Adding Value to Education through Improved Mental Health: A Review of the Research Evidence on the Effectiveness of Counselling for Children and Young People

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Abstract

This paper is set against the backdrop of an increasing number of strategies and policies developed by the Department for Education and Skills in the U.K. regarding the promotion of positive mental health in schools and the recognition of the value of improving mental health in relation to children's learning, achievement, attendance and behaviour. The aim of the paper is to present the results from a systematic review of the research evidence on counselling children and young people and discuss these results in relation to the educational context and the added value to be gained in addressing the mental health needs of children and young people. A systematic review methodology is used to assess the outcome research literature. The review is structured around a range of counselling issues and four groups of counselling approaches: cognitive-behavioural, person-centred, psychodynamic and creative therapies. Results indicate that all four approaches to counselling are effective for children and young people across the full range of counselling issues. However, more high quality published research evidence was located for the effectiveness of cognitive-behavioural counselling than other approaches, identifying significant gaps in the evidence bases for these approaches. Other gaps in the evidence include research into counselling for school related issues and self-harm.

Introduction

Counselling and related interventions are aimed at improving the mental health of children and young people. In the educational context they are linked to learning, achievement, attendance and behaviour (DfES 2001, DfES 2003, Ofsted 2004). The Department for Education and Skills (U.K.) has recognised the importance of mental health in its Healthy Schools initiative (DfES 1999) and has published various resources for teachers and other professionals on its website (DfES 2004a). The national framework for working together (DfES 2004b) examines and promotes links between schools and CAHMS (Child and Adolescent Mental Health Units) in order to improve the mental health of children and young people.

The British Association for Counselling and Psychotherapy (BACP) publishes resources for teachers and others working in the educational context on its website dedicated to the Counselling in Education group (BACP 2004a). The BACP also convenes an annual conference specifically related to counselling in education. Moreover, counselling and associated interventions are provided as part of the curriculum for initial teacher training in at least one university department in the U.K. (University of Newcastle upon Tyne 2004a). Counselling is provided as continuing professional development for teachers and other related professions at the Universities of Nottingham and Newcastle upon Tyne (2004b). Counselling as an effective intervention for children and young people in the educational context has been given more attention recently as achievement, attendance and behaviour are increasingly linked to mental health.

The case for counselling linked to the school context is strengthened by legislation in the form of the new Children Act (DfES 2004d). The results of a study carried out by the Future Foundation (2004) show that counselling is more acceptable and sought after in contemporary society than in the past. It is against this backdrop of increasing recognition of the value of counselling and other psychotherapeutic interventions that the BACP commissioned their series of systematic reviews.

The aim of this paper is to present the results from a systematic review of the research evidence on counselling children and young people and discuss these results in relation to the educational context and the added value to be gained in addressing the mental health needs of children and young people (Harris and Pattison 2004). The review was commissioned and funded by the British Association for Counselling and Psychotherapy (BACP) in order to add to the evidence base for outcome research in counselling and related therapies provided for children and young people from a variety of contexts including schools and colleges. Although counselling processes may be important in achieving a positive outcome, for the purposes of this review only defined outcome research is included. Why and how particular counselling approaches are effective would form a sound basis for further research.

Counselling and other psychological therapies are found to be useful in relieving emotional and psychological problems in adults (DoH 2001, Fonagy 1999, Mellor-Clark 1998). However, there may be difficulties in applying adult therapy research to children and young people due to the nature of child and adolescent development and perceptions of therapy (Fonagy 1999). The review aimed to address this issue and provide more accessible relevant evidence for practice. The project proved challenging in terms of the presentation required to produce a review that was both relevant and accessible to counselling practitioners, service providers and policy makers yet rigorous enough to be useful to other researchers in the field.

Counselling interventions

There are many types of counselling, which can be confusing for non-specialists. According to the definition of counselling provided by the British Association for Counselling and Psychotherapy (2004b):

> Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client as no one can properly be 'sent' for counselling.

In practice, counselling is concerned with prevention and de-escalation of problems and focuses on enabling the child or young person to develop self-esteem and the internal resources to cope with their difficulties more effectively. This includes the remediation of mental health symptoms and problems.

Broadly speaking, therapies used with children fall into three categories. Each has distinct philosophical underpinnings and underlying assumptions about the nature of human behaviour and change. Cognitive-behavioural therapy (CBT) combines techniques from cognitive therapy with behavioural therapy and is based on the premise that cognition is related to mood and behaviour. It is one of the most widely researched therapies for children and young people and CBT studies are published in many high quality journals (Southam-Gerow and Kendal 2000). Moreover, CBT is used widely within the National Health Service (NHS) in the U.K. and has been the subject of many randomised controlled trials (RCTs), systematic reviews and meta-analyses. This particular type of therapeutic intervention lends itself well to the scientific method and is often carried out by psychologists trained in the quantitative research paradigm. This enables such research to have more likelihood of being included in the major evidence base for psychotherapeutic therapies, the Cochrane Collaboration Database (Clarke and Oxman 2003). Cognitive-behavioural therapy seeks to promote emotional and behavioural change in children and young people

by helping them to change their thinking in ways that are interactive and based on problem-solving. Techniques and strategies are used to enhance self-control, increase personal efficacy and rational problem solving. The aim is to develop more effective social skills and increase the child's participation in pleasurable, satisfying activities (Freeman and Reinecke 1995).

In contrast to CBT, psychoanalytic and related therapies (originally founded by Freud in 1909) focus on the dynamic between mental and emotional forces and how these may affect behaviour, thoughts and emotions. When working with children, play is often used as a means of establishing psychological contact, as a source of data, as a medium for observation, and sometimes as a vehicle for interpretive communication. The counsellor attempts to communicate the meaning of the child's play in order to increase the child's understanding of their difficulties, thereby promoting emotional adaptive resolution (Dearden 1998, Sherr *et al.* 1999).

Humanistic therapies emerged from humanistic psychology as an alternative to psychoanalytical and cognitive-behavioural approaches (McLeod 2003a). These therapies embrace a range of approaches including person-centred, existential and gestalt (Clarkson 2004, Rogers 1959, van Deurzan 1997). Fundamental to the humanistic approach is a concern to meet the deficiency and growth needs of the child or young person (Maslow 1970). Placing an emphasis on the development of the whole child (physical, intellectual, emotional, spiritual domains), the quality of the therapeutic relationship is perceived as central to the efficacy of this approach. The counsellor is responsible for creating an environment in which the child feels cherished, contained and able to grow.

Creative approaches to therapy may be found mainly but not exclusively within psychoanalytic and humanistic approaches to counselling children. They involve play, art, clay modelling, movement, music and other forms of creative expression. The major research paradigm for these therapies is qualitative. In research terms, the psychoanalytic/dynamic approach has predominantly used the single case study and focused on the processes taking place, whilst the humanistic therapies may focus on the phenomenological world of the child or young person (McLeod 2003b). By relying mainly on qualitative methods psychoanalytic and humanistic therapies are placed at a disadvantage regarding the production of studies that can be rated as high quality research evidence for inclusion in such databases as Cochrane. There are parallels here with much of the educational research produced. Criticisms also have been made about the quality of research in the educational arena (Tooley 2001).

Counselling approaches and cultural appropriateness

The BACP (2004) clarify what counsellors actually do: listening attentively and patiently, perceiving difficulties from the individual's point of view; helping people to see things more clearly, possibly from a different perspective; reducing confusion and facilitating choice and change. This focus on the individual may be experienced as alien to those from different cultural backgrounds where collectivism may be the traditional cultural approach (Pattison 2003). When adopting western approaches counsellors help people to explore aspects of life and feelings; examine behaviour and difficult situations; help people to initiate change and explore options. However, advice giving, guiding and providing direction are not usually components of western approaches to counselling. This contrasts with international perspectives on what constitutes counselling, where advice and guidance may be expected as part of the counselling process (Naidoo and Sehoto 2002, Nolte 2001, Pattison 2003, Trivasse 2002). Globally the diverse nature of counselling is more apparent, with counselling encompassing many different activities. For example, Malindzsisa *et al.,* (2001) equates academic advice in distance learning with counselling. Nolte (2001) describes counselling as guiding, enabling, facilitating, planning, organising, motivating, educating and training the client in self-help skills. Naidoo and Sehoto (2002) point out that another term for counselling in many African countries may be healing. Counselling in the west has its roots in western theological, anthropological, psychiatric and psychological literature/theory. On the other hand, a vast knowledge base exists in oral form in African and other cultures (Naidoo and Sehoto 2002). Moodley and West (2005) make a case for integrating traditional healing into contemporary practice in order to address some of the issues and debates around multi-cultural counselling.

Counselling issues in children and young people

The research literature examined for the review covered a wide range of issues experienced by children and young people, identified through a preliminary scoping search. These issues share some of the characteristics of adult issues such as depression, anxiety, low self-esteem, sexual abuse, physical and emotional abuse, eating disorders and difficulties with relationships. However, some issues are more context-specific to the younger client, for example, school phobia, bullying and behavioural problems.

Children and young people suffer a variety of psychological problems and difficulties. Therefore, it is encouraging to note that most young people follow a relatively untroubled psychological development and that a third of problems are intermittent or temporary. However, 11% of young people have serious, chronic difficulties (Ebata

and Moos 1990). Moreover, psychological problems are more common in adolescence, with nearly half reporting difficulties in coping with situations at home or school. Conflicts regarding the transitional nature of adolescence and the lack of control over physical, social and physiological changes are more likely to lead to stress, depression, alcoholism, drug misuse, eating disorders, self-harm and suicide amongst young people (Steinberg 1996).

Depression in adolescence is related to youth suicide rates, which account for over one-fifth of all deaths in young people. According to Steinberg (1996), one in three young people have contemplated suicide with one in six actually making a suicide attempt. Furthermore, figures from the Oxford Centre for Suicide Research (1998) estimate that 24,000 adolescents self-harmed in 1999 and that deliberate self-harm is more prevalent amongst girls. Eating disorders are common amongst young people, particularly adolescent girls and create challenges for teachers, support staff, counsellors and medical practitioners (Abraham 2001) and the often catastrophic effects of bullying on children and young people is well documented, particularly in relation to those who are already vulnerable. For example, children with learning difficulties/disabilities (Norwich and Kelly 2004) or other vulnerabilities based in gender or sexuality (Ellis and High 2004).

The systematic review

Evidence based practice is an increasing trend amongst a wide range of disciplines (Cochrane Collaboration Database 2004, The EPI Centre, Centre for Evaluation of Health Promotion and Social Interventions, Institute of Education 2004). The principles and processes of evidence based practice have filtered into the education field (Evidence-Based Education U.K., University of Durham 2004). They are increasingly used as the basis for educational interventions and policy making, fitting in well with New Labour's research-led style of governance (Giddens 1999). Although counselling has strong connections with education, traditionally as an intervention in child guidance clinics for children with special educational needs, it is closely associated with psychology and psychoanalysis/psychotherapy. This places it within the sphere of medicine and the NHS, reflected in the status that the NHS has for being the largest single employer of counsellors in the U.K. (DoH 2001). This link with the NHS is significant in terms of evidence-based practice for counsellors and the type of research that carries the most weight and contributes heavily to the evidence base (Clarke and Oxman 2003). The randomised controlled trial (RCT) is accorded the highest respect in terms of research evidence that forms the basis for good practice in the NHS and as such has infiltrated other disciplines including education.

The British Association for Counselling and Psychotherapy (BACP) required the review to be rigorous in order to be useful to researchers. At the same time, it was expected to

provide an accessible resource for counsellors, managers in education, health and social care, along with others working in the mental health field. Therefore, the review was designed and organised to present a variety of issues relevant to counselling children and young people within a range of contexts. It covered issues such as behavioural problems and conduct disorders, emotional problems including anxiety and depression, post-traumatic stress, school-related issues, self-harming practices and sexual abuse. The range of counselling issues included in the review is presented in figure 1.

Figure 1: Range of counselling issues included in the review

Counselling Issue	Range of problems included
Behavioural and conduct disorders	Anti-social and aggressive behaviours Verbal and physical aggression Impulsivity and hyperactivity
Emotional problems: Anxiety	General anxiety symptoms Post-traumatic stress symptoms Obsessive-compulsive disorders Separation anxiety Agoraphobia
Emotional problems: Depression	General symptoms of depression Rate of progression of depressive symptoms
School-related issues	Violent and aggressive behaviour at school School refusal/phobia Self-control and classroom behaviour Aggression towards peers Self-responsibility Acting out Distractibility and sociability in learning disabled children Bullying
Self-harming practices	Substance abuse Repeated suicide attempts Anorexia nervosa
Sexual abuse	Psychological symptoms of sexual abuse Depressive symptoms Low self-esteem

The main aim of the research was to provide a systematic, replicable and comprehensive review of the research on the effects of counselling for children and young people. The purpose of adding this review to the evidence base was to enable counsellors, policy makers and providers of services in education, health and social care to base planning and delivery of counselling interventions on firm research evidence.

Review design, procedures and methodology

A systematic search of the research in counselling young people was carried out. This was based upon pre-determined criteria to assess the quality and rigour of studies and the effectiveness of therapies. The areas of: behaviour; anxiety; depression; self-harming practices and sexual abuse across four main groups of therapy: cognitive-behavioural therapy; psychodynamic/psychoanalytic, humanistic/interpersonal and creative therapy were addressed. The following question was used to drive the research process: Is counselling effective with children and young people? The research was based upon a systematic approach that was recorded in detail in order to provide transparency and accountability.

Three types of search were undertaken: electronic search, hand-search and opportunistic search via professional networks and existing projects. The electronic databases included: Cochrane (Systematic Reviews, Central Register of Controlled Trials); PsycInfo; Medline; Cinahl; Science Direct and ERIC. The search strategy involved search terms related to the child and adolescent population followed by a second list of terms related to counselling and psychotherapy. Hand searching of journals showed that although there were a huge number of published studies, many were excluded by the search criteria. Review articles and meta-analyses were assessed using quality criteria suggested by Oxman and Guyatt (1988):

- Were the questions and methods clearly stated?
- Were comprehensive search methods used to locate relevant studies?
- Were explicit methods used to determine which articles to include in the review?
- Was the validity of the primary studies assessed?
- Was the assessment of the primary studies reproducible and free from bias?
- Was variation in the findings of the relevant studies analysed?
- Were the findings of the primary studies combined appropriately?
- Were the reviewers' conclusions supported by the data cited?

To define the scope of the review, a series of inclusion criteria were developed using methodologies used in existing systematic searches (McLeod 2002) and the Cochrane Reviewers Handbook (Clarke & Oxman 2003). Therefore, three further key questions supplemented the main research question: Which types of counselling work? For whom? For which issues? A range of characteristics was identified with regard to the population, interventions, outcomes and study design. Inclusion and exclusion criteria for studies incorporated in the review were devised to take account of children and young people between the ages of 3-19 years, both male and female.

The BACP (2004b) definition of counselling was adopted, although it is acknowledged that this definition may differ from that of other organisations, particularly internationally. For example, in their review of school counselling outcome research, Sexton *et al.* (1997) refer to the guidance model (Gysber and Henderson 1994). This differs in nature to the BACP definition of counselling, yet reflects a comprehensive model through which Sexton *et al.* (1997) organised and examined the empirical literature for their review. Therefore counsellors, teachers and other professionals may need to take differences in definition into account when interpreting the results of this research in relation to their own context and practice. The following exclusion criteria were applied to therapies researched in the studies reviewed: behaviour therapy, social skills training and therapies based on behaviour modification or social learning theory due to the emphasis on training as opposed to counselling. Pharmacological treatments; psychiatric in-patient settings; family therapy; bibliotherapy; computerised therapy; telephone counselling and peer counselling were also excluded. Only counselling carried out by therapists with formal training in the specific therapeutic approach investigated were included. Regarding the assessment of outcomes of therapy from each research study, indicators of change in young people involved examining improvement in the presenting problem, behaviour, relationships, emotional well-being, raised self-esteem, improved academic performance and increased self-awareness. In order to qualify for inclusion in the review change indicators were required to be assessed by recognised psychometric testing, pre/post-test and follow-up, along with qualitative indicators as reported by the child, young person and therapist or significant other. The self-report of the counsellor was not considered sufficient evidence of change in a child unless it was supported by other data. A hierarchical approach was adopted when assessing the quality and type of research studies (see figure 2).

Figure 2: Hierarchical approach to assessing studies

1. Systematic Reviews and Meta-analyses
2. Experimental Studies (Randomised-controlled trials, controlled before and after studies)
3. Other Studies (Simple before and after studies, qualitative designs)

This was deemed to be the most logical way of carrying out the review within the constraints of available resources. Individual studies were categorised according to criteria outlined in the Cochrane Reviewers Handbook (Clarke & Oxman 2003). Study

types were defined as reviews/meta-analyses; experimental (randomised controlled trials, controlled before and after studies); other studies (simple before and after studies and qualitative designs). Firstly, review articles and meta-analyses were identified as best quality evidence in relation to the key counselling issues referred to earlier. This represented the most efficient way of summarising a large number of relevant studies and followed the methods used by the Department of Health Review of Psychological Therapies (DoH 2001). High quality controlled trials not included in such reviews and meta-analyses (generally studies carried out after the date of the last review or meta-analysis) were located to add to the data, especially where review evidence was sparse. Other sources of evidence (qualitative and process studies) were included where they could offer valuable insights into therapies, issues or populations that were under represented in the best quality evidence.

Reviews and meta-analyses were assessed for quality and rigour using criteria developed by Oxman & Guyatt (1988). They were assigned to one of three Bands (A, B, C) according to how many of the eight quality criteria each study met. Two members of the research team rated a sample of 25% of the reviews and meta-analyses and any differences were resolved through discussion. Fifty-five review/meta-analyses were examined and formally reviewed with two studies falling into Band A, ten in Band B and forty-one in Band C. Two studies did not meet the review criteria and were excluded. The reviews and meta-analyses did not provide enough evidence for the effects of counselling for each counselling issue. Therefore supplementary evidence in the form of individual studies was included in the broad categories of experimental and 'other'. The research team were aware that mixed methodologies may represent the best-fit research for real-world situations. The collection of data from different sources using different methods was believed to strengthen the findings.

All of the research studies included in this paper were published in the English language medium. They are available in the public domain and were located in libraries, through the Internet and as reports by organisations. The full list is available in the original review document (Harris and Pattison 2004). Randomised controlled trials were assessed through statistical significance, clinical significance and effect size. The remainder were assessed through outcome measures and research design/methodologies.

Results and discussion

Figure 3 provides a visual summary of the research findings related to the range of variables. These include counselling issues, types of counselling and counselling outcome studies providing research evidence for effectiveness. Full references for each study are included in the reference section at the end of this paper.

Figure 3: Summary of findings
Research studies reviewed

Counselling issues	Effective therapies	Meta-analyses and reviews	Experimental studies	Other studies
Behavioural and conduct disorders	CBT Psychodynamic/analytical	Baer & Nietzel (1991) Bennett & Gibbons (2000) Robinson et al (1999) Weisz et al (1987)	Ensink et al (1997) Schectman & Ben-Davis (1999) Weiss, Catron & bb (2000) Szapocznik (1989)	Fonagy & Target (1994)
Emotional problems: Anxiety	CBT Psychodynamic/analytical Humanistic/interpersonal Creative	Compton et al (2002)	Mendlowitz et al (1999) Muratori et al (2002) Pfeffer et al (2002) Salloumi et al (2001)	Benazon et al (2002) Blos (1993) Dearden (1998) Kaplan et al (1998) March et al (1998) McConnell & Sim (2000) Ovaert et al (2003) Racusin (2000) Target & Fonagy (1994) Thieneman et al (2001)
Emotional problems: Depression	CBT Humanistic/interpersonal	Compton et al (2002) Harrington, Whittaker & Shoebridge (1998) Merry et al (2004) Michel & Crowley (2002) Reinecke, Rowley & Dubois (1998)	Birmaher et al (2000) Kroll (1996) Mendlowitz et al (1999) Mufson et al (1999) Rossello & Bernal (1999)	Darcy et al (2001) Weersing & Weisz (2002)
School-related issues	CBT Creative	Wilson et al (2003)	English & Higgins (1971) King et al (1998) McArdle et al (2002) Omizo & Omizo (1987)	Flitton & Buckroyd (2002) Meredith (1993) Sherr et al (1999) Squires (2001)
Self-harming practices	CBT Humanistic/interpersonal		Kaminer et al (2000) Robin et al (2000) Waldron et al (2001) Wood et al (2001)	Breslin et al (2002) Paulson & Everall (2003)
Sexual abuse	CBT Psychodynamic/analytical Humanistic/interpersonal Creative	Finkelhor et al (1995) Reeker et al (1997)	Cohen & Mannarino (2000) Deblinger et al (1999) Nolan et al (2002)	Berman (1995) De Luca et al (1995) Trowell et al (2002)

The Office for National Statistics Health Survey (2001) found that the spectrum of behaviour problems (from disruptive behaviour to autistic spectrum disorder) to be present in 7.4% boys and 3.2% girls in the U.K. Ovaert et al. (2003) suggests links between behaviour problems and mental health issues associated with post traumatic stress. They assert that causative trauma may be overlooked or neglected in the face of problems in school caused by the behaviour. School counselling in the U.K. can be linked to the Key Stage 3 Behavior and Attendance Strategy (DfES 2003). Four systematic reviews (Baer and Nietzel 1991, Bennett and Gibbons 2000, Robinson et al. 1999, Weisz et al. 1987) and one experimental study (Ensink et al. 1997) provide evidence for the effectiveness of CBT with behaviour and conduct problems. These systematic reviews evidence a mild to moderate effect for antisocial behaviour, hyperactivity and aggression and a significant effect for impulsivity. Bennett and Gibbons (2000) found that CBT was more effective with pre-adolescents and younger children when combined with parent training. This finding was supported by Ensink et al. (1997). The studies were limited in that they either involved more female subjects or failed to provide sufficient information to enable the differentiation of gender. One primary study (Ensink et al. 1997) supported the medium term effect of CBT for aggressive and defiant behaviour. One randomized controlled study suggested that a combination of psychodynamic, humanistic and cognitive therapy was successful in reducing aggression and developing a commitment to change in children and pre-adolescents through self-awareness and self-understanding (Schechtman and Ben-David 1999). Other supporting evidence indicated the potential of psychoanalysis in resolving behaviour problems with children and adolescents across the age-range (Fonagy and Target 1994). Two studies challenged the use of individual therapies with ethnic minority children and adolescents with severe behaviour problems (Szapocznik 1989, Weiss, Catron and Harris 2000).

Anxiety problems in children and young people can lead to poor school performance, school refusal, social problems, family relationship problems, self-harm and suicide attempts. The Office for National Statistics Survey (2001) identified levels of separation anxiety as 0.9% in boys and 7% in girls in the U.K. Generalised anxiety was found to be 0.5% in boys and 0.7% in girls. Anxiety may present with nightmares, psychosomatic symptoms and difficulty in separating from parents or carers. Anxiety can have far reaching effects on school attendance, learning, achievement and peer relationships. One systematic review (Compton et al. 2002); two experimental studies (Mendlowitz et al. 1999, Pfeffer et al. 2002) and five simple before and after studies (Benazon et al. 2002, March et al. 1998, Kaplan et al.1995, Ovaert et al. 2003, Thieneman et al. 2001) provided evidence of effectiveness of CBT counselling for emotional problems related to anxiety. Compton et al. (2002) provided evidence of effectiveness of CBT in the 6-13 years age group with generalized anxiety, separation anxiety, social anxiety and avoidant disorder and showed effectiveness in reducing

anxiety levels and increasing coping abilities and functioning. Mendlowitz et al. (1999) found that parental involvement had an enhancing effect on therapeutic outcomes. One experimental study (Muratori et al. 2002) found brief psychodynamic therapy to be effective in reducing anxiety symptoms. A further study (SBA) also found brief psychodynamic therapy to be effective (Racusin 2000), indicating remission of anxiety symptoms and re-integration into school. Two further supporting studies (SBA) provided evidence for the effectiveness of psychoanalytic work with children and young people suffering anxiety problems (Blos 1993, Fonagy and Target 1994). Counselling was concluded to be more effective with children under 11 years where parents were treated at the same time (Fonagy and Target 1994). Two qualitative studies found humanistic/child-centred counselling to be effective with anxiety with Dearden's (1998) study showing a high level of child satisfaction and benefit from counselling and McConnell and Sim (2000) identifying concerns by children regarding levels of confidentiality. Salloumi et al (2001) provided evidence in a simple before and after study for the effectiveness of a combination of counselling approaches in a community group setting in relation to a significant reduction of post-traumatic stress anxiety symptoms.

One systematic review (Wilson et al. 2003) found all included therapies to be effective across the full age-range of school children with violent and aggressive behaviour specifically in the school context. Four experimental studies (English and Higgins 1971, King et al. 1998, McArdle et al. 2002, Omizo and Omizo 1987) two simple before and after studies (Sherr and Sterne 1999, Squires 2001) and two qualitative studies (Flitton and Buckroyd 2002, Meredith 1993) specifically referred to school-related issues and showed effectiveness for issues including bullying, behavioural difficulties, emotional problems, school refusal/phobia, truancy and academic failure. Three indicated that CBT (King et al. 1998, Omizo and Omizo 1987, Squires 2001) was most effective. Three studies identify positive outcomes for creative therapy, McArdle et al., (2002) evidenced drama group work, Sherr and Sterne (1999) evidenced play therapy and Flitton and Buckroyd (2002) evidenced person-centred art therapy. One study showed positive outcomes for humanistic/person-centred counselling (English and Higgins 1971) and one found an eclectic problem-solving approach to be helpful (Meredith 1993). The DfES (2001) highlighted counselling as one of the most helpful interventions for children and young people with emotional and behavioural difficulties and other problems related to bullying, truancy and academic failure.

The review identified five systematic reviews (Compton et al. 2002, Harrington, Whittaker and Shoebridge 1998, Merry et al. 2004, Michael and Crowley 2002, Reinecke, Rowley and Dubois 1998); five experimental studies (Birmaher et al. 2000, Mendlowitz et al. 1999, Mufson et al.1999, Rossello and Bernal 1999) and two simple

before and after studies (Darcy et al. 2001, Weersing and Weisz 2002) showing effectiveness of counselling for depression in children and young people. A Cochrane review (Merry et al. 2004) found manual based CBT and personal growth groups to be effective in reducing depressive symptoms in the short term. However, improvements were not sustained in the longer term. Michael and Crowley (2002) and Reinecke et al. (1998) recorded better results for the adolescent age range (13-18) than are recorded for 6-11 year olds (Compton et al. 2002). Given that CBT was the primary model of therapy in the review studies it is reasonable to assume that the enhanced efficacy with the 13-18 age group may be related to the 'fit' between cognitive based therapies and adolescents' level of cognitive functioning. There is some evidence that depressed female students benefit more from counselling than their male counterparts. However, Michael and Crowley (2002) suggest that this may be linked to the different social and emotional expectations of males and females during adolescence. This places females at an advantage in a therapeutic culture that values and nurtures emotional expressiveness. Primary studies not included in the reviews provide supplementary evidence that CBT is effective in aiding children and young people between 12-18 years with recovery from depression (Birmaher et al. 2000, Rossello and Bernal 1999) and depression co-morbid with anxiety (Mendlowitz et al. 1999). However, the evidence for longer-term effectiveness is less convincing unless booster sessions are provided to accelerate recovery and minimise recurrence of symptoms (Birmaher et al. 2000). Mufson et al. (1999) and Darcy et al. (2001) provided evidence that interpersonal counselling was effective in significantly reducing depressive symptoms and improving global functioning in adolescents. Even short-term benefits from counselling may be valuable in preventing self-harm and suicide attempts in depressed children and adolescents by reducing isolation and hopelessness and providing a space in which collaboration with other mental health professionals can be organised to sustain the young person in the longer term. There was no evidence to suggest that the benefits of therapies other than CBT are not sustained over time. Depression in children and young people can cause difficulties in general functioning, including relationships with peers, teachers and parents. This can lead to isolation and marginalisation. The child may be further excluded from academic life through the disruption of cognitive functioning (Michael and Crowley 2002). The evidence from this review indicated that counselling can be effective in reducing depression and therefore helping children to re-engage in academic work and school life.

Deliberate self-harm is one of the symptoms of anxiety and/or depression and is common among young people, particularly girls (Hawton et al. 2002). Self-harm includes cutting, head-banging, pulling out hair, eating disorders, drug and alcohol abuse and attempted suicide. As a form of self-harm, eating disorders can lead to withdrawal from education due to severe physical and psychological problems

(Latner et al. 2005). Substance abuse can lead to extreme personal, social and cognitive damage (Foster et al. 2003). Mortality from suicide is growing in the western world and is the third highest cause of death among adolescents in the U.S. (AACAP 2001). The effects of suicide attempts upon the individual, their peers and teachers have far reaching effects in schools. The research evidence indicated that CBT, humanistic/interpersonal and psychodynamic/analytical forms of counselling are effective for children and young people who engage in self-harming activities. This evidence was provided by four RCTs (Kaminer et al. 2002, Robin et al. 1999, Waldron et al. 2001, Wood et al. 2001), one simple before and after study (Breslin et al. 2002) and one qualitative study (Paulson and Everall 2003). Research participants identified the valuable aspects of counselling as enhanced self-understanding, communication and creative expression through the therapeutic relationship and therapeutic strategies (Paulson and Everall 2003). Two of the RCTs provided evidence for the effectiveness of CBT in reducing alcohol and marijuana use with adolescents (Kaminer et al. 2000, Waldron, 2001). A third study (Breslin et al. 2002) provided evidence that brief CBT counselling was effective in reducing drug use and related consequences. Robin et al. (1999) found ego-oriented psychodynamic counselling to be useful in producing weight gain and a return to menstruation in anorexic adolescent girls. Group CBT with longer term humanistic counselling work showed promising results with adolescent girls who repeatedly self-harm (Wood et al. 2001). Paulson and Everall (2003) indicated that a focus on self-development using a range of counselling approaches can be a key factor in facilitating the recovery of suicidal adolescents.

Sexual abuse is rather different in nature to other issues. It is an event or experience that involves the child rather than a psychological condition. It can lead to a range of symptoms such as substance abuse, nightmares, running away from home, anxiety, depression, post-traumatic stress disorder, inappropriate sexual behaviour, self-harm, behaviour and conduct problems and suicide (Finkelhor and Berliner 1995). A study by the National Society for the Prevention of Cruelty to Children (Creighton 2004) found that of 30,000 children on child protection registers in the U.K, 5,600 were registered for sexual abuse with one per cent being abused by a parent or carer and six per cent by another relative. Sexual abuse is more prevalent between the ages of eight and twelve years (Bentovim 1987, Monck et al. 1993), having implications for counsellors in primary schools. According to the findings from this review all four types of counselling were found to be effective for children showing psychological symptoms of sexual abuse. Evidence was to be found in one meta-analysis (Reeker et al. 1997); one systematic review (Finkelhor and Berliner 1995); three experimental studies (Cohen and Mannarino 2000, Deblinger et al. 1999, Nolan 2002); two simple before and after studies (De Luca et al. 1995, Trowell et al. 2002) and one observational study (Berman 1995). Outcome research can be difficult to evaluate in

relation to sexual abuse because some children may appear to have recovered well or be asymptomatic, leading teachers and counsellors to believe they are coping. However, distress may be suppressed until many years later, leading to the sleeper effect (Briere 1992, Elliott and Briere 1994). This phenomenon can make it difficult for researchers to establish a baseline in relation to measuring therapy outcomes. Reeker et al. (1997) provided evidence for the effectiveness of group counselling using CBT, drama therapy or play therapy. Finklehor et al. (1995) found that counselling was more effective than no treatment at all. There was little difference between the various approaches to counselling. There was evidence to show that the beneficial effects of counselling for the psychological symptoms of sexual abuse were maintained for up to two years (Deblinger et al. 1999). By improving the mental health of children and young people who have been sexually abused there are likely to be more positive outcomes in terms of education and learning.

Conclusion

The results of this systematic review have shown counselling to be a positive, useful and effective intervention for children and young people across the full range of issues. The greater body of evidence for CBT has indicated that this form of counselling may be more effective for older children and adolescents. However, this result needs to be interpreted with some caution due to the lack of high quality research evidence published in support of other counselling approaches. Gaps in the outcome research evidence base were also identified for school related issues and research for the effectiveness of counselling for self-harming practices and self-injury such as cutting, drug and alcohol abuse, eating disorders and attempted suicide was minimal.

In the light of increasing evidence that promoting mental health in children and young people can have positive effects upon learning, achievement, attendance and behaviour (BACP 2004a, DfES 2001, DfES 2004b, Pettitt 2003) it seems that the commissioning of a systematic scoping review of the counselling research evidence by the BACP (Harris and Pattison 2004) was both timely and appropriate. The resulting research report has been in high demand with practitioners, service managers and Local Education Authorities for use as evidence in support of school counselling provision. The broad scope of the review, examining the research evidence across a range of issues and problems has made it useful to a wider audience. This review has focused upon outcomes rather than how or why particular types of counselling worked. However, empirical research into counselling processes and how or why they work would be a useful direction for future research.

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