores the context, implementation and acceptability in order to understand the intervention functioning and outcomes.

This rapid review addressed the following research aims:

1. to explore the effectiveness of school- and community-based counselling services in the UK;
2. to understand how school- and community-based counselling services are implemented within the UK; and
3. to explore the acceptability of school- and community-based counselling services in the UK.

2 | METHODS

The research team conducted a rapid evidence review (Varker et al., 2015). This approach was chosen as the aim of the review was to inform government policy (Garritty et al., 2021; Hamel et al., 2021). The rapid review was reported with reference to the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) checklist (Appendix B; Liberati et al., 2009).

2.1 | Study eligibility criteria

The eligibility criteria were prescribed in accordance with the PICO framework (Appendix F):

- Population: participants were children and young people aged 7–18 years.
- Intervention: counselling was defined as:
  - a professional therapeutic support delivered face-to-face, online or via telephone;
  - delivered by a professional counsellor or by a child or young person in the role of peer counsellor, with a counsellor who provided support and guidance;
  - any type of therapeutic approach; and
  - a minimum of one component had to have been delivered via an educational setting (e.g., school, home school and pupil referral unit) or within a community setting (e.g., youth club, youth centre and community hall).
- Comparator: outcome evaluations did not have to have included a comparator. Where a comparator was specified, it could have included usual care or an alternative provision.
- Outcome: intervention had targets: mental health and well-being; intimate partner violence; bullying; and domestic violence. Outcomes had to have been reported at the level of the child or young person.
- Study design: studies had to have reported data on effectiveness, implementation, acceptability or context.
- Limiters: date of publication was restricted to 1999–current; English and Welsh languages; countries of study conduct were restricted to the UK and Ireland.

2.2 | Searches and information sources

A search strategy was developed in Ovid MEDLINE (Appendix C) and adapted to the functionality of each database and website. Five electronic bibliographic databases were searched: Medline; PsycINFO; Scopus; ERIC; and Social Policy and Practice. Grey literature searches were conducted in 23 national government and third-sector organisational websites (Appendix D). Websites were identified by the research team based on previous experience of related reviews. This ensured that the review could provide suitable evidence to inform government policy. Additional papers were sought from contract from the Welsh government and the research team. Databases and websites were searched from 1999, which marked the transfer of powers to the Welsh Assembly (now known as the Welsh Parliament). Searches were conducted in December 2020 and again in late May 2022. Where Welsh language reports were retrieved, an English language version was also sought for inclusion in the review.

2.3 | Screening and selection of studies

Retrieved studies were screened by title and abstract by one reviewer. Studies that were excluded as ineligible were checked by a second reviewer. Following this, the full texts of remaining studies were screened by one reviewer and verified by a second. Discrepancies were resolved through discussion and recourse to a third reviewer. All papers were downloaded, stored and managed within Endnote.

2.4 | Data extraction

A data extraction form was developed and piloted with a subset of studies. The standardised data extraction from (Appendix E)

included the following: study details, intervention and comparator, participants, outcomes, findings, and strengths and limitations. Data were extracted by one reviewer and checked by a second.

2.5 | Risk of bias

Methodologically appropriate quality appraisal tools were used to assess the quality of each study. Randomised control trials (RCTs), quasi-experimental, cross-sectional, cohort, case and qualitative studies were all checked using the Joanna Briggs Institute Checklist appropriate to the study type (Joanna Briggs Institute, 2017). Pre- and poststudies were checked with the National Heart, Lung and Blood Institute Quality Assessment Tool for Before–After (Pre–Post) Studies With No-Control Group (National Heart L, and Blood Institute, 2019). For mixed method studies where a methodology was only reported for an outcome evaluation, with a brief reference to qualitative data in the findings, only the outcome evaluation component was appraised. For mixed method studies where a methodology was presented for each composite method, each method was appraised separately (e.g., qualitative component appraised with qualitative methodological tool and outcome evaluation component appraised with RCT methodological tool). Quality appraisal tools were not used to determine study eligibility. Quality appraisal was conducted by one reviewer independently and checked by a second. Discrepancies in extraction were resolved through discussion, sometimes with recourse to a third reviewer.

2.6 | Data synthesis

A narrative synthesis was undertaken, with separate narrative summaries constructed for the research aims on intervention effectiveness, implementation and acceptability. These were accompanied by a descriptive table reporting study characteristics and key findings.

3 | RESULTS

3.1 | Study characteristics

Database searches identified 1,530 study reports, with an additional five study reports identified via grey literature searches. Following the removal of duplicates, titles and abstracts of 1,274 study reports were assessed. A total of 1,044 studies were excluded at this stage. The full texts of the remaining 227 study reports were screened. On completion of screening, 66 study reports were eligible for inclusion in the review. These were linked to 54 different evaluations of counselling provision. The process of study retrieval is reported in the PRISMA flow diagram (Figure 1 and Appendix A).

3.2 | Country

Studies were included from England ($n = 25$), Northern Ireland ($n = 3$), Republic of Ireland ($n = 1$), Scotland ($n = 9$), Wales ($n = 5$) and the UK ($n = 23$) more generally.

3.3 | Population and setting

Eleven studies were conducted in primary educational settings, and 36 were undertaken in secondary educational settings. Two studies were conducted in specialist educational settings for learners with additional needs. One study was conducted in a college. Three studies were undertaken in community services, for example, via youth services. Nine studies were conducted through a combination of primary, secondary, specialist and community settings. Two studies were conducted through a counselling service. Two studies did not specify a setting (Appendix F).

3.4 | Study design

There were 32 studies that conducted an evaluation on effectiveness, 27 studies reported implementation and 34 studies addressed acceptability. Some studies reported more than one type of evaluation design and data.

3.5 | Mental health and well-being outcomes and outcome measurements

Of the studies that measured changes in student mental health and well-being after they received counselling, two validated measures were commonly used. Nine studies employed the Young Persons Clinical Outcomes in Routine Evaluation (YP-CORE) measure. The YP-CORE is a 10-item self-report measure of emotional well-being for 11- to 16-year-olds, which covers domains of well-being, problems and symptoms, functioning and risk. Nine studies used the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a brief behavioural screening instrument, which includes emotional symptoms, conduct problems, hyperactivity/inattention, peer relationships and prosocial behaviour. For the SDQ, child and young person, teacher and parent versions were used.

3.6 | Study quality appraisal

For a number of designs, there were issues with small sample sizes, a lack of clear description of the counselling services delivered and the study participants, and only a single measure of the outcome at a single time point. There were a number of further issues identified for each study design. For RCTs, there were baseline imbalances across arms, and there was contamination across intervention and control

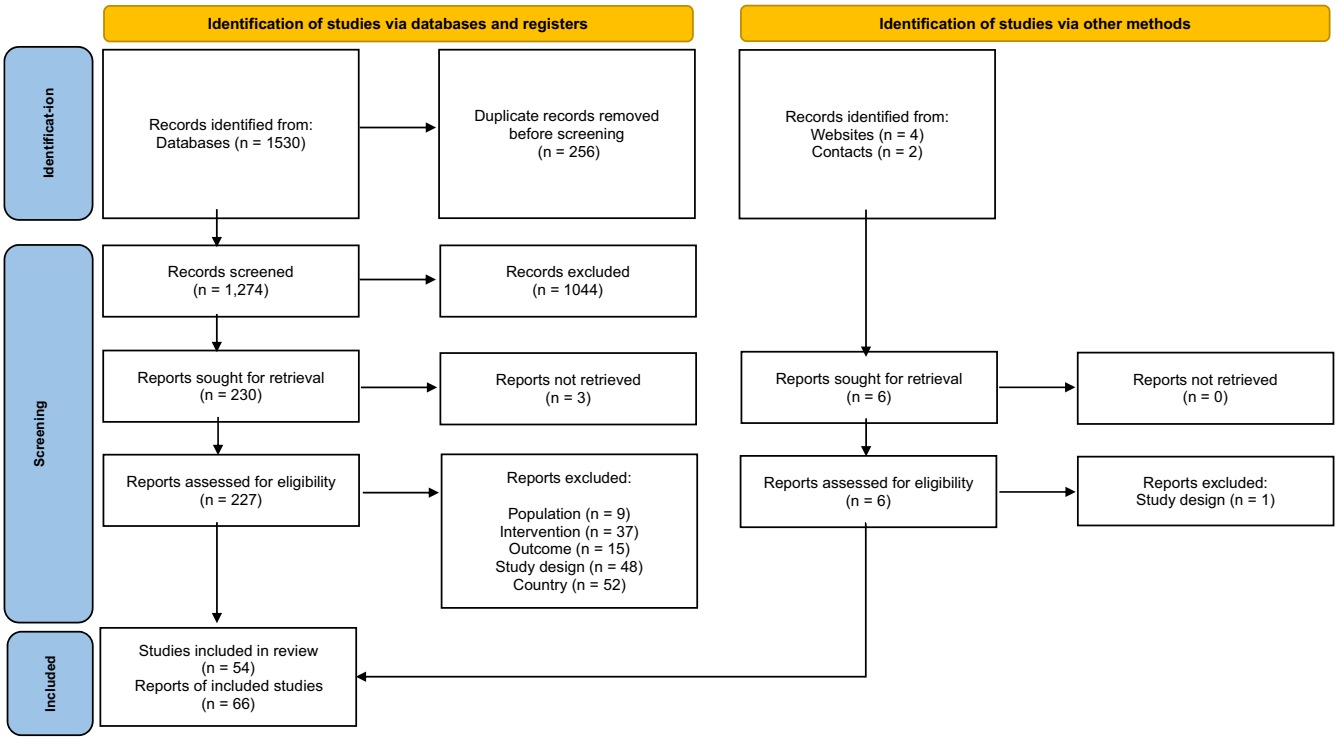

FIGURE 1 PRISMA 2020 flow diagram for new systematic reviews that included searches of databases, registers and other sources.

groups. For nonrandomised controlled trials, it was unclear whether the comparison group received counselling or a similar service. With pre- and postevaluation designs, there were reported issues with treatment integrity. Qualitative studies were limited by limited reporting on the perspectives and background of the researcher(s) (Appendix G).

3.7 | Effectiveness of school- and community-based counselling services

In total, 33 studies reported on the effectiveness of school- and community-based counselling. This section will provide evidence from the following: primary school settings; secondary school settings; specialist educational settings; and community settings. Within the findings for each type of setting, data will be presented starting from the most scientifically robust evaluation method. Overall, the evidence base is mixed, and the limited quality of the evaluations means that it is unclear which approaches might be effective. There is no clear evidence of effectiveness for the robust student designs; however, there is some tentative evidence for positive impacts within the weaker study designs. Additionally, due to the wide variety of approaches being evaluated, it is not possible to say which therapeutic approach is most suitable for the school and community setting.

Ten evaluations were conducted with learners in primary schools (Cooper, Stafford, et al., 2021; Cooper, Stewart, et al., 2013; Daniunaite et al., 2015; Economics PB, 2018; Finning et al., 2021; Lee et al., 2009; McArdle et al., 2002; Sherr et al., 1999; Sherr & Sterne, 1999). The one RCT conducted with learners primarily in primary school found that, after 12 weeks, learners participating in both group therapy and curriculum studies groups reported reduced problem behaviours (McArdle et al., 2002). The group therapy was, therefore, not seen to be more effective than the curriculum study approach. The feasibility cluster randomised design did not show a significant improvement in the SDQ measurements (Cooper, Duncan, et al., 2021). Both of the nonrandomised controlled evaluations (Finning et al., 2021; Sherr & Sterne, 1999) and four of the pre- and poststudy designs (Daniunaite et al., 2015; Economics PB, 2018; Lee et al., 2009; Sherr et al., 1999) related to school counselling provided by the charity organisation Place2Be. All of the studies found an improvement in mental health using either parent or teacher reporting (Finning et al., 2021), learner reporting (Sherr & Sterne, 1999), counsellor reporting (Sherr et al., 1999) or the SDQ measurement (Daniunaite et al., 2015; Economics PB, 2018; Lee et al., 2009). In addition, a study evaluating a variety of counselling approaches found that there were large reductions in psychological distress for learners (Cooper, Stewart, et al., 2013). However, it has also been found that learners who received one-to-one counselling reported better outcomes than those who received group counselling, but these were not sustained six months after receiving counselling (Lee et al., 2009).

Eighteen studies reported evaluations in secondary schools (Beecham et al., 2019; Churchman et al., 2020, 2021; Churchman, Mansell, Al-Nufoury, & Tai, 2019; Churchman, Mansell, & Tai, 2019; Cooper et al., 2010, 2014, 2019; Cooper, Duncan, et al., 2021;

Cooper, Pybis, et al., 2013; Fox & Butler, 2007, 2009; Hanley et al., 2011; McArthur et al., 2013; McElearney et al., 2013; Pearce et al., 2017; Pybis et al., 2015; Stafford et al., 2018). One of the most robust evaluations to date is the ETHOS trial, which assessed the impact of a 10-week school-based humanistic counselling programme on psychological distress (Cooper, Duncan, et al., 2021; Stafford et al., 2018). Using the YP-CORE, the intervention was found to have a small positive effect 12 weeks after young people received the counselling provision, and the impact was sustained 24 weeks after the intervention. Some improvements were also seen in measures for young people's goal attainment, self-esteem, well-being and psychological difficulties. However, a positive impact was not found for young people's anxiety and depression, externalised difficulties, engagement with school, school outcomes or educational outcomes. A further five studies reported on four small pilot RCTs that looked at the same counselling approach. These studies reported mixed results (Aithal et al., 2021; Beecham et al., 2019; Cooper et al., 2010; McArthur et al., 2013; Pearce et al., 2017; Pybis et al., 2015). After 12 weeks, McArthur et al. (2013) found that those who received school-based humanistic counselling had made significant improvements on the YP-CORE compared with those who did not receive the intervention. Pearce et al. (2017) and Pybis et al. (2015) found that counselling was initially effective as rated on the YP-CORE; however, the impact was not sustained at further follow-ups. Furthermore, Cooper et al. (2010) found no significant effect six weeks after attending counselling when measured on the SDQ. Eight evaluations of secondary school-based counselling that used a pre- and postdesign were reported (Churchman et al., 2020; Churchman, Mansell, & Tai, 2019; Cooper et al., 2014, 2019; Cooper, Pybis, et al., 2013; Fox & Butler, 2009; Hanley et al., 2011; McElearney et al., 2013). Overall, it was found that school-based counselling had a positive impact on learners' psychological well-being.

Looking at other settings, one study reported an evaluation of counselling in a specialist education setting (Cobbett, 2016). This nonrandomised study (Cobbett, 2016) delivered arts therapies coupled with person-centred counselling. There were significant differences in ratings of the SDQ between learners who received the intervention and those who did not. Within the community, two pre- and poststudies (Duncan et al., 2020; Wilkinson et al., 2018) were conducted. Duncan et al. (2020) collected data from young people who accessed Youth Information, Advice and Counselling Services (YIACS). The YP-CORE results suggested that counselling had a positive impact on their mental health. The final study (Wilkinson et al., 2018) investigated the effectiveness of interpersonal counselling (IPC) provided by an Early Help Team. This study again found improvements in mental health, with a reduction on the Revised Child Depression and Anxiety Scale (RCADS) for all participants.

Overall, the evidence base was mixed, with no clear evidence of effectiveness within the robust designs but some tentative evidence of positive impacts on children and young people's mental health and well-being within the weaker designs. Equally, no studies found counselling provision to be harmful, or to have any unintended impacts.

3.8 | Implementation of school- and community-based counselling

In total, 24 studies reported findings on the implementation of counselling in school- and community-based settings. Six key implementation factors were reported: a flexible and inclusive approach; service awareness; access; the location of counselling, including atmosphere and location; the relationship between counsellors and children and young people; and the relationship between counsellors and schools. Overall, it was found that factors needed to enhance provision include an inclusive approach that meets diverse needs, service awareness and knowledge, ease of access, sufficient resources, improvement in perceptions of the service and high-quality stakeholder relationships.

The first aspect of implementation was the delivery approach used, and the importance of a flexible and inclusive range of techniques. This was reported in primary school, secondary school and community settings (Pattison, 2010; Warr, 2010). Pattison (2010) reported results from an evaluation of the inclusivity of school counselling services for learners who have learning disabilities. Several counselling approaches were considered to be inclusive, including integrative, humanistic, person-centred or psychodynamic (Pattison, 2010; Westergaard, 2012, 2013). In terms of mode of delivery, counsellors reported that engaging a range of modalities could be beneficial (Hennigan & Goss, 2016). Within a community setting, young people suggested that developing telephone counselling services could improve the accessibility of services (Le Surf & Lynch, 1999). However, counsellors did identify barriers to the development of online counselling services such as lack of resources and training; issues around confidentiality; loss of quality in the therapeutic relationship; and concerns for learners in terms of the need for immediate support (Hennigan & Goss, 2016).

In terms of service awareness, studies identified that there was a need to ensure high levels of service awareness across staff, learners and parents/caregivers (Fox & Butler, 2007; Le Surf & Lynch, 1999). Within the community, awareness of counselling services was considered problematic, and young people suggested greater publicity of the counselling service was necessary (Le Surf & Lynch, 1999). Although in some cases awareness was high, learners were unsure about how to access counselling, who the counsellors were and the range of issues that counsellors could help with (Fox & Butler, 2007). Negative perceptions of counselling among children and young people were also an issue, as although they were aware of the service, they had misunderstandings about the service and what it means to ask for help. They were concerned about being stigmatised/teased or exacerbating existing situations involving bullying (Fox & Butler, 2007; Le Surf & Lynch, 1999; Parsons & Dubrow-Marshall, 2018, 2019; Prior, 2012a). In particular, young men who accessed counselling in the community were concerned about how they would be perceived by their peers if they asked for help (Le Surf & Lynch, 1999).

Access was also identified across the settings as being an important aspect of implementation (Duffy et al., 2021; Fox & Butler, 2007;

Government W, 2011a, 2011b; Hamilton-Roberts, 2012; Hennigan & Goss, 2016; Le Surf & Lynch, 1999; McArthur et al., 2016; Parsons & Dubrow-Marshall, 2018; Pattison, 2010; Prior, 2012a, 2012b; Spratt et al., 2007). The role of staff signposting learners to services (Fox & Butler, 2007; Parsons & Dubrow-Marshall, 2018; Prior, 2012a, 2012b; Spratt et al., 2007) and having staff support learners' autonomy in the decision-making process by emphasising the learner's choice was emphasised as an important aspect in enabling access (Prior, 2012a, 2012b). Accessible referral systems were noted as important, especially the ability to self-refer (Spratt et al., 2007) in order to remove the need to access counselling through teachers and other school staff (Fox & Butler, 2007). Studies found that secondary school learners considered it positive that they could access counselling during the school day (Duffy et al., 2021; McArthur et al., 2016) and suggested that having the option to drop-in to the service before deciding to have counselling could support their understanding and decision-making process (Le Surf & Lynch, 1999). However, learners also felt there could be negative impacts on educational outcomes if sessions were held at the same time each week (Duffy et al., 2021). It was identified that even if the school created an accessible environment for counselling, there was still a key issue with waiting lists due to lack of counselling staff and therefore a delay in learners accessing necessary support (Government W, 2011a, 2011b; Hamilton-Roberts, 2012; Parsons & Dubrow-Marshall, 2018). In some instances, it was reported that professionals were discouraged from making referrals to services due to waiting lists (Le Surf & Lynch, 1999).

In terms of the atmosphere created by the environment, it was important that a relaxing space was created to deliver counselling, which could improve the counselling experience (Churchman, Mansell, & Tai, 2019; Westergaard, 2012, 2013). Farr et al. (2021) reported that within the community, the space should be easily accessible from home and school, and the venue should have an appropriate space in which users would not encounter others who they might find intimidating. It was also imperative that counselling was delivered in a confidential environment. Learners were concerned about how confidentiality would be approached in a school setting and whether it would be maintained by counsellors (Fox & Butler, 2007; Le Surf & Lynch, 1999; McArthur et al., 2016; Prior, 2012b). Learners identified that they were concerned about the privacy of the counselling location and that this should be discrete but easily accessible (Duffy et al., 2021; Fox & Butler, 2007; Le Surf & Lynch, 1999; Parsons & Dubrow-Marshall, 2018).

Establishing a trusting and empathetic relationship with the counsellor was also a key aspect (Verasammy & Cooper, 2021; Westergaard, 2012, 2013), and learners expressed that knowing the counsellor was independent from the school facilitated this (McArthur et al., 2016; Prior, 2012b). They also identified that having a choice of counsellor was important to accommodate any preferences they may have (i.e., gender or ethnicity; Fox & Butler, 2007). Ensuring a good ending to therapy and reflecting on barriers and facilitators to change was also important (Bamford & Akhurst, 2014).

Examining the relationship between counsellors and schools, it was important that counsellors were integrated within the school (Prior, 2012b). Counsellors wanted school staff to support their role and suggested that greater awareness of counselling practices could improve relationships (Hamilton-Roberts, 2012). Tensions could arise in the relationship between counsellors and school staff due to differing perceptions of issues raised by learners and understanding of appropriate outcomes from counselling (Hamilton-Roberts, 2012). In an evaluation of counselling in primary schools, counsellors reported the need to invest time into establishing good relationships with school staff and adequately explaining the service (Wilson et al., 2003).

3.9 | Acceptability

In total, 31 studies reported on the acceptability of school and community counselling. This section explores the perspectives and experiences of those involved in receiving or delivery counselling services, notably children and young people, parents/carers, school staff and counsellors. It was found that, overall, school- and community-based counselling services demonstrate high levels of acceptability. There are particular approaches and principles to counselling that are experienced positively, notably services that offer choice and encourage young people to be involved in decision-making about sessions. Online services have potential and were considered as a useful supplement to in-person provision. There were some aspects that were not positively experienced, which may be addressed in any future counselling service.

Overall, counselling was perceived as acceptable to learners across all settings. Five studies reported on the acceptability of counselling within primary school settings (Government W, 2011a, 2011b; Kernaghan & Stewart, 2016; Sharman & Jinks, 2019; Wilson et al., 2003). Twenty-one studies reported on the acceptability of counselling within secondary school settings (Churchman et al., 2020; Churchman, Mansell, & Tai, 2019; Cooper et al., 2010, 2019; Duffy et al., 2021; Evans et al., 2019; Fox & Butler, 2007; Government W, 2011a, 2011b; Hamilton-Roberts, 2012; Hanley et al., 2017; Loynd et al., 2005; Lynass et al., 2012; McArthur et al., 2016; Parsons & Dubrow-Marshall, 2018, 2019; Prior, 2012a, 2012b; Pybis et al., 2012; van Rijn et al., 2018; Vulliamy & Webb, 2003). Three qualitative evaluations reported on the acceptability of counselling within specialist school settings (Cobbett, 2016; Pattison & Harris, 2006; Warr, 2010). Three evaluations reported on the acceptability of counselling within community settings (Duncan et al., 2020; Lalor et al., 2006; Wilkinson et al., 2018). However, there were some learners who reported issues around counselling acceptability.

Learners across primary and secondary school settings reported a number of positive and negative experiences and perceptions of counselling. Learners valued talking to the counsellor, feeling listened to, confidentiality and the independence of the counsellor from family and peers (Kernaghan & Stewart, 2016;

Lynass et al., 2012). Learners perceived that techniques they had learnt in counselling would be useful in future, such as coping strategies, how to talk about their emotions, self-relaxation and anger management (Kernaghan & Stewart, 2016; McArthur et al., 2016). Although learners liked accessing counselling at school, some learners found missing lessons and going back to the classroom challenging. Additionally, some learners felt uncomfortable discussing their emotional experiences (Wilson et al., 2003), and within secondary school, some learners perceived seeing a counsellor as demonstrating weakness (Prior, 2012a).

Learners in primary school liked the therapeutic play approach (Kernaghan & Stewart, 2016). Local authority counselling service leads valued the variety of therapeutic interventions, such as music therapy, development and therapeutic play, group interventions and the ability for interventions to be adapted by age group and level of distress (Government W, 2011a, 2011b). Within secondary school, particular types of counselling were examined, including Method of Levels (MOL), Interpersonal Psychotherapy for Body Image (IPT-BI), Dance Movement Psychotherapy group and IPC. Considering MOL, learners appreciated the choice and control provided by this approach as it respected their autonomy and allowed them to be involved in decisions about their counselling (Churchman et al., 2020, 2021; Churchman, Mansell, & Tai, 2019). Learners reported high levels of satisfaction with the IPT-BI group style of the counselling and enjoyed forming relationships with peers and counsellors. However, some learners found it difficult to share their personal experiences in a group setting. Dance Movement Psychotherapy group was delivered to learners with special educational needs and those experiencing social and emotional difficulties (Parsons & Dubrow-Marshall, 2018, 2019). Learners reported positive emotions due to the therapy, which included enjoyment, self-confidence and feeling empowered (Longhurst et al., 2022). Young people reported that interpersonal counselling helped them recognise their own depressive symptoms and understand what steps they could take to help themselves (Government W, 2011a, 2011b). It was also noted that some young people found talking about their problems difficult and the end of counselling could present difficulties (Wilkinson et al., 2018). Within specialist school settings, learners reported that arts therapy was beneficial in a number of ways, which included using a pre-existing skill, regulating emotions, experiencing positive emotions and expressing themselves through non-verbal methods of communication. Learners also reported a preference for arts therapy rather than therapy from Child and Adolescent Mental Health Services (CAHMS), which they felt could lead to stigma (Cobbett, 2016).

In terms of mode of delivery, studies explored avatar-based counselling (Cooper et al., 2019; van Rijn et al., 2018) and online therapy (Hanley et al., 2017). Learners reported high levels of satisfaction with avatar-based counselling, with male learners being more satisfied than female learners (Cooper et al., 2019). In a qualitative evaluation of avatar-based counselling, learners reported that counselling was helpful. Some learners felt that the avatar software helped them to express their feelings; however, others found the software acted as a barrier to talking to the counsellor. All learners who reported that the software was not helpful were female learners, and the majority were from Black, Asian and minority ethnic backgrounds (van Rijn et al., 2018). In addition, online counselling may be an appropriate supplementary service to face-to-face counselling for learners (Hanley et al., 2011).

Parents also viewed counselling as beneficial. They reported improvements in emotional competence; better relationships with family, peers and school; and coping with parental separation (Wilson et al., 2003). However, some reported that their child found counselling boring, troubling or disappointing. Some parents also reported that learners were unsettled by the counselling and had negative emotional experiences such as anger or decreased self-confidence (Wilson et al., 2003). In addition, cultural aspects impacted the acceptability of counselling for parents. In one orthodox Jewish school, poor perceptions were attributed to facing stigma in the community, asking for advice or permission from a rabbi, and the desire for counsellors to be compatible with the cultural and religious beliefs of the school community (Sharman & Jinks, 2019).

School staff also valued the counselling service, and it was seen to be sensitive to the needs of different communities (Government W, 2011a, 2011b). Loynd et al. (2005) found that teachers were positive about counselling being available within the school. Secondary school staff considered counselling as a key service in addressing self-harm issues for learners (Evans et al., 2019). However, 27% of teachers reported concerns about counselling taking place within the school and thought learners might take advantage of the service in order to avoid lessons (Loynd et al., 2005). Further to this, in the evaluation of home-school support workers (Vulliamy & Webb, 2003), some teachers felt that this approach conflicted with schools' values, as it potentially compromised a disciplinary approach to managing challenging learner behaviour. However, counsellors believed that school counselling services were valuable due to the person-centred nature of counselling and the ability to be independent from the school community (Hamilton-Roberts, 2012).

4 | DISCUSSION

The present rapid review draws together the current evidence base on the effectiveness, implementation and acceptability of school- and community-based counselling services for children and young people aged 7–18 in the UK. This review recognises implementation and acceptability, which have previously not been focussed on, as important aspects that should be considered during intervention development and evaluation (Skivington et al., 2021). In addition, previous effectiveness results have not been understood through a complex system approach, which may account for the mixed findings within the area. This review has explored the context, implementation and acceptability in order to understand the intervention functioning and outcomes. These findings contribute to an understanding of how school- and community-based counselling services meet the needs of the target population and interact with the organisation (Skivington et al., 2021).

It is difficult to draw conclusions as to whether school- and community-based counselling services in the UK are effective, in part due to the limited evidence base and because a limited range of therapeutic approaches have been tested. Many of the 33 evaluations do not specify which therapeutic approach was evaluated, and those that do tend to draw upon a limited range of therapeutic approaches. They tended to only use a person-centred/humanistic, or integrative orientated intervention. Therefore, it is unknown whether other therapeutic approaches might be more effective. Evidence from outside UK schools suggests that CBT and interpersonal therapy might be effective, but this has not been tested within the UK (Cooper, Stafford, et al., 2021; Pattison & Harris, 2006). However, it must be noted that these approaches are more structured with specific goals, which could lead to easier measurement. The focus of school counselling outside the UK tends to also be on academic attainment, and career guidance therefore has different potential outcomes (Foster-Fishman et al., 2007; Hui, 2002; Jenkins, 2009). Further to this, the evidence base across primary and secondary schools cannot be pooled together as they use very different approaches due to the younger age group. Due to the number of limitations within the included studies, the results from this review should be interpreted with caution.

Overall, the evidence for effectiveness is limited and mixed. Where robust study designs are used, there is no clear evidence of effectiveness. For weaker study designs, there is some tentative evidence that counselling may have positive impacts across different settings. Within the different settings, there are more robust evaluations in secondary schools, which have shown mixed effects. However, there is a poor evidence base in both primary school and community settings. Taking this into account, there is some tentative indication that counselling might positively impact young people's mental health and well-being, but again, more research is needed. Importantly, there is no evidence of harm. In addition to this, there was evidence from the acceptability data that learners, teachers and parents felt that counselling improved mental health. There were also key learning points in terms of areas for improvement that could inform future interventions and the counselling service.

One of the key issues identified was that counselling has been implemented as a discrete intervention and has not taken into account the complex school context and the wider education system. Few of the interventions identified were designed and delivered in a way that took account of the education system and therefore did not have a priori system-thinking lens approach. This meant that the non-linear relationships, feedback loops and dynamic interacting elements of a system approach were not considered during the planning, implementation or reporting of the counselling service (Hawe et al., 2009). Therefore, the data within this paper have identified what an ideal service should look like and barriers and facilitators to this. In addition, this paper found that there are limited data on the wider system, which would have allowed for an understanding of the underlying operational mechanisms (Allender et al., 2015). In order to understand further how the counselling service is interacting with the education system, focus should be given to system norms, financial resources, human resources, social resources, regulations and operations (Foster-Fishman et al., 2007).

However, the acceptability and implementation data are helpful in explaining the mixed effectiveness findings within this review. There were several implementation issues identified that could have affected the overall effectiveness outcomes. Many of the participants did not know about the service or had misconceptions about the service, which inhibited access (Duffy et al., 2021; Fox & Butler, 2007; Government W, 2011a, 2011b; Hamilton-Roberts, 2012; Hennigan & Goss, 2016; Lalor et al., 2006; Le Surf & Lynch, 1999; McArthur et al., 2016; Parsons & Dubrow-Marshall, 2018; Pattison, 2010; Prior, 2012a, 2012b; Spratt et al., 2007). In addition, there were issues with the counselling space and its location leading to concerns about confidentiality (Duffy et al., 2021; Fox & Butler, 2007; Le Surf & Lynch, 1999; Parsons & Dubrow-Marshall, 2018). It was also found that it is important to tailor the therapeutic approach for the age range and the needs of the child receiving counselling. According to the NICE guidance for mild depression, there are a number of therapeutic approaches that could be considered and adapted to the developmental needs of the child as required (The National Institute for Health and Care Excellence, 2019). Finally, problems with how counsellors were integrated within the school (Prior, 2012b) were identified, which impacted the support that counselling received from the school staff (Hamilton-Roberts, 2012). This may explain some of the mixed effectiveness finding, as without sufficient integration and awareness of the service, there may be limited impact the service can have. Although there were implementation issues, there is a volume of evidence within the acceptability data that the counselling service is highly valued by learners, teachers and parents (Evans et al., 2019; Government W, 2011a, 2011b; Loynd et al., 2005; Wilkinson et al., 2018). Therefore, despite the implementation issues and whether counselling is viewed as a discrete intervention, it is seen as an important service within the school and community settings. Overall, these findings provide some key insights into how counselling interventions could be improved going forward, which could lead to changes in effectivities findings.

4.1 | Review strengths and limitations

There are a number of strengths to this rapid review. The review involved policy stakeholders in the research by ensuring they were consulted during the development and implementation of the search strategy. The research team included an information specialist with expertise in systematic reviewing who was involved throughout the review process. The review also employed systematic processes, such as following the PRISMA checklist. Finally, the review used standardised critical appraisal tools to check the quality of all included studies.

There are, however, some limitations to the rapid review as the rapid methodology means the search may not have been fully comprehensive. Further databases and grey literature could have been searched. Searches were also restricted to the UK and Ireland, which

limits the applicability of the review findings to other countries as a result of the specific education settings and policies within the UK and Ireland. In addition to this, the review team did not perform screening independently in duplicate. However, the team did mitigate this by a second reviewer completing checks. Similarly, data extraction and quality appraisal were conducted by one reviewer and checked by a second. Therefore, some bias could have been introduced to the screening, extraction and appraisal processes. In addition to this, the grey literature was selected by the research team, which could have introduced section bias. However, the nature of the grey literature was to provide policy context to the review as required by the government funder to ensure the review was fit for purpose to inform future government policy.

4.2 | Implications for future research, policy and practice

Future research should concentrate on building the evidence base for counselling across secondary, primary and community provision. During development, counselling interventions need to attend to context, implementation and acceptability. As per the MRC framework for complex interventions, this review has found that contextual factors need to be considered from development through to evaluation (Skivington et al., 2021). In terms of evaluation, researchers need to conduct robust studies through RCTs and qualitative process evaluations with a system-focussed perspective, to capture intervention implementation and acceptability (McGill et al., 2020; Moore et al., 2015). It is important to build an evidence base that can be used to better inform public health decision-makers. By using the complex system approach, evidence can be developed that takes account of real-world complexity (McGill et al., 2020). Future research should start by trying to understand the complex education system in its current state and then to understand how the system undergoes change as part of the implementation of the counselling intervention (McGill et al., 2020). Future RCTs should also ensure that they are able to capture what works, for whom and under what circumstances (Fletcher et al., 2016). This evidence base will contribute to longer term sustainability and ensure that mental health support within schools takes a stepped care model (most effective, yet least resource-intensive treatment). In addition, it is important in terms of reporting that it is clear what is being tested and there should be better reporting of the context.

In terms of implications for policy and practice, a complex system approach should be taken to understand the features of the system that counselling services need to adapt to in order to become embedded in a sustainable way (Hawe et al., 2009; Moore et al., 2015). For example, an appropriate and confidential space for counselling should be provided. Ideally, the space should have a concealed entrance, be a private space where no one will overhear and be a nicely furnished room with a comfortable chair. However, the extent to which counselling within schools can be guaranteed to be confidential has been questioned. Learners are likely to know each other, to have classes together, to be aware of others attending counselling sessions and to see the school counsellor interacting with pupils and staff around the school (Clifford-Poston, 2000). Counselling should be embedded into the whole education system (Hawe et al., 2009). Awareness of the service and how the service can be accessed should be improved (Fox & Butler, 2007). Counselling should also be easily accessible with multiple and clear referral pathways. Learners should be able to self-refer, and any other referral should be made with the involvement of the learner. Finally, research among young people has indicated the importance of involving them in decisions and processes about their own mental health (Health Do, 2012). Counselling should also be tailored to the needs of children (Cooper et al., 2010; Westergaard, 2012). Without this, the counselling process can be disrupted and learners are unmotivated to engage in the process (Everall & Paulson, 2002).

Finally, in terms of policy, it is recommended that the wider system in which counselling is delivered should be taken into consideration. For example, high-quality relationships between stakeholders and reducing stigma around mental health should be prioritised. These relationships will increase awareness of other organisations and services in the system (Hewitt et al., 2022). In addition, conversations about mental health and well-being and help-seeking will aid in normalising counselling (Pattison, 2010). Staff should also be trained to understand counselling and in skills to support children and young people with their well-being. In addition to this, there should be an evaluation infrastructure that is put in place to monitor the implementation of the service to ensure a high-quality, sustainable counselling service is delivered. This could potentially follow the Accountability Bridge Model (Coker et al., 2004), which aids school counsellors in the planning, delivery and assessment of the effectiveness and impact of their services.

5 | CONCLUSION

Based on this rapid review, there is limited evidence from a UK context that school- or community-based counselling services improve mental health and well-being outcomes for those children and young people who attend. The few RCT studies suggest that there is no clear evidence of effectiveness due to the mixed findings across the outcomes and timelines. However, these studies looked only at a humanistic counselling approach, and further research needs to be conducted looking at other therapeutic approaches or a tailored counselling approach, which are being used outside the UK. For weaker study designs, there is some tentative evidence that counselling may have positive impacts across different settings. In addition, there is a volume of evidence within the acceptability data that the counselling service is highly valued by learners, teachers and parents and is seen as an intervention that can improve well-being and support educational attainment. The main finding for the implementation data was that counselling is often seen as a discrete

service that is not well-embedded within the education system. Due to the number of limitations within the included studies, the results from this review should be interpreted with caution. Future work is needed to improve the implementation of counselling services based on complex system thinking to ensure that we understand/anticipate how the intervention works with the system and the system influences the intervention. In addition, key factors identified in this review, such as awareness raising, stakeholder relationships and improvements in confidentiality, and the complex implications of this when applying it to the education setting, should be considered for future interventions.

AUTHOR CONTRIBUTIONS

Lauren Copeland: Formal analysis; writing – original draft; validation. **Simone Willis:** Conceptualization; methodology; formal analysis; writing – original draft; data curation. **Gillian Hewitt:** Writing – original draft; formal analysis; validation. **Amy Edwards:** Formal analysis; writing – original draft; validation. **Siôn Jones:** Writing – original draft. **Nicholas Page:** Writing – original draft. **Simon Murphy:** Conceptualization; writing – original draft; funding acquisition. **Rhiannon Evans:** Conceptualization; funding acquisition; writing – original draft; writing – review and editing; supervision.

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The authors have no conflict of interest in relation to the study undertaken for this paper.

DATA AVAILABILITY STATEMENT

The Welsh government are the data controller for this study; however, as this is a rapid review, all data are available via the published papers included.

PATIENT CONSENT STATEMENT

Not applicable.

PERMISSION TO REPRODUCE MATERIAL FROM OTHER SOURCES

Not applicable.

CLINICAL TRIAL REGISTRATION

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APPENDIX A

Characteristics of included study reports

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Aithal et al. (2021)	Understand the effects of dance movement psychotherapy on social and emotional well-being of children with autism spectrum disorder (ASD); understand the appropriateness of research methods for larger RCT	Randomised control trail (RCT)	England Setting: special educational needs (SEN)	Dance movement psychotherapy (DMP)	N/A	Sample size: 26 Participants: children with ASD Age range: 8–13 years	Strengths and Difficulties Questionnaire (SDQ) Social Communication Questionnaire (SCQ)
Bamford and Akhurst (2014)	Understand the experience of ending therapy, the views of counsellors and the meaning attributed to their feelings	Qualitative	Not reported Setting: primary and secondary schools	Humanistic, arts therapy and person-centred	Standard care as usual	Sample size: 5 Participants: not reported Age: not reported	N/A
Beecham et al. (2019) and Pearce et al. (2017)	Compare changes in levels of psychological distress for counselling against usual care	RCT	England Setting: secondary schools	School-based humanistic counselling	Usual care in school and external to school	Sample size: 64 Participants: secondary school students Age: Mean: 14.2 (*SD* 1.8)	Young Persons Clinical Outcomes in Routine Evaluation (YP-CORE)
Churchman, Mansell, Al-Nufoury, and Tai (2019) and Churchman, Mansell, and Tai (2019)	Determine the feasibility and acceptability of Method of Levels among adolescents and provide an estimate effect size	Case series and qualitative	England Setting: secondary school	Method of Levels (MOL) therapy	None	Sample size: 16 (case series); 14 (qualitative) Participants: secondary school students Age: range: 11–15 years; mean: 13.2	YP-CORE, Child Session rating Scale (C/SRS)
Churchman et al. (2020)	Understand feasibility and acceptability of delivering the shared goals activity alongside MOL to support young people to explore and resolve conflict	Case series	England Setting: secondary school	MOL and Shared Goals activity	None	Sample size: 14 Participants: 7 parent–child dyads Age range: 11–15 years; mean: 13.4	YP-CORE, C/SRS

(Continues)

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Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Churchman et al. (2021)	Explore how a client-led therapeutic intervention (MOL) impacts young people when used in the school environment	Case series	England Setting: secondary school	MOL	None	Sample size: 16 Participants: secondary school students Age range: 11–15 years	YP-CORE, Goal-Based Outcome Measure (GBO), Youth Empowerment Scale (YES), Reorganisation of Conflict scale (ROC)—11 items
Cobbett (2016)	Examine the efficacy of school-based arts therapies as an appropriate and inclusive psychological support for disadvantaged and vulnerable young people	Nonrandomised controlled trial; quasi-experimental; qualitative	England Setting: SEN/SEBD Schools	Intervention based on the therapeutic use of the arts in combination with talking in a largely nondirective, person-centred way and informed by psychodynamic and attachment theory. Arts therapies were music, drama and arts therapies	Young people on a waiting list for arts therapy	Sample size: 81 (quantitative); 6 (qualitative) Participants: Students Age range: 10–16 years (qualitative) Not reported (quantitative)	SDQ
Cooper et al. (2010)	(1) Test the feasibility of an RCT in counselling in UK secondary schools; (2) obtain preliminary indications of efficacy; (3) examine interactions between efficacy and level of distress	RCT	Scotland and England Setting: secondary school	Humanistic counselling	Wait-list control	Sample size: 27 Participants: secondary school students Age: Mean: 14.2 (*SD* 0.51)	SDQ-ES, Experience of Service Questionnaire (ESQ)
Cooper, Pybis, et al. (2013)	(1) Report on the outcomes of school-based counselling by presenting the outcome data from the Welsh Government's School-based Counselling Strategy; (2) assessing whether response rates and measures would predict outcomes	Pre–post	Wales Setting: secondary school	Integrative, humanistic, CBT, psychodynamic and other	None	Sample size: 3613 counselling episodes Participants: students Age range: 11–18 years	YP-CORE, SDQ

APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Cooper, Stewart, et al. (2013)	(1) Conduct the first evaluation of school-based counselling incorporating systematic client feedback; (2) identify moderators and mediators of child treatment outcomes	Pre–post	Northern Ireland Setting: 28 primary schools	CBT, narrative, person-centred, play therapy, strength-based and other	None	Sample size: 288 Participants: primary schoolchildren Age range: 7–11 years	Child Outcome Rating Scale (CORS)-child
Cooper et al. (2014)	(1) Adopt weekly outcome assessment within a small practice research network, to evaluate the changes associated with SBHC; (2) examine predictors of change in SBHC at individual and school levels	Pre–post	Scotland Setting: secondary schools	SBHC	None	Sample size: 256 Participants: secondary school students Age range: 11–17 years; mean: 13.69	YP-CORE
Cooper et al. (2019) and van Rijn et al. (2018)	Evaluate acceptability, preliminary outcomes and clients' experiences of a therapeutic intervention combining digital, avatar-based software with humanistic counselling	Qualitative; pre–post	Not reported Setting: 8 secondary schools	ProReal is an avatar-based therapeutic tool enabling visual representations of the client's inner world and experiences	None	Sample size: quantitative, 54; qualitative, 29 Participants: secondary school students Age range: 1–18 years; mean: 14.2	YP-CORE "Satisfaction with care" factor of the ESQ
Cooper, Stafford, et al. (2021) and Stafford et al. (2018)	Complete an effectiveness and cost-effectiveness trial of SBHC counselling for psychological distress in young people	RCT	England Setting: 18 secondary schools	SBHC	Pastoral care as usual	Sample size: 29 Participants: secondary school students Age: Mean: 13.7	YP-CORE
Cooper, Duncan, et al. (2021)	Test the feasibility of running a RCT of Partners for Change Outcome Management System (PCOMS); contribute data to an estimate of the effectiveness of PCOMS with this age group	Clustered controlled trial	UK Setting: primary schools	Play-based counselling plus PCOMS systematic feedback tools	Play-based counselling	Sample size: 38 Participants: primary schoolchildren Age: Mean: 8.5	SDQ

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APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Daniunaite et al. (2015)	Provide evidence on the outcome of primary school-based counselling and investigate individual- and school-level outcome predictors	Pre–post	UK Setting: 178 primary schools	Place2Be play-based therapy	None	Sample size: 3222 Participants: primary school pupils Age range: 4–12 years Mean: 8.16 ($SD = 1.89$)	SDQ total difficulties
Duffy et al. (2021)	Determine acceptability, feasibility and preliminary efficacy of Interpersonal Psychotherapy for Body Image	Pre–post; qualitative	Scotland Setting: secondary school	Interpersonal psychotherapy	None	Sample size: 18 Participants: secondary school pupils Age range: 11–13 years Mean: 12.42	Weight and Appearance subscales of the Body Esteem Scale for Adults and Adolescents Treatment Satisfaction Questionnaire
Duncan et al. (2020)	Evaluate the outcomes of counselling in the Voluntary and Community Sector in England (YIACS)	Pre–post	England Setting: community	Person-centred, humanistic counselling, and cognitive or psychodynamic therapies	None	Sample size: 2144 from 9 YIACS Participants: young people Age range: 11–25 years; Mean: 18.2	YP-CORE or CORE-10 ESQ
Evans et al. (2019)	Understand the school context of adolescent self-harm, including existing provision of prevention of or intervention and barriers to implementation, and the acceptability of different approaches	Cross-sectional	Wales and England Setting: secondary schools	Not reported	None	Sample size: 222 schools Participants: school staff Age: Not reported	Existing provision of adolescent self-harm prevention and intervention, barriers to delivery and future needs
Farr et al. (2021)	Examine the experience of counselling for young people affected by Child Sexual Exploitation (CSE) and abuse	Qualitative	UK Setting: not reported	Person-centred; CBT	N/A	Sample size: 25 Participants: 10 young people, 7 professionals, 8 parents Age range: 12–25 years	N/A

APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Farouk and Edwards (2020)	Describe how narrative counselling can be used to support adolescents at school, identify themes in student narratives and highlight challenges and limitations of the intervention within a performance-focussed institutional context	Pre–post; qualitative	England Setting: secondary school	Narrative counselling for	None	Sample size: 11 Participants: adolescents at risk of exclusion Age range: 13–14 years old	Student Engagement Questionnaire; qualitative analysis of short autobiographies
Finning et al. (2021)	Examine the longer term effectiveness of school-based counselling; Assess whether the intervention leads to improvements in children's mental health; compare mental health trajectories of children who receive the intervention with a control group?	Quasi-experimental	UK Setting: primary schools	Place2Be delivered combination of person-centred, psychodynamic and systemic therapeutic approaches	Matched controls from the 2004 British Child and Adolescent Mental Health Survey	Sample size: 740 teacher reported SDQ; 362 parent reported SDQ Participants: primary school pupils Age: Group 1: mean: 7.6, Group 2: mean: 7.4, Comparator group: mean: 7.3	SDQ total difficulties
Flitton and Buckroyd (2005)	Understand the effects of a humanistic counselling intervention from the perspective of students, teachers, teaching assistants and counsellors	Case study	England Setting: secondary school	Humanistic counselling	None	Sample size: 1 Participants: Secondary school students Age: 11 years old	Notes from the counselling sessions were supplemented by the recorded sessions, which reduced recollection bias. These data were in turn supplemented with interviews with the students and with the staff

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APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Fox and Butler (2007, 2009)	Evaluate the effectiveness of the NSPCC Schools Counselling Teams Explore the views of secondary-age students on school counselling	Pre–post; qualitative	England, Wales and Northern Ireland Setting: secondary schools	Person-centred, drawing on other therapeutic approaches as appropriate (e.g., CBT)	None	Sample size: pre–post: 219, survey: 415 from 5 schools Focus groups: 9 groups of 3–10 students in 4 schools Participants: Secondary school students Age: pre–post: Range: 11–17 years; mean 13.24 (SD 1.44) years; Survey: mean: 13.27 (SD 1.54) years; Focus group: Years 7, 8, 9 & 11	TEEN-CORE
Grogan et al. (2014)	Examine how a dance movement psychotherapy session is experienced by young men and women from nonclinical groups in relation to their body image	Qualitative	UK Setting: college	DMP	N/A	Sample size: 13 Participants: students Age: 17	Body satisfaction, acceptability and effectiveness
Hamilton-Roberts (2012)	Ascertain how SBCS are perceived by school staff and counsellors regarding impact, attributes, and barriers and facilitators to an effective service	Qualitative; cross-sectional	Wales Setting: secondary schools	School-based counselling based on a person-centred approach	None	Sample size: 9 secondary schools Participants: school-based counsellors and link teachers Age: not reported	Perceptions of impact, attributes, and barriers and facilitators to an effective service
Hanley et al. (2011)	Assess whether pupil self-report outcome measures indicate reductions in psychological distress following a period of counselling; assess how session-by-session outcome measure scores indicate change	Pre–post	England Setting: secondary school	Existing relate service	None	Sample size: 8 pupils from 6 schools Participants: secondary school students Age range: 13–15 years	YP-CORE

APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Hanley et al. (2017)	Examine the types of therapeutic goals set by 11- to 25-year-olds in online and face-to-face counselling sessions	Qualitative; cross-sectional	UK-wide Setting: secondary and community (online and face-to-face)	Goal-oriented therapy	N/A	Sample size: 724 (504 pupils online, 220 face-to-face) Participants: 11–25-year-olds accessing counselling via Kooth online Age range: 11–25 years (mean age 16.5 online, mean age 14 face to face)	Comparison of therapeutic goals through CoGS (counselling goal system)
Hennigan and Goss (2016)	Understand current usage, plans for and perceptions about online therapy and counselling	Cross-sectional	UK Setting: secondary schools	Not reported	N/A	Sample size: 246 Participants: secondary school counsellors Age range: 35–64 years	Level of online counselling
Kernaghan and Stewart (2016)	Explore student perceptions of why they entered counselling, their preferences and any changes they identified at a personal, interpersonal and social levels	Qualitative	Northern Ireland Setting: 20 primary schools	Barnardo's Time 4 Me service. Range of counselling methods informed by person-centred counselling, CBT, strength-based therapy, play therapy, narrative therapy and solution-focussed brief therapy	None	Sample size: 120 Participants: primary school pupils Age range: 4–11 years	Experiences of intervention survey
Killips et al. (2012)	Assess whether clients' motivational and attitudinal factors would be predictive of outcomes in youth psychotherapy and school-based counselling	Pre–post	Scotland Setting: 11 secondary schools	A person-centred model of practice	None	Sample size: 81 Participants: Secondary school students Age range: 12–17 years Mean 13.68 (SD 1.38)	YP-CORE, Motivation for Counselling Questionnaire (MCQ)

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APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Lalor et al. (2006)	Describe the Kildare Youth Services Youth Counselling Service, analyse presenting problems and describe need analysis of the service	Qualitative	Ireland Setting: community venues	Professional, accessible, preventative counselling, education, information service to young people, their families and communities	None	Sample size: 16 Participants: four social workers, four principals or guidance counsellors, two general practitioners and a probation officer and five clients of the service. Age: not reported	Perceived need for a dedicated counselling service, current referral practices, service initiation, service perceptions, recommendations
Lee et al. (2009)	Evaluate whether the Place2Be model of individual and group therapeutic intervention has a positive influence on children's social and emotional well-being	Pre–post	England and Scotland Setting: 92 primary schools	No single theoretical therapy model followed.	None	Sample size: 1864 (1645 individual counselling, 215 group counselling) Participants: children Age: reception to Year 6	SDQ
Le Surf and Lynch (1999)	Understand the perceptions and attitudes of young people relevant to the provision of a youth counselling service	Qualitative	England Setting: not reported	Counselling or psychiatrist	Not reported	Sample size: 42 (3 individual interviews and 39 in the group interviews) Participants: children Age range: 15–23 years (individual interviews) and 15–18 years (group interviews)	Perceptions and attitudes of young people relevant to the provision of a youth counselling service
Longhurst et al. (2022)	In-depth examination of parents' and carers' perceptions and expectations of the impact of school-based counselling	Qualitative	England Setting: secondary school	Humanistic counselling	Not reported	Sample size: 17 Participants: parent and carers of children Age: not reported	N/A

APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Loynd et al. (2005)	Examine Scottish secondary school teachers' attitudes towards, and conceptualisation of, school counselling	Cross-sectional	Scotland Setting: secondary schools	Not reported	None	Sample size: 210 teachers invited in Study 1. 60/87 teachers invited in Study 2 Participants: 71 teachers in Study 1, 33 teachers in Study 2. Respondent teachers, 34% RR in Study 1, 55% RR in Study 2. Researchers were part of school-based initiatives Age: not reported	Teacher attitudes and conceptions of school counselling
Lynass et al. (2012)	Gain an understanding of young people's experience of counselling	Qualitative	Scotland and England Setting: secondary school	School-based humanistic counselling	N/A	Sample size: 11 Participants: children Age range: 13–15 years	Young people's experience of counselling
McArdle et al. (2002)	Report the results of a one-year follow-up of a brief school-based intervention for children identified as at risk for behavioural and emotional problems	RCT	England Setting: primary, middle and comprehensive schools	Group therapy based on drama activities and reflective discussion	Curriculum studies group	Sample size: 122 Participants: pupils Age: Mean: 11	Teacher Report Form, Youth Self-Report, Child Behaviour Checklist
McArthur et al. (2013)	Pilot a set of procedures for evaluating school-based humanistic counselling; establish indications of effect	RCT	Scotland Setting: state secondary school	School-based humanistic counselling	Wait-list control	Sample size: 33 Participants: secondary school students Age: Mean: 14.12 (*SD* 0.93)	YP-CORE
McArthur et al. (2016)	Clarify the processes of change young people go through during counselling	Qualitative	Scotland Setting: state secondary school	School-based humanistic counselling	N/A	Sample size: 14 Participants: secondary school students Age range: 13–16 years	Client change interview (experiences of changes and helpful, hindering aspects of the therapy process)

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APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
McElearney et al. (2013)	Investigate whether engaging with the independent school counselling service delivered by NSPCC brought about positive change in the peer relationships of children who have been bullied	Pre–post	Northern Ireland Setting: 47 primary, secondary and special schools (SEN)	Student-centred approach, adopting a cognitive behavioural focus and facilitating positive coping	None	Sample size: 202 Participants: students Age range: 7–17 years Mean: 12.5 (SD 2.3) years	SDQ peer problems subscale
Parsons and Dubrow-Marshall (2018) and Parsons and Dubrow-Marshall (2019)	2018: uncover the subjective perceptions and processes involved in introducing DMP to a mainstream UK secondary school. 2019: understand the subjective lived experiences of students and support staff who participate in DMP; understand the perceived links between pretherapy expectations, in-therapy phenomenological experiences and subjective outcomes	Qualitative	Not reported Setting: secondary schools	DMP	None	Sample size: 3 students and 5 staff from 1 mainstream school Participants: students and teachers Age range: 12–15 years	Staff and student perceptions of DMP in schools
Pattison (2010)	Present a proactive process to include young people with learning disabilities in mainstream counselling in the UK-based secondary schools	Qualitative, cross-sectional	UK Setting: secondary schools	Theoretical approaches to therapy included person-centred, psychodynamic, integrative and cognitive behavioural	None	Sample size: 15 for the interviews. Survey 20% of the 396 BACP members. Participants: counsellors and psychotherapists Age: not reported	Not reported

APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Polat and Jenkins Sr. (2005)	Explore current provision of counselling provided by the local educational agency (LEA) in secondary schools in England and Wales	Cross-sectional	England and Wales Setting: secondary schools	Individual therapeutic counselling	Population survey of LEAs to provide a comparison with the results obtained by the National Foundation for Educational Research	Sample size: 39 responded (23%) Participants: members of counselling service, educational psychologists, heads of inclusion and behaviour support, education and development officers, mental Health development workers Age: not reported	Scope and nature of counselling provision
Prior (2012a, 2012b)	Discuss adolescent mental health and the role of UK high school counselling as an early intervention service and explore engagement with help-seeking process	Qualitative	Scotland Setting: secondary schools	Not reported	None	Sample size: 8 Participants: students Age range: 13–17 years	Young people's engagement with formal services
Economics PB (2018)	Carry out an economic evaluation of Place2Be's one-to-one counselling service in primary schools to assess whether it provides value for money	Pre–post; economic evaluation	UK Setting: primary schools	Counselling that is tailored to each child's needs	None	Sample size: 3816 = 2179 (teacher assessment); 1637 (parent assessment) Participants: students Age range: 4–11 years	SDQ
Pybis et al. (2012)	Report on the attitudes of key stakeholders working within the Welsh government school-based counselling strategy	Cross-sectional	Wales Setting: secondary schools	School-based counselling	None	Sample size: 25 local authority leads, 158 school managers, 106 school counsellors Participants: local authority leads, school managers and school counsellors Age: 72% of counsellors were aged 30–49	Attitudes towards school-based counselling

(Continues)

APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Pybis et al. (2015)	Replicate McArthur et al. (2013) to investigate effectiveness of counselling; explore whether gains from counselling were sustained post-therapy; consider study feasibility	RCT	England Setting: 4 secondary schools	School-based humanistic counselling	Wait-list control with access to school support services	Sample size: 42 Participants: secondary school students Age: Mean: 14.5 (*SD* 1.35)	YP-CORE
Sharman and Jinks (2019)	Assess how therapeutic services are experienced by staff at orthodox Jewish schools in North West London and the implications for other ethnic and minority groups	Qualitative	England Setting: primary school	Of the four schools, two had experience of their own part-time school counsellors and arts therapists	N/A	Sample size: 7 Participants: self-identified orthodox Jewish headteacher, deputy or special educational needs coordinator (SENCO) Age: Over 18	Experiences of orthodox Jewish school staff
Sherr et al. (1999)	Describe the nature and range of the first cohort of cases referred to the Place to Be project	Pre–post	England Setting: 8 primary schools	Place to Be counselling was individual or group; some children attended both	None	Sample size: 540 Participants: primary school pupils Age range: 72.4% were 7–11 years at referral, 25% were six or younger, Mean: 8.1	Emotional distress, counsellor rating of benefit
Sherr and Sterne (1999)	Examine the differences on educational and emotional parameters between children referred for counselling and those not referred within a school-based service; Explore the effect on educational and emotional outcomes of a counselling intervention	Nonrandomised controlled trial	England Setting: 3 primary schools	Psychotherapeutic techniques centred around a play therapy approach	Randomly selected from age-matched peers in the same schools	Sample size: 49 Participants: primary school pupils Age range: 7–11 years	Number skills and word reading, ability to define words, similarities task, block design, digit span, British Picture Vocabulary Scale, Battle Culture-free Self-Esteem Inventory, mood measures

APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Spratt et al. (2007)	Consider the role of schools and their partners in supporting young people's mental well-being and responding to students experiencing difficulties	Qualitative	Scotland Setting: primary and secondary schools	Counselling	None	Sample size: 5 schools served by 3 VSOs Participants: not reported Age: not reported	N/A
Verasammy and Cooper (2021)	Examine what young people who have been bullied find helpful in counselling in school, voluntary and community settings	Qualitative	UK Setting: school and community	Psychodynamic, interfrative, CBT and solution-focussed counselling	N/A	Sample size: 10 Participants: children aged between 14 and 16 Age range: 14–16 years	Not reported
Vulliamy and Webb (2003)	Evaluate a three-year Home Office-funded project that involved placing social work–trained home-school support workers in secondary schools experiencing relatively high rates of student disaffection and exclusions	Qualitative; cross-sectional	England Setting: secondary school	Not reported	Not reported	Sample size: 7 schools. 86 teachers (interviews); 266 teachers (questionnaires) 22 parents/carers (interviews) 25 students (interviews); 486 students (questionnaires) 10 in-depth school and family observations Participants: Children Age: Not reported	Students', parents'/careers' and teachers' perspective of the intervention
Warr (2010)	Understand the significant issues that affect refugees and asylum seekers; explore beneficial counselling approaches relevant to this group	Qualitative	England Setting: counselling for refugees	Counselling for refugees	None	Sample size: 5 Participants: counsellors who work with refugee children and young people. Age: not reported	Significant issues that affect refugees and asylum seekers; counselling approaches perceived as beneficial relevant to this group

(Continues)

APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Government W (2011a, 2011b)	Undertake an evaluation of Welsh government's national school-based counselling strategy	Pre–post; cross sectional; qualitative	Wales Setting: secondary schools and primary schools	Play therapy, storytelling and support for parents. Therapeutic group work, music therapy	None	Sample size: 106 counsellors, 158 teachers, 25 local authority counselling managers Primary Pilot 4 Las Participants: children aged 3–9 and Yr 6 pupils Age range: 3–9 and 10–11 years	YP-CORE, SDQ, Children's Global Assessment Scale, Therapeutic Intervention Process Instrument, Evaluation tree, Stakeholder views
Westergaard (2012, 2013)	2012: Elicit in-depth reflections from counsellors on what they believe "works" in their counselling practice with young people 2013: understand what participants believed to work in their counselling practice	Qualitative	England Setting: community (counselling agency)	Person-centred, integrative and psychodynamic	N/A	Sample size: 5 Participants: counsellors Age range: 35–40 years	Counsellors' belief on what "works" in their counselling practice with young people
Wilkinson et al. (2018)	Assess whether Interpersonal Counselling (IPC) reduces depressive symptoms; assess acceptability of IPC to young people; assess acceptability of IPC to local authority youth workers	Pre–post; qualitative	England Setting: community	Interpersonal counselling	None	Sample size: 23 (quantitative); 6 (qualitative) young people; 5 IPC trainees (youth workers) Participants: Young people and youth workers Age: Quant: Median = 15, Range = 11–17 years; Qual. IPC trainees. Age range: mid-20s–mid-40s	Revised Child Depression and Anxiety Scale

APPENDIX A (Continued)

Author, year	Objective	Study design	Region and setting	Service description	Comparator	Sample characteristics	Outcomes
Wilson et al. (2003)	Examine the effectiveness and acceptability of group and individual support	Pre–post; qualitative	England Setting: primary schools	Group or individual support involving games and activities designed to build the group's identity and to meet the aims	Group vs. individual	Sample size: 69 (31 individual and 38 group) children from 7 schools; 50 for quantitative analysis Participants: students Age range: 5–11 years	Child report: self-esteem, best friendship, school friendships, support from adults, mood. Parent/teacher report: child social behaviour, child difficult behaviour, classroom competence. Perceived impact (questionnaires with closed and open responses)

APPENDIX B

PRIMSA checklist

Section and topic	Item #	Checklist item	Location where item is reported
Title			
Title	1	Identify the report as a systematic review	P1
Abstract			
Abstract	2	See the PRISMA 2020 for Abstracts checklist	P4
Introduction			
Rationale	3	Describe the rationale for the review in the context of existing knowledge	P5–6
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses	P6
Methods			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses	P6
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted	P6–7
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used	Appendix C
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process	P7
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process	P7
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect	P7 and Appendix E
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information	P7 and Appendix E
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process	P7
Effect measures	12	Specify for each outcome the effect measure(s) (e.g., risk ratio, mean difference) used in the synthesis or presentation of results	N/A
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g., tabulating the study intervention characteristics and comparing against the planned groups for each synthesis [item #5])	P7
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics or data conversions	P7
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses	P7
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity and software package(s) used	P7
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g., subgroup analysis, meta-regression)	N/A
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results	N/A

APPENDIX B (Continued)

Section and topic	Item #	Checklist item	Location where item is reported
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases)	P7
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome	P7
Results			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram	P10
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded	P10
Study characteristics	17	Cite each included study and present its characteristics	P8–24
Risk of bias in studies	18	Present assessments of risk of bias for each included study	P8–9 and Appendix G
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g., confidence/credible interval), ideally using structured tables or plots	N/A
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies	P8–9 and Appendix G
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect	N/A
	20c	Present results of all investigations of possible causes of heterogeneity among study results	N/A
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results	N/A
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed	N/A
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed	N/A
Discussion			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence	P14–15
	23b	Discuss any limitations of the evidence included in the review	P16
	23c	Discuss any limitations of the review processes used	P16
	23d	Discuss implications of the results for practice, policy and future research	P16-17
Other information			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered	n/a
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared	n/a
	24c	Describe and explain any amendments to information provided at registration or in the protocol	N/A
Support	25	Describe sources of financial or nonfinancial support for the review, and the role of the funders or sponsors in the review	P1
Competing interests	26	Declare any competing interests of review authors	P1
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review	P1

APPENDIX C

Rapid evidence review search strategy

Database: Ovid MEDLINE(R) ALL <1946 to November 17, 2020>		
	Search	**Hits**
1	Child/	1,703,928
2	Adolescent/	2,048,584
3	Students/	60,279
4	(teen or teens or teenager* or adolesc*).tw.	299,079
5	(youth or youths or youngster*).tw.	77,016
6	(young adj (person or persons or people)).tw.	30,819
7	(student or students or schoolchild* or schoolgirl or schoolboy or student).tw.	312,842
8	(girl* or boy* or child or children).tw.	1,374,331
9	or/1–8	3,636,078
10	Counseling/	36,205
11	Counselors/	299
12	talking therap*.tw.	157
13	(school* adj5 counsel*).tw.	968
14	(community adj5 counsel*).tw.	1,236
15	psychotherapy.tw.	33,609
16	or/10–14	71,169
17	Schools/	39,103
18	("school-based" or "sixth-form" or "sixth form").tw.	13,810
19	(home adj (school or schooled or schooling or learn or learning)).tw.	650
20	"pupil referral unit*".tw.	6
21	(youth adj (service* or community or setting* or work*)).tw.	514
22	Or/17–21	50,401
23	9 and 16 and 22	540
24	limit 23 to (english language and yr = "1999 -Current")	378

APPENDIX D

Grey literature searches and study retrievals

Website (date/initials)	**Total hits**
Action for Children Searched Website (SW) 20/04/21	Browsed
Barnardo's SW 20/04/21	0 0 1 0
The Care Leavers' Association https://www.careleavers.com/ SW 20/04/21	28
Catch-22 https://www.catch-22.org.uk/expertise/young-people-and-families/ SW 20/04/21	12
Child Poverty Action Group SW 20/04/21	13

APPENDIX D (Continued)

Website (date/initials)	Total hits
Children's Society SW 20/04/21	12
Children's Commissioner Wales SW 20/04/21	0
Children's Commissioner England SW 20/04/21	13
Children's Commissioner Northern Ireland SW 20/04/21	0
Children's Commissioner Scotland SW 20/04/21	2 27
Department for education SW 28/04/2021	11 0
Early Intervention Foundation https://www.eif.org.uk/ SW 20/04/21	6
Joseph Rowntree Foundation SW 20/04/21	27
Mental Health Foundation https://www.mentalhealth.org.uk/ SW 20/04/21	4
Mind https://www.mind.org.uk/information-support/for-children-and-young-people/ SW 20/04/21	35
National Children's Bureau https://www.ncb.org.uk/ SW 20/04/21	2
Nurtureuk https://www.nurtureuk.org/what-we-do/introducing-nurtureuk SW 20/04/21	Browsed 3
Rees Centre SW 20/04/21	Browsed
Samaritans SW 20/04/21	Browsed
Spring Consortium http://innovationcsc.co.uk/ SW 28/04/21	NA
Thomas Coram Foundation SW 20/04/21	0
Young Minds https://youngminds.org.uk/ SW 20/04/21	Browsed list
Place2Be SW 28/04/21	Browsed
Welsh Government Statistics and Research SW 28/04/2021	105

APPENDIX E

Data extraction form

Study details	Intervention (& comparator)	Participants	Outcomes & follow-up	Results	Strengths & limitations
Author, year: Objective: Study Design: Region: Data collection dates:	Description of Counselling Service: Setting: Delivery agent: Comparator: Inclusion criteria: Exclusion criteria:	Sample size: Participants: Age: Gender: Ethnicity: Language: Other:	Outcomes: Analysis: Informant: Follow-up period:	Implementation (including barriers and facilitators):	Author Strengths & Limitations: Funding: Conflicts of Interest:

APPENDIX F

Rapid evidence review study eligibility criteria

Include	Exclude

Population
• Children and young people aged 7–18 years
  • May include wider age range if the majority of participants fall within the specified age group or subgroup data is provided
  • May be educated in school or educated in nonschool setting
  • May be targeted at specific populations (e.g., homeless, asylum seekers, refugees and foster care)
	Population
	• Children aged ≤6 years old
	• Young people aged ≥19 years old

Intervention
• Counselling—defined as professional therapeutic support provided:
  • Delivery may be face-to-face, online or telephone
  • May include specific techniques or approaches (e.g., CBT, brief therapy, drama therapy, person-centred therapy, psychodynamic therapy, and motivational interviewing)
  • Intervention may be targeted at specific aspects of health/well-being (e.g., intervention for Child Sexual Exploitation)
  • Intervention may be facilitated by counsellors and involve children and young people as peer counsellors, or staff as providing support to children and young people
• Minimum of one component is delivered via an educational setting or within the community:
  • School
  • Home school
  • Pupil referral unit
  • Learners excluded from school
	Intervention
	• Mental health interventions not related to counselling
	• Children and adolescent mental health service (CAMHS)
	  • CAMHS/Schools link projects
	• Community-based settings not provided via local authorities
	• Career guidance
	• No oversight of intervention by professional counsellor (e.g., peer counselling or peer mentoring provided exclusively by students)

APPENDIX F (Continued)

Include	Exclude

Outcome
• Effectiveness (outcome measured at CYP level)
  • Primary outcome: mental health and well-being (e.g., YP-CORE, Strengths and Difficulties Questionnaire [SDQ], Child Outcome Rating Scale [CORS], Outcome Rating Scale [ORS], goal-based measures, symptom-specific measures [e.g., anxiety, eating disorders])
  • Secondary outcome:
  • Intimate Partner Violence
  • Domestic violence
  • Child Sexual Exploitation
  • Relationships and bullying
• Implementation
  • Includes barriers and facilitators
• Acceptability
  • Includes service satisfaction (e.g., Experience of Service Questionnaire)
• Contextual Factors
	Outcome
	• Effectiveness not measured at child or young person level
	• Outcomes related to:
	  • Physical health
	  • Educational outcomes/ attainment
	  • Tobacco use
	  • Substance abuse
	  • Conduct disorder/ criminal offences
	  • Sexual and reproductive health

Study Design • Effectiveness: RCT, quasi-experimental • Implementation: quantitative assessment of implementation score, mixed method, qualitative • Acceptability: quantitative assessment of acceptability score, mixed method, qualitative • Context: quantitative, mixed method; qualitative	**Study Design** • Effectiveness: quasi-experimental designs where outcome measured post-test only • Reviews (scoping, systematic, rapid and literature), commentary, letters, editorials, book reviews
Date Published 1999–current	**Date** Published prior to 1999
Language English language. If grey literature sources (e.g., websites) included materials in Welsh, the review team aimed to identify English translations.	**Language** Non-English language
Country Research conducted within the UK and Republic of Ireland	**Country** Research conducted outside the UK and Republic of Ireland

APPENDIX G

Quality Appraisal

Quality Appraisal of Randomised Controlled Trials

First author, publication year	Checklist item												
	Random-isation	Concealed allocation	Groups similarity	Participant blinded	Treatment providers blinded	Outcomes assessors blinded	Identical treatment	Follow--up	Participants analysed in randomised groups	Same outcome measure-ment	Reliable outcome measure-ment	Appropriate statistical analysis	Appropriate trial design
Pearce, 2017	Y	Y	N	NA	NA	Y	N	N	Y	Y	Y	Y	Y
Cooper, 2010	Y	Y	Y	NA	NA	Y	Y	Y	Y	Y	Y	Y	Y
Cooper, Stafford, et al., 2021, Cooper, Duncan, et al., 2021	Y	Y	Y	NA	NA	N	U	Y	Y	Y	U	Y	Y
McArdle, 2002	N	U	U	NA	NA	NA	Y	N	N	Y	U	Y	N
McArthur, 2013	Y	Y	N	NA	NA	Y	N	Y	Y	Y	Y	Y	Y
Pybis, 2015	U	Y	Y	NA	NA	Y	U	N	N	Y	Y	Y	N

Quality Appraisal of Quasi-Experimental (Pre–Post) Study Designs

First author, publication year	Checklist item											
	Clear objective	Clear eligibility criteria	Represent-ative participants	Eligible participants enrolled	Sample size	Clear and consistent intervention	Valid outcome measure	Outcomes assessors blind	Loss to follow-up	Statistical methods	Multiple measure-ments and times	Account for individual-level data
Cooper, Pybis, et al., 2013	Y	N	U	N	Y	N	N	U	U	Y	N	NA
Cooper, Stewart, et al., 2013	Y	N	N	U	NR	N	Y	NA	NR	Y	N	NA
Cooper, 2014	Y	Y	NR	N	U	U	Y	NA	NA	Y	N	NA
Cooper, 2019	Y	Y	NR	N	N	N	Y	NA	NA	Y	N	Y
Daniunaite, 2015	Y	Y	NR	NR	U	N	Y	NA	NA	Y	N	Y
Duffy et al., 2021	Y	Y	U	N	N	Y	NR	NA	Y	Y	N	NA
Duncan, 2020	Y	Y	U	N	Y	N	Y	NA	NA	Y	N	N
Fox, 2009	Y	N	U	NA	N	N	N	NA	N	Y	N	NA
Hanley, 2011	Y	Y	U	Y	N	N	Y	NA	N	N	Y	NA
Killips, 2012	Y	Y	Y	Y	U	Y	Y	NA	NA	NA	N	NA
Lee, 2009	Y	Y	U	NR	U	U	Y	NR	NR	N	N	N
Pro Bono Economics	Y	N	NR	NR	Y	NR	NR	NR	NR	N	N	NA
Sherr, 1999	Y	Y	U	N	Y	N	N	N	NA	Y	N	NA
Welsh Government, 2011a	Y	Y	Y	U	N	U	N	NR	U	U	N	NA
Wilkinson, 2018	Y	Y	N	NR	N	Y	Y	NA	Y	N	N	N
Wilson, 2003	Y	Y	U	N	U	N	N	U	Y	Y	N	NA

APPENDIX G (Continued)

Quality Appraisal of Cross-Sectional Study Designs

First author, publication year	Checklist item							
	Clear eligibility criteria	Clear subjects and setting	Valid exposure measure	Standard condition criteria	Confounding factors	Confounding strategy	Reliable outcome measure	Appropriate statistical analysis
Pattison, 2010	N	N	U	U	NA	NA	U	U
Evans, 2019	Y	Y	U	Y	NA	NA	Y	Y
Hanley, 2017	U	U	NA	Y	U	U	Y	Y
Hennigan, 2016	N	N	NA	NA	NA	NA	N	Y
Loynd et al., 2005	U	Y	Y	NA	N	N	Y	Y
Polat, 2005	Y	Y	NA	NA	NA	NA	Y	Y
Pybis, 2012	Y	Y	NA	NA	NA	NA	Y	Y
Welsh Government, 2011b	Y	Y	U	U	NA	NA	Y	Y
Welsh Government, 2011a	Y	U	U	Y	NA	NA	Y	Y

Quality Appraisal of Case Series Study Designs

First author, publication year	Checklist item									
	Clear eligibility criteria	Standard condition criteria	Valid condition measure	Consecutive inclusion	Complete inclusion	Clear participant demographics	Clear clinical information	Clear outcomes at follow up	Clear site(s) demographics	Appropriate statistical analysis
Churchman, Mansell, Al-Nufoury, & Tai, 2019; Churchman, Mansell, & Tai, 2019	Y	Y	N	U	U	U	Y	Y	N	NA
Churchman, 2020	Y	Y	N	U	U	N	Y	Y	Y	NA

Quality Appraisal of Cohort Study Designs

First author, publication year	Checklist item										
	Groups similarity	Exposure measurement	Valid exposure measurement	Confounding factors	Confounding strategy	Free of outcome at the start	Reliable outcome measurement	Follow-up sufficient	Follow-up complete	Follow-up strategy	Appropriate statistical analysis
McElearney, 2013	U	Y	U	Y	Y	N	Y	Y	U	U	Y

(Continues)

APPENDIX G (Continued)

Quality Appraisal of Qualitative Study Designs

First author, publication year	Checklist item									
	Philosophical and methodological congruity	Methodological and objective congruity	Methodological and method congruity	Methodological and analysis congruity	Methodological and interpretation congruity	Researcher cultural or theoretical location	Researcher influence	Participant represented	Ethics	Conclusions
Bamford, 2014	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
Farouk, 2020	N	Y	Y	Y	Y	N	N	Y	Y	Y
Grogan, 2014	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Lalor et al., 2006	N	Y	Y	N	N	N	N	Y	N	Y
Le Surf & Lynch, 1999	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Lynass, 2012	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Pattison, 2010	N	U	Y	Y	U	N	N	Y	N	Y
Vulliamy, 2003	Y	Y	U	U	Y	N	N	Y	N	Y
Warr, 2010	Y	Y	Y	Y	Y	N	N	Y	N	Y
Westergaard, 2012	Y	Y	Y	Y	Y	Y	N	Y	N	Y
Westergaard, 2013	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Churchman, Mansell, Al-Nufoury, & Tai, 2019; Churchman, Mansell, & Tai, 2019	U	U	U	U	U	N	N	Y	Y	Y
Cobbett, 2016	U	U	U	U	U	N	N	Y	N	Y
Duffy et al., 2021	U	Y	Y	Y	Y	N	N	Y	Y	Y
Fox, 2007	U	U	Y	U	Y	N	N	Y	N	Y
Hamilton-Roberts, 2012	N	Y	Y	Y	Y	N	N	Y	Y	Y
Hanley, 2017	Y	Y	U	Y	Y	N	N	Y	Y	Y
Kernaghan, 2016	U	U	U	U	U	N	N	Y	N	Y
McArthur, 2016	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Parsons, 2018	U	Y	Y	Y	Y	N	N	Y	N	Y
Parsons, 2019	U	Y	Y	Y	Y	N	Y	Y	Y	Y
Prior, 2012a	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prior, 2012b	N	Y	Y	Y	Y	Y	Y	Y	Y	Y

APPENDIX G (Continued)

First author, publication year	Checklist item									
	Philosophical and methodological congruity	Methodological and objective congruity	Methodological and method congruity	Methodological and analysis congruity	Methodological and interpretation congruity	Researcher cultural or theoretical location	Researcher influence	Participant represented	Ethics	Conclusions
Sharman, 2019	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
Spratt, 2007	U	U	U	U	U	N	N	N	U	N
van Rijn, 2018	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Government W, 2011a (Primary school pilots)	U	U	Y	U	U	N	N	NA	NA	Y
Government W, 2011a (desk research)	N	Y	Y	N	Y	N	N	Y	U	Y
Wilkinson, 2018	U	Y	Y	U	Y	N	N	Y	Y	Y
Wilson, 2003	U	U	U	U	U	N	N	Y	Y	Y

Quality Appraisal of Nonrandomised Controlled Trials

First author, publication year	Checklist item								
	Clear cause and effect	Similar participants	Similar treatment	Control group	Multiple measurements and times	Follow-up	Same outcome measurement	Reliable outcome measurement	Appropriate statistical analysis
Cobbett, 2016	Y	U	U	Y	N	NA	Y	U	N
Finning, 2021	Y	Y	U	Y	N	N	N	Y	Y
Sherr & Sterne, 1999	Y	Y	Y	Y	N	Y	Y	N	Y

AUTHOR BIOGRAPHIES

Lauren Copeland I am a lecture in the School of Psychology. I have expertise in the field of counselling (motivational interviewing and person centred therapy), behaviour change within public health, adapting public health interventions and qualitative research methods.

Simone Willis I am a systematic reviewer for the Specialist Unit for Review Evidence (SURE). I have experience in all aspects of the review process including protocol and search development, systematic literature searching, critical appraisal, data extraction and evidence synthesis.

Gillian Hewitt I am a research associate in the DECIPHer research centre. I am interested in children and young people's mental health and well-being, including care-experienced children and young people, school-based health improvement, evaluating complex interventions and research networks

Amy Edwards I am a research assistant based in DECIPHer at Cardiff University. My research experience is primarily based on education systems; as a former teacher, I have a wealth of teaching experience in the further and higher education sector. My particular research interests are in the development of education policy into practice, and in the roles of health priorities within all education settings.

Siôn Jones I am a lecturer in the School of Social Sciences. I am partly responsible for developing Welsh medium educational provision in the School of Social Sciences. I conduct research in a number of different areas including education and the Welsh language.

Nicholas Page I am a research associate in DECIPHer. I have a particular interest in researching population health and well-being through the use of quantitative methodologies, including statistical modelling and GIS. My most recent published works include exploring change over time in youth smoking and cannabis use, investigating short-term effects of introducing e-cigarette regulation on youth vaping and examining sources of potential bias when combining routine data linkage and a national survey of secondary school children

Simon Murphy I am Director of DECIPHer and lead for the Schools Health and Research Network. My research interests focus on two main areas. The first focusses on understanding and explaining young people's health and well-being within their social context, drawing on socio-ecological frameworks. This work informs the development and piloting of sustainable complex interventions for health improvement that address influences on multiple risk outcomes and health inequalities. The second concerns the evaluation of theoretically driven complex public health improvement initiatives, with a particular concern for the social processes and contextual influences that impact on implementation and effectiveness.

Rhiannon Evans I am a reader in Social Science and Health, based at DECIPHer. I am a member of the senior management team at DECIPHer, where I am academic lead for the "Healthy Social Relationships" research programme and the Centre's Teaching and Learning profile. The substantive focus of my research is the improvement of the mental health and well-being of children and young people, in addition to the prevention of self-harm and suicide. I have a particular interest in key groups who experience disadvantage, notably those who are care-experienced.