

## D.2 Acceptability and barriers and facilitators studies

### D.2.1 Hamilton-Roberts, 2012

**Bibliographic Reference** Hamilton-Roberts, Amy; Teacher and Counsellor Perceptions of a School-Based Counselling Service in South Wales; British Journal of Guidance & Counselling; 2012; vol. 40 (no. 5); 465-483

#### Study details

<b>Study design</b>	Qualitative study
<b>Trial registration number</b>	Not reported
<b>Aim</b>	To answer three research questions:  1) what are the perceived impacts of the service?  2) what are the perceived attributes of the service?

	3) what are the perceived barriers to and facilitators for an effective service?
<b>Country/geographical location</b>	Wales, UK
<b>Setting</b>	Semi-rural South Wales Local Authority (LA) with 9 secondary schools
<b>Type of school</b>	Secondary school
<b>UK Key stage</b>	Key stage 3 Key stage 4 Post-16
<b>Inclusion criteria</b>	Not reported
<b>Exclusion criteria</b>	Not reported
<b>Data collection methods</b>	Semi-structured interviews and questionnaires  The focus group lasted for approximately 45 minutes. Discussion was recorded and later transcribed by the researcher.  The first section of the questionnaire used Likert-type scales to gather quantitative information (rating from 1 to 10, where the situation being much worse and the situation being much better). There were three categories in this section of the questionnaire; engagement with learning and education (six items), mental health and emotional well-being (four items), and behaviour (four items). All three categories evidenced strong reliability and validity
<b>Ethical considerations</b>	Ethical consent was applied for and granted by Cardiff University's Ethics Committee prior to commencing any stage of the research. Additionally, approval was sought from the relevant LA.
<b>Statistical method(s) used to analyse the data</b>	The research adopted a pluralistic model combining qualitative and quantitative methodologies as well as ascertaining multiple perspectives relating to the research questions

<b>Attrition</b>	NA
<b>Study limitations</b>	None reported by author
<b>Study theme 1</b>	<p><b>What are the perceived attributes of the school-based counselling service?</b></p> <p>The most frequent code that appeared in both the focus group and interviews was the ‘specialist/unique nature of the SBCS.</p> <p><i>"I've got a link-teacher who will say, 'Well I pretty much do that anyway . . . so you're just here to take some of the weight off me' . . . which is true in a certain sense. But there's a lot more to it than that. You know . . . we have specific training and the confidentiality thing . . . it's massive and makes it a very different role." (Counsellor focus group)</i></p> <p><i>". . . the demand is so high for someone of a much higher level of experience, other than just behaviour, you know . . . it's suicidal things." (Link-Teacher 2, Interview)</i></p> <p><i>"It has enabled us to address issues with pupils who need specialist provision and substantial time and input over and above what a year/assistant year leader could do." (Link-Teacher 4, Questionnaire)</i></p> <p>Counsellors perceived that the service would be valued due to its ‘person-centred’ approach, its ‘independence’ from the school system and for the ‘confidential’ nature of the service:</p> <p><i>". . . the client is aware that we don't go to the staff room and discuss all the issues. So they can . . . they are free to discuss anything . . . anything they need to do . . . and also we don't need to have parental consent . . ." (Counsellor focus group)</i></p> <p>A common code that emerged from the link-teacher interviews was that the SBCS was not to be used as a means to address behavioural difficulties</p> <p><i>". . . it's very unlikely to send a behaviour issue to counselling unless there are deep-rooted issues . . ." (Link-Teacher 3, Interview)</i></p>

<p><b>Study theme 2</b></p>	<p><b>What are the perceived barriers and facilitators of an effective SBCS?</b></p> <p>School-based counsellors identified the following barriers and facilitators (frequency):</p> <ul style="list-style-type: none"> <li>• Appropriateness of being managed by LA (14)</li> <li>• Link-teacher understanding (11)</li> <li>• Appropriate referrals (9)</li> <li>• School understanding (9)</li> </ul> <p>Link-teachers identified the following barriers and facilitators (frequency):</p> <ul style="list-style-type: none"> <li>• More time (11)</li> <li>• Shorter waiting list (6)</li> <li>• Early intervention (3)</li> <li>• Link-teacher understanding (2)</li> </ul> <p>The need for more time from the service, shorter waiting lists and more early intervention were consistent codes throughout link-teacher interviews and questionnaire responses</p> <p><i>"The only thing that probably . . . is that the demand outstrips the service." (Link-Teacher 2, Interview)</i>  <i>"To provide school with more time, so that more pupils are able to access the service." (Link-Teacher 6, Questionnaire)</i>  <i>"Some pupils could have done with this sort of thing at an earlier stage . . ."</i> (Link-Teacher 7, Questionnaire)</p> <p>A common code arising in the counsellor focus group data was the appropriateness of being managed by the LA, as a school-based counsellor's primary role is not necessarily related to educational or school outcomes</p> <p><i>". . . we are in the education system . . . but because the work we do is with mental health really . . . it doesn't seem . . . it just doesn't sit here . . . within education . . . I would say that if a young person was sent to me because of education and</i></p>
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*I thought it was another issue . . . something going on underlying . . . I wouldn't be bothered about their education . . . and that's different to here [the LA] . . ."* (Counsellor focus group)

Other frequent codes from the counsellor focus group in relation to barriers/facilitators were concerned with the need for schools and link-teachers to understand and support the role of the SBCS and counsellors

*". . . well the confidentiality works with the clients . . . but then that can cause a real problem with the link [teacher] in the school. Because they kind of want to know more information or they'll want to tell you a lot of stuff that you don't want to know . . . So the confidentiality thing is kind of dual. It works well with the client but the schools kind of struggle with it . . ."* (Counsellor focus group)

## Study arms

**Counsellors (N = 4)**

**Teachers (N = 9)**

## Critical appraisal - CASP qualitative checklist

Section	Question	Answer
Overall risk of bias	Overall risk of bias	Moderate

## D.2.2 Kernaghan, 2016

**Bibliographic Reference** Kernaghan, Donna; Stewart, Dave; "Because you have talked about your feelings, you don't have to think about them in school": Experiences of school-based counselling for primary school pupils in Northern Ireland.; Child Care in Practice; 2016; vol. 22 (no. 3); 231-246

### Study details

<b>Trial registration number</b>	Not applicable
<b>Study start date</b>	Sep-2014
<b>Study end date</b>	Jun-2015
<b>Aim</b>	To focus on the feedback children have given in their experience of intervention questionnaire, an open-ended survey, which explores their perceptions of why they entered school counselling, their preferences within the service and any changes they identified at a personal, interpersonal and social level.
<b>Country/geographical location</b>	Northern Ireland, UK
<b>Setting</b>	20 primary schools
<b>Type of school</b>	Primary school
<b>UK Key stage</b>	Key stage 1 Key stage 2
<b>Inclusion criteria</b>	Children who have experienced the intervention
<b>Exclusion criteria</b>	None

<b>Data collection methods</b>	<p>Questionnaire which the counsellor went through with the child verbally</p> <p>An anonymous dataset including responses of 75 boys and 45 girls from 20 primary schools who completed the “experience of intervention” survey was analysed by a Barnardo’s Northern Ireland researcher using SPSS by assigning numeric codes to associated themes in order to identify emerging patterns in a systematic way.</p>
<b>Ethical considerations</b>	Not reported
<b>Statistical method(s) used to analyse the data</b>	An anonymous dataset including responses of 75 boys and 45 girls from 20 primary schools who completed the “experience of intervention” survey was analysed by a Barnardo’s Northern Ireland researcher using SPSS by assigning numeric codes to associated themes in order to identify emerging patterns in a systematic way.
<b>Attrition</b>	Not applicable
<b>Study limitations</b>	None reported by author
<b>Study theme 1</b>	<p><b>Reasons for Using Time 4 Me</b></p> <p>Relational problems were the most common reason children engaged with counselling (34.2%). Relationships were the biggest concern for girls overall (55.6%) while just over 20% of boys had concerns centred on relationships (21.3%). The majority (70.7%) of the relationship problems cited were to do with the family (e.g. family separation, parental arguing etc).</p> <p><i>"I wanted to tell you about my mum and dad."</i> (Male, six years old)  <i>"I was annoyed that my mummy and sister were arguing all the time."</i> (Female, seven years old)  <i>"To help me cope with my mum and dad's separation."</i> (Male, 10 years old)  <i>"I needed to talk to someone about my daddy going to jail."</i> (Female, 10 years old)</p> <p>Behavioural problems were reported by 30.0% of the overall sample as the main reason they used Time 4 Me. Children predominately described behavioural issues as feeling angry, losing their temper and being violent.</p>

	<p><i>"I was cross a lot and didn't behave at home." (Male, six years old)</i>  <i>"I used to get very angry and hit out at other people." (Male, nine years old)</i>  <i>"Because I was angry all the time. My behaviour was getting me into trouble." (Male, 11 years old)</i></p> <p>A higher proportion of girls engaged with the service due to problems of an emotional nature (28.9%) in comparison with boys (22.7%). This was described by the children in a number of ways such as feeling sad, worried or stressed.</p> <p><i>"I was always worried and nervous. (Male, seven years old)</i>  <i>"Because I was sad and no-one understood what I was saying." (Female, nine years old)</i>  <i>"I was getting stressed out by my transfer test and people in my class and at home." (Female, 10 years old)</i></p>
<p><b>Study theme 2</b></p>	<p><b>Preferences Within the Time 4 Me Service</b></p> <p>The majority of pupils in the younger age group (aged four to eight) preferred play-based interventions which incorporated communication with the counsellor via play and therapeutic games (60.9%). Results showed a mixed picture for the older children (aged nine to 11) as they are more likely to enjoy talking and receiving help/guidance about problems (39.7%) and a combination of therapeutic play and talking (32.0%) compared with interventions that were mostly play based (17.8%)</p> <p><i>"Reading lots of stories. The sand and the animals. The puppets." (Male, four years old)</i>  <i>"That I get to talk to a person and get to talk about what happened instead of keeping it all in". (Female, 10 years old)</i>  <i>"You get to express your feelings, and you get to play lots of games." (Male, 11 years old)</i></p> <p>Results indicated that the use of self-help techniques and psycho-education are particularly effective for girls (40.0%) and older children (43.8%), reporting that this made them feel better in comparison with boys (34.7%) and younger children (25.0%). Talking with the counsellor was found to be helpful for 31.6% of the cohort. A higher percentage of girls reported talking as an activity that made them feel better (37.8%) in comparison with boys (27.8%)</p> <p><i>"I like coming to talk about problems because it's not easy to talk about stuff with anyone." (Female, nine years old)</i>  <i>"Talking about my problems and realising that some of them were not so big. Understanding what was causing the</i></p>



	<i>problem helped me think about another way of dealing with it.</i> (Male, eight years old)
<b>Study theme 3</b>	<p><b>Change at a Personal Level (Individual)</b></p> <p>When asked to identify any differences about how they felt after engaging in counselling, over one-half of the children described an emotional change (52.9%). The most common difference identified by both girls and boys was a reduction in worry, although a greater proportion of girls (52.4%) found this compared with boys (24.0%).</p> <p><i>"I am sleeping better. I get all my work done in class. I have started to go out and play again."</i> (Male, six years old)  <i>"I like myself more."</i> (Female, seven years old)  <i>"Not worrying so much anymore, the panic feeling has gone."</i> (Female, 10 years old)  <i>"Nothing is blocked up in my head anymore."</i> (Male, 11 years old)</p> <p>Almost one-quarter of pupils of the whole sample (24.1%) who answered the question reported that their behaviour had improved. Within this group that identified that behaviour had changed, 85.7% of this group were male.</p> <p><i>"I don't really get angry at people anymore. I can get calmer. It's just a better life for me with that."</i> (Male, nine years old)  <i>"A wee bit better. My behaviour's improved but sometimes my anger gets the better of me."</i> (Male, 11 years old)</p>
<b>Study theme 4</b>	<p><b>Changes at an Interpersonal Level (Family)</b></p> <p>When asked about differences for the child in their home environment, 52.9% primarily noted an improvement in relationships within the family. Improvement in behaviour in the home was also identified by over one-fifth of children (21.1%) as a difference within the family after service engagement.</p> <p><i>"My brother is sort of getting me angry, but I know that gets me into trouble so I'm not going to let him anymore."</i> (Male, nine years old)  <i>"I don't lose my temper with granny anymore and do my homeworks without fighting."</i> (Male, six years old)  <i>"I can talk to mum and dad about my worries."</i> (Female, nine years old)</p>

<p><b>Study theme 5</b></p>	<p><b>Changes at a Social Level (School and Peer Relationships)</b></p> <p>Overall, 43.0% of pupils identified that after sessions with Time 4 Me their behaviour in school had changed. One quarter of boys reported better school performance (24.6%) compared with one-fifth of girls (20.6%). This improvement was described as an increase in concentration, finding school work easier to complete and better school attendance.</p> <p><i>"I get more work done and I attend school more."</i> (Male, eight years old)  <i>"Starting to get my spellings right in my spelling test. Got a certificate for being good in class."</i> (Female, nine years old)  <i>"I stay in class and I get more work done. I get more involved in class activities."</i> (Male, 11 years old)</p> <p>Pupils identified a change in their conduct within school (29.7%). This included better behaviour in class and acknowledging better relationships with teachers. A smaller number of pupils reported an improvement in their peer relationships (16.2%). In addition to behaviour changes, 20.9% of pupils reported that counselling had given them more confidence and reduced levels of anxiety related to school. Over one-fifth of participants felt that counselling sessions made little or no difference to their school life (23.3%), which mirrors the fact that difficulties related to academic school performance were not a prime motivation to access the service.</p> <p><i>"I think about my positive qualities rather than negative ones."</i> (Male, nine years old)  <i>"I don't get upset anymore when I'm trying to learn stuff."</i> (Female, 10 years old)  <i>"I am able to speak out more in class."</i> (Male, 10 years old)</p>
<p><b>Study theme 6</b></p>	<p><b>Learning for the Future (Resilience)</b></p> <p>Overall, the majority of pupils identified talking about their worries (28.7%) as an important tool to help them in the future. Children reported that they could talk to a parent or a family member about their anxieties in the future, with a smaller number saying they could talk to teachers or staff from the Time 4 Me service if they had concerns</p>

*"Talk to my mummy and daddy when I am worried." (Male, six years old)*  
*"Not to keep things inside, it always helps to talk. I think I kept things bottled up—too much longer I would have exploded! Counselling really helps!" (Female, 10 years old)*

## Study arms

### School counselling (N = 120)

## Characteristics

### Study-level characteristics

Characteristic	Study (N = 120)
<b>Age</b>	4 to 11
Range	
<b>Male</b>	n = 75 ; % = 62.5
Sample size	
<b>Female</b>	n = 45 ; % = 37.5
Sample size	

### Critical appraisal - CASP qualitative checklist

Section	Question	Answer
Overall risk of bias	Overall risk of bias	Moderate

### D.2.3 Lewis-Smith, 2021

**Bibliographic Reference** Lewis-Smith, Iona; Pass, Laura; Jones, Dan J W; Reynolds, Shirley; "... if I care about stuff, then other people care about me". Adolescents' experiences of helpful and unhelpful aspects of brief behavioural activation therapy for depression.; Psychotherapy research : journal of the Society for Psychotherapy Research; 2021; 1-12

#### Study details

<b>Study design</b>	Interview study
<b>Trial registration number</b>	Not reported
<b>Aim</b>	To investigate students' specific views on school as a setting for Brief BA
<b>Country/geographical location</b>	United Kingdom
<b>Setting</b>	Four coeducational secondary schools in the south of England
<b>Type of school</b>	Secondary school
<b>UK Key stage</b>	Key stage 3

	Key stage 4 Post-16
<b>Inclusion criteria</b>	<p>Inclusion criteria for students' participation in Brief BA therapy were:</p> <ol style="list-style-type: none"> <li>1. The presence of elevated symptoms of depression as indicated by self-report (Revised Child Anxiety and Depression Scale depression subscale or Short Mood and Feelings Questionnaire) or diagnostic interview (Kiddie- Schedule for Affective Disorders Schedule)</li> <li>2. Help-seeking (identified by school staff or self-report)</li> <li>3. Young person and parental consent and contact details for parents.</li> </ol>
<b>Exclusion criteria</b>	<p>Exclusion criteria were:</p> <ol style="list-style-type: none"> <li>1. Currently receiving psychological or psychiatric treatment and/or</li> <li>2. Diagnosis of autism spectrum disorder, attention deficit hyperactivity disorder, eating disorder, oppositional defiant disorder/ conduct disorder, psychotic symptoms or learning difficulties (young people were referred to services where targeted treatments for these difficulties were provided).</li> </ol>
<b>Data collection methods</b>	Interview
<b>Ethical considerations</b>	Ethical approval for the study was obtained from the University of Reading's Research Ethics Committee.
<b>Statistical method(s) used to analyse the data</b>	<ul style="list-style-type: none"> <li>• Data analysis was undertaken following the six key phases of thematic analysis described by Braun and Clarke.</li> <li>• Initial codes were generated via line-by-line inductive coding, first using printed copies of the anonymised transcripts and then using Nvivo 11 software.</li> <li>• Following the two cycles of line-by-line coding, searching for themes involved iteratively grouping codes into categories based on patterns evident from the data.</li> </ul>

	<ul style="list-style-type: none"> <li>The final theme labels were selected collaboratively by all authors.</li> </ul>
<b>Attrition</b>	Not applicable
<b>Study limitations</b>	<p>Transferability of the study is limited by the homogeneity of the participants: all but one of the participants were female and most were between the ages of 14–15 years.</p> <p>It is possible that adolescents who did not find Brief BA to be helpful may have been less likely respond to the recruitment information. Therefore the sample may over-represent helpful aspects of therapy and positive experiences.</p>
<b>Study theme 1</b>	<p><b>Helpful aspects</b></p> <p><u>Self discovery</u></p> <p>All participants indicated that Brief BA had initiated an increased awareness of their emotions. Three participants indicated that they had found it difficult to recognise, confront and manage their emotions before they started Brief BA. When asked about their experiences of identifying their values and increasing valued activities, most participants talked about the process of “discovering” their values. Some participants also described how Brief BA increased their awareness of their behaviour towards others.</p> <p><i>It was actually really helpful. Um, because I don't think anyone really pointed out what was valuable to me. That actually sounds really sad [laughs]. How you don't really think about, well I didn't really think about that. I don't think many people do, actually. - Student</i></p> <p><u>Given the tools to cope and make progress</u></p> <p>Participants described Brief BA as having provided them with a broad range of coping tools and strategies to help manage their mood and increase their engagement in activities. Nevertheless, the majority of coping tools participants discussed were related to methodically planning and/or writing down their valued behaviours/ activities. Brief BA provided</p>

participants with tools they could use to motivate behaviour change, which helped improve their sense of self-efficacy and mood.

*I was more active, like when I had to do the activity logs, and I set the goals to like say, do a run in the morning—I didn't do the run, but like I pushed myself to like try and like be more active and like do stuff that really mattered to me but whereas like before, I didn't really like do that 'cause I didn't really bother 'cause it wasn't really written down for me to do.*  
- Student

#### Having someone to talk to

All participants reflected on how having someone to talk to in Brief BA was helpful. Confidentiality was an important aspect of the therapeutic relationship for some participants and Participants demonstrated a range of responses to this sharing of risk information. While some participants found the sharing of risk information challenging at first, all participants who discussed the issue acknowledged that it was part of the therapists' role to help keep them safe. Many participants reflected on how having Brief BA at school facilitated their opening up in therapy. Around half of participants talked about the advantages of the setting being familiar to them, which were principally that it felt comfortable and thus made it easier for them to talk.

*...it kind of got annoying 'cause like I wanted it to keep to myself but then like, I understood why 'cause it was to do with my safety and like I just learned over time that they [parents] need to know.* - Student

## **Study theme 2**

### **Unhelpful aspects**

#### Discontinuation and maintenance

This theme encompassed insufficiencies in the duration of Brief BA and the maintenance of progress post-treatment. Students expressed how they thought that Brief BA was too short and too few to build the relationship they wanted with the therapist or see a greater improvement. A few participants struggled to maintain the changes in symptoms and

functioning they had experienced over the course of Brief BA after their eight sessions had come to an end. They expressed that this was a consequence of losing motivation.

*So, like, even if I planned it I just wouldn't 'cause I wou- [pause] I wouldn't be bothered and, like, I wouldn't have any like motivation to do it 'cause I wouldn't [pause] I just like [pause] when I'm low, I give up on everything so I'd have no like energy to do anything. - Student*

## Study arms

**Brief Behavioural Activation Therapy (N = 9)**  
Students

## Characteristics

### Study-level characteristics

Characteristic	Study (N = 9)
Age (years)	14 to 19
Range	
Male	n = 1 ; % = 11.1
Sample size	



<b>Characteristic</b>	<b>Study (N = 9)</b>
<b>Female</b>	n = 8 ; % = 88.9
Sample size	
<b>White British</b>	n = 5 ; % = 55.6
Sample size	
<b>African</b>	n = 1 ; % = 11.1
Sample size	
<b>Afro-Caribbean</b>	n = 1 ; % = 11.1
Sample size	
<b>Mixed Race</b>	n = 1 ; % = 11.1
Sample size	
<b>Asian</b>	n = 1 ; % = 11.1
Sample size	

### Critical appraisal - CASP qualitative checklist

Section	Question	Answer
Overall risk of bias	Overall risk of bias	Low

### D.2.4 McKeague, 2018

**Bibliographic Reference** McKeague, L.; Morant, N.; Blackshaw, E.; Brown, J.S.L.; Exploring the feasibility and acceptability of a school-based self-referral intervention for emotional difficulties in older adolescents: qualitative perspectives from students and school staff; Child and Adolescent Mental Health; 2018; vol. 23 (no. 3); 198-205

### Study details

<b>Study design</b>	Qualitative study
<b>Trial registration number</b>	Not reported
<b>Aim</b>	To investigate the feasibility and acceptability of the DISCOVER workshop programme
<b>Country/geographical location</b>	UK
<b>Setting</b>	Inner London state secondary schools (nine mixed, one single sex)
<b>Type of school</b>	Secondary school
<b>UK Key stage</b>	Post-16
<b>Inclusion criteria</b>	<ul style="list-style-type: none"><li>students were in Year 12 or 13,</li></ul>

	<ul style="list-style-type: none"> <li>• over 16 years old</li> <li>• fluent English</li> <li>• wished to receive psychological help for emotional difficulties</li> <li>• were willing and able to attend a 1-day psychological workshop on school premises</li> <li>• were able to provide informed written consent to participate</li> </ul>
<b>Exclusion criteria</b>	None
<b>Data collection methods</b>	<p>Semi-structured interviews were conducted in participating schools by the first author, who had no involvement in delivery of the intervention.</p> <p>Interviews focused equally on positive and negative aspects of participants' experiences using primarily open questions, with some closed questions:</p>
<b>Ethical considerations</b>	Ethics approval for the DISCOVER Project was granted by the Health Research Authority NREC Committee London – Camberwell St Giles: ref 14/LO/1416. All participants provided written informed consent and consent for their interview to be audio recorded.
<b>Statistical method(s) used to analyse the data</b>	<ul style="list-style-type: none"> <li>• Thematic analysis</li> <li>• Data were transcribed verbatim and analysed</li> <li>• Analysis was primarily data-driven, with a priori concerns to explore feasibility and acceptability of the intervention, and was not conducted from a particular theoretical standpoint</li> </ul>
<b>Attrition</b>	Not applicable
<b>Study limitations</b>	<ul style="list-style-type: none"> <li>• There were some schools where no young people gave consent to be interviewed.</li> <li>• More females than males took part in the study</li> </ul>
<b>Study theme 1</b>	<b>Understanding and managing stress</b>

	<p>All 15 students indicated that the workshop had helped them to understand their stress or made them aware of stress management techniques.</p> <p>Most (n = 9) said that their time management or planning had in terms of academic outcomes improved since taking part in the workshop.</p> <p><i>"I think it's made me think more about where the stress came from and that there are ways to deal with it rather than just freaking out."</i> (pupil)</p> <p><i>". . .DISCOVER helped me with considering different ways of handling stress. . . "</i> (pupil)</p> <p><i>"I'm not as stressed as I used to be, em, and I don't, like find myself needing to be worried about anything as much. Except for exams obviously. . . "</i> (pupil)</p> <p>All White British students (n = 4) who were interviewed described the process of setting a goal in positive terms or said that it was 'easy' to decide on a goal. In contrast, negative perceptions of goal setting were apparent among some of the BME students (n = 4). One described setting a goal as 'worrying', because of the anticipation that she might not achieve it. Another student found the goalsetting task difficult because his goals were constantly changing: <i>" . . .with me I've gotta keep changing mine."</i></p> <p>A small number of students described experiencing difficulties in using the techniques following the workshop, for example, due to challenges posed by increasing academic pressure and impending exam season.</p> <p><i>". .in the beginning [ . . ] it was more helpful, because [ . . ] it would have been fresh in my mind."</i></p>
<p><b>Study theme 2</b></p>	<p><b>Preference for engaging and interactive content</b></p> <p>Several students (n = 8) described the workshops as engaging, interactive or 'different' (in terms of including new ideas or techniques). They liked the variety of techniques used, the use of PowerPoint presentations and the workshop booklet. They preferred the more active and interactive components of the workshop day, with all participants commenting that they liked the videos used and/or could relate to the video character(s).</p>

	<p><i>" . . . the ones [techniques] that the workshop delivered were quite different and quite unique so they sort of made it easier to deal with things because there's stuff that you haven't 2really done before." (pupil)</i></p> <p><i>"It [the workshop day] was great, we did, it was a whole day, we did so many activities, we learnt so many things, we tried new things, it was really fun." (pupil)</i></p> <p><i>". . .there was loads of different activities, not just reading and listening and sitting down, so it was interactive." (pupil)</i></p>
<b>Study theme 3</b>	<p><b>The importance of an individualised approach</b></p> <p>Students valued a personalised approach to workshop provision, for example, when the psychologists asked them to describe their lived experience of stress.</p> <p><i>"[the workshop was] really interactive and because there wasn't a really large group of people, there was about 12 of us, it was quite individual as well. So personally I feel like that I got, got quite a good amount of attention and my questions were answered in quite detail [sic] because we had the time to do it." (pupil)</i></p> <p>Some thought the workshop was not individualised enough or that there was not enough opportunity for one-to-one interaction with the psychologists.</p> <p><i>". . .helping young people that are feeling stressed, the best thing to do would be talk to them about their individual circumstance if they're willing to tell you their personal lives, 'cause if they do then you know, you sort of know what angle to talk to them from" (pupil)</i></p>
<b>Study theme 4</b>	<p><b>Attending a workshop in the school setting</b></p> <p>Six students described the convenience of workshops being held at school, and a further six described the setting as familiar, comfortable, safe and/or secure.</p> <p><i>". . .it was quite good doing it in school, 'cause we're all comfortable with our surroundings [. . .] whereas if we done it in a place we've never been to before, we'd be a bit, like, on edge."</i></p>

	<p>A few described a conflict between attending the workshop and missing lesson time. They felt that, lasting a full school day, the workshop took up too much of their time and recommended ways of altering the timescale of the workshop, such as spreading its content over two half-days.</p> <p><i>"I think it just took a lot of time. It took a whole school day and for me that's really a lot of information that I missed and had to catch up on."</i></p> <p>Two students suggested that a different location might be beneficial, with one expressing the concern that privacy and confidentiality might not be fully assured in the school setting</p>
<b>Study theme 5</b>	<p><b>Experience of a group-based workshop</b></p> <p>Several students (n = 6) said they benefitted from hearing peers sharing information about themselves which led to realising that other people shared similar experiences and increased reassurance and reduced feelings of isolation. Some students (n = 4) described feeling more comfortable about sharing personal information as the day progressed. A small number (n = 3) commented that the size of the group was important in determining how willing they were to make these disclosures.</p> <p><i>"It was nice to see what other people thought and how they dealt with stress and what they felt stress was like." ". . . since it was a small group, we wouldn't feel intimidated to just tell people stuff. It was more confidential in a sense."</i></p>
<b>Study theme 6</b>	<p><b>Barriers to attending a school-based intervention</b></p> <p>The main reason for not attending the workshop (n = 8) was that students did not feel able to give up the amount of time that was required. Some (n = 4) reported feeling able to cope with stress by themselves or that the workshop was not necessary for them because they were not particularly stressed. Two students said that they decided not to enrol for the workshop due to their impression of the workshop content.</p> <p><i>"It was just about missing the lessons, I thought that that was kind of going to add to the stress rather than take it away because just more to juggle with and I just thought at the time it was on I wasn't really ready for missing lessons or anything like that." "I would say the time thing was the main reason. [. . .] and then the fact that I wasn't super super stressed then did come</i></p>

	<p><i>into it. It wasn't an urgent priority."</i>  <i>"I wasn't really 100% sure what the project involved so I didn't really want to commit to something that I wasn't entirely like convinced about at the time."</i></p>
<b>Study theme 7</b>	<p><b>Fit with school values and existing school support</b></p> <p>All staff interviewees reported that the workshop was in line with their school values, particularly in terms of student welfare and pastoral care.</p> <p><i>"...rather than having 200 students knocking on my door because they're feeling overwhelmed and need support, I'll only have 100 students" (School staff)</i></p> <p>All staff valued the DISCOVER workshop at their school, often commenting that it addressed a gap in the support that they were able to provide. Having an external agency come to the school to provide additional mental health support was viewed favourably (n = 5).</p> <p><i>"...it's quite nice to have people come in, and take some of those students who are really stressed and kind of give them that support that they don't, they can't always get 24/7 with, with us." (school staff)</i></p> <p>Some staff members (n = 3) highlighted the importance of helping students to become self-managers of their mental health, and felt that the workshops were in keeping with their aims to support students' personal and emotional development. Some (n = 3) also highlighted the value of the preventative nature of the workshop.</p> <p><i>"I think the more preventative work we can do the better, really, because I think young people do need to learn to be more resilient and develop skills to develop that resilience, cause you know, life is difficult and there's no getting away from that, but I think we just need to make young people realise that that is normal and how to actually handle it."</i></p>
<b>Study theme 8</b>	<p><b>Role in recruitment</b></p>

	<p>School staff (n = 8) played a role in reminding students to attend various aspects of the programme. Most accepted this responsibility, but many (n = 7) felt it was helpful when the DISCOVER team called or sent text messages to prompt students to turn up at the required times.</p> <p><i>" .it will not require that much time and effort but will give a great opportunity to students."(school staff)</i></p> <p>The DISCOVER workshop featured a self referral entry route, staff from three of the five schools described putting considerable time and effort into recruitment of particular students to the workshop. They were more comfortable in encouraging groups of students to enrol, with few (n = 2) approaching students individually. Allowing students to opt-in or self-refer to the workshop was viewed as important.</p> <p><i>" .they have to make that decision. That they want to take part in it. I don't think it should be forced upon them, because some students are quite laid back and they don't feel they need it."</i></p>
<p><b>Study theme 9</b></p>	<p><b>Clarity regarding workshop remit</b></p> <p>Most staff (n = 7) felt they did not receive enough information about the workshop remit and/or expressed a desire to learn more about the specific techniques that were introduced during the workshop. Staff (n = 4) were keen to provide follow-up support after the workshop ended. Some felt they would be better equipped to provide this support if they had received training or resources from the DISCOVER team.</p> <p><i>" . .it would be beneficial for us to be able to have some acknowledgment of what particular strategies work well so that we can reinforce that with students."</i></p> <p><i>" . .would quite like to have seen some of the materials that were used [ . . . ] so that they could kind of continue to use them, or use the right language with them. [ . . . ] we [staff] don't know quite what happened in those workshops so it, it's difficult to follow-up. . . "</i></p>



## Study arms

**DISCOVER (N = 15)**

**Non-participants (N = 9)**

**School staff (N = 10)**

## Characteristics

### Arm-level characteristics

Characteristic	DISCOVER (N = 15)	Non-participants (N = 9)	School staff (N = 10)
<b>Age</b>	17.59 (NR)	17.44 (NR)	38.28 (NR)
Mean (SD)			
<b>Male</b>	n = 3 ; % = 20	n = 4 ; % = 44.44	n = 2 ; % = 20
Sample size			
<b>Female</b>	n = 12 ; % = 80	n = 5 ; % = 55.56	n = 8 ; % = 80
Sample size			

Characteristic	DISCOVER (N = 15)	Non-participants (N = 9)	School staff (N = 10)
<b>Black British, African</b>	n = 6 ; % = 40	n = 4 ; % = 44.44	n = 0 ; % = 0
Sample size			
<b>Black British, Caribbean</b>	n = 3 ; % = 20	n = 0 ; % = 0	n = 3 ; % = 30
Sample size			
<b>White British</b>	n = 4 ; % = 26.67	n = 2 ; % = 22.22	n = 5 ; % = 50
Sample size			
<b>Other BME group</b>	n = 2 ; % = 13.33	n = 3 ; % = 33.33	n = 2 ; % = 20
Sample size			

#### Critical appraisal - CASP qualitative checklist

Section	Question	Answer
Overall risk of bias	Overall risk of bias	Low

## D.2.5 Prior, 2012

### Bibliographic Reference

Prior, S; Young people's process of engagement in school counselling; Counselling and psychotherapy research; 2012; vol. 12

### Study details

<b>Study design</b>	Qualitative study
<b>Trial registration number</b>	Not reported
<b>Aim</b>	To elucidate the key features and stages of the help-seeking process as defined by young people accessing school counselling
<b>Country/geographical location</b>	UK
<b>Setting</b>	Secondary schools
<b>Type of school</b>	Secondary school
<b>UK Key stage</b>	Key stage 3 Key stage 4 Post-16
<b>Inclusion criteria</b>	Students who had completed counselling
<b>Exclusion criteria</b>	None
<b>Data collection methods</b>	Semi-structured interviews lasting 25-45 minutes which were audio-recorded

<b>Ethical considerations</b>	<p>Young people engaged in a process of informed consent, covering the purpose of the study, audio recording and transcription, and how the interview transcript would be anonymised and used, ensuring their comprehension of these issues.</p> <p>Consent was reviewed and young people gave feedback on their experience of the interview. The limits of confidentiality in relation to child protection were explained at the outset.</p> <p>Ethical approval was granted through the relevant University.</p>
<b>Statistical method(s) used to analyse the data</b>	<p>Thematic narrative synthesis</p>
<b>Attrition</b>	<p>N/A</p>
<b>Study limitations</b>	<ul style="list-style-type: none"> <li>• Small number of interviews</li> <li>• The participants self-selected to be interviewed and may therefore be more likely to be satisfied with their experience of counselling.</li> <li>• The interviews relied on retrospective recall of engagement in counselling</li> </ul>
<b>Study theme 1</b>	<p><b>Acknowledgement of problem</b></p> <p>Young people described that the process commenced with the acknowledgement of 'having problems' which they felt unable to discuss with family or friends. Sometimes to protect their families and friends from their 'disturbing thoughts and feelings'.</p> <p><i>"I didn't feel I could talk about it at home. Mum and Dad would be really upset if they knew I was upset."</i></p>

	<p>For some young people non-disclosure related to feelings of shame and guilt in relation to the problem, a lack of trust in others' ability to maintain confidentiality, anxiety about the potential consequences of disclosing to others and the need to appear normal especially in the eyes of their peer group.</p> <p><i>"I just thought like I need to talk to somebody, like try and get my problems out, cos I could never tell my Mum the sorta problems I had, cos I know, like, she'd be angry with me. That's how like I tell my best pal things and that, but sometimes I don't trust her, to tell her a lot of my stuff, cos I know, like, if me and her fall out, she'll go away and tell people"</i></p>
<b>Study theme 2</b>	<p><b>A facilitative conversation</b></p> <p>Young people recounted how a member of school staff introduced them to the idea of counselling. They explained what counselling involved and how the process is managed with particular attention to confidentiality, privacy and choice.</p> <p><i>"Well, my guidance teacher, she spoke to me and she explained everything clearly to me and she said that once I'd tried it for the first time, if I didn't want to go back, I didn't have to. It was up to me"</i></p> <p>Young people described that the facilitator emphasised the counsellor's expertise in areas where other school staff are not always equipped.</p> <p><i>"Mrs Jones suggested it, because she felt that it wouldn't help me, or do me any good, to continue talking to her, it would be better if I spoke to someone who would know more and be probably able to help me more than she could."</i></p> <p>In their reports of these conversations, the interviewees describe how the facilitator demystifies counselling, presenting it as 'just talking and listening'.</p> <p><i>"When she said that all they would do was just talk about it, and try to solve and stuff, I was, like, I'll give it a shot."</i></p>
<b>Study theme 3</b>	<p><b>Contemplation of counselling</b></p>

	<p>Young people report an internal process of contemplation, evaluation and decision-making in relation to attending counselling. Even though they considered talking to a stranger to be 'strange', it is this unfamiliarity and separateness of the counsellor that was key in the decisions to try counselling.</p> <p><i>"I had like an anger management thing in here, but if you told them anything like confidential, like anything that happens at home, they have to go and tell the Head to see if you need social work or anything. Especially, cos, like, they're teachers in the school as well, like, maths teachers and that. So I stopped going to that. And then that's how I knew I wanted somebody that I could talk to that wouldn't go back and tell anybody about it"</i></p> <p>Stigmatisation concerns loom large as they consider what other people might think if they discovered the young person was in counselling</p> <p><i>"I was like that, I'm gonna get to hear, like, there's something wrong with me or something like that. People would think, like, I'm psycho or that."</i></p> <p>Using the language of 'problem-solving', young people perceive the promise of counselling as potentially providing solutions to what they are experiencing as intractable or unbearable problems.</p> <p><i>"Just ideas on how to resolve my situation, on how to cope with everything that was happening, basically, ideas on how to keep it at bay."</i></p>
<b>Study theme 4</b>	<p><b>Evaluating trustworthiness</b></p> <p>Some young people felt able to trust their counsellor immediately whilst others took several weeks. This is because of being uncertain in this new situation, feeling initially uncomfortable with a stranger, anxious that they might be judged or interrogated, and deciding initially to hold back while they assessed the trustworthiness of the counsellor and her capacity to maintain confidentiality.</p>
<b>Study theme 5</b>	<p><b>Decision to disclose</b></p>

Concerned about being judged, criticised or reported on, some initially assess the counsellor's reaction to carefully planned partial disclosures. Having established her trustworthiness, these are then followed by full disclosure.

*"Cos I didn't know her, I felt uncomfortable at first, but just the way she reacted with it, it was if, like, even though I'd done wrong things, it doesn't matter, I've done it and it's in the past, I just need to get on with myself and just look up to the future basically."*

Being accepted, not being judged or criticised, being treated as an equal and not being talked down to, are key factors in their decision to entrust the counsellor with their more disturbing worries.

*"I also thought like, maybe, cos of like my age, Jan would treat me like a child, but she just treated me more like a grown up, because I'm getting older. So that was good as well. We sat and laughed, we had a good laugh. She just treated me like, ah, like someone nearer her age. Just like an adult type person. Jan just sat there, an' I just, she asked me a couple of questions to start me off, cos I didn't know where to start, and then I just never shut up after that."*

## Study arms

### School counselling (N = 19)

## Characteristics

### Study-level characteristics

Characteristic	Study (N = 8)
Age	13 to 17

Characteristic	Study (N = 8)
Range	
<b>Male</b>	n = 2 ; % = 25
Sample size	
<b>Female</b>	n = 6 ; % = 75
Sample size	

#### Critical appraisal - CASP qualitative checklist

Section	Question	Answer
Overall risk of bias	Overall risk of bias	Low

#### D.2.6 Rupani, 2012

##### Bibliographic Reference

Rupani, Pooja; Haughey, Nuala; Cooper, Mick; The impact of school-based counselling on young people's capacity to study and learn.; British Journal of Guidance & Counselling; 2012; vol. 40 (no. 5); 499-514



**Study details**

<b>Study design</b>	Qualitative study
<b>Trial registration number</b>	Not reported
<b>Aim</b>	To explore how school-based counselling might impact young people's capacity to study and learn
<b>Country/geographical location</b>	Glasgow, UK
<b>Setting</b>	Secondary schools
<b>Type of school</b>	Secondary school
<b>UK Key stage</b>	Key stage 3 Key stage 4 Post-16
<b>Inclusion criteria</b>	School pupils that had received school counselling
<b>Exclusion criteria</b>	None
<b>Data collection methods</b>	Semi-structured qualitative interviews
<b>Ethical considerations</b>	Counsellors were requested to approach those pupils whom they felt were capable of giving informed consent for participation in this study. All pastoral care teachers were sent information sheets and consent forms well in advance of the interviews to pass on to the participants.  All procedures in this study received ethical approval from the University Ethics Committee of the University of Strathclyde

<b>Statistical method(s) used to analyse the data</b>	The interviews were recorded, transcribed (by the researcher who conducted them) and all 21 analysed separately by both researchers. The data were analysed thematically. Thematic analysis is a process for categorising, analysing and reporting themes within data
<b>Attrition</b>	NA
<b>Study limitations</b>	<ul style="list-style-type: none"> <li>• Limited to only the service users perspectives</li> <li>• It might also be possible that the participants may have heightened the benefits of counselling and that the actual effect may be less than has been recorded</li> </ul>
<b>Study theme 1</b>	<p><b>The impact of difficulties on the capacity to study and learn</b></p> <p><b>Difficulties in concentration</b></p> <p>Most of the participants felt that the problems they were having had negatively affected their concentration at school. With their problems on their minds at all times, pupils reported feeling that they had no space in their head for schoolwork</p> <p><i>"You know sometimes just the stress and they're [the problems] constantly on your mind. You can't stop thinking about it and sometimes it would distract me from my work and make me feel upset a lot. (Participant P4)"</i></p> <p><i>"I just couldn't stop thinking about them [the problems] and it was stressing me out and stuff. And obviously if I was getting stressed out, I wasn't concentrating on my work and stuff. "(Participant P6)</i></p> <p><b>Reduced motivation to do work</b></p> <p>Some participants reported a reduced motivation to do schoolwork because of their problems. They felt that with so much going on in their lives, they 'couldn't be bothered' with schoolwork.</p> <p><i>"But it was like, with what was affecting me, I just sort of went downhill. I couldn't really; I just sat down and be taking forever with my work. I didn't want to do it as much. " (Participant P10)</i></p>

### **Reduced motivation to attend school/classes and problems with attendance**

Some participants felt that their problems reduced their motivation to attend school/classes and/or they reported having trouble with attendance prior to the counselling

*"I didn't really want to come to school and I wasn't doing work and I found school boring and I wouldn't really try and just didn't care" (Participant N7)*

### **Negative impact on grades**

Some pupils reported a negative impact their problems were having on their grades and schoolwork.

*"Some classes I was doing well in and then the problems I had were making me like; my grades and stuff go down. So it was like making me lose marks that I knew I could get." (Participant P6)*

*"Yeah my grades were slipping and before counselling I was on a downward spiral because my problems were just getting the better of me." (Participant P8)*

### **Behavioural issues in class**

Some pupils reported having behavioural difficulties in class. They said they would misbehave in class and argue with teachers, and for some this was the main reason to go to counselling.

*"I'd just be shouting at teachers, arguing with teachers, carrying on in class, not listening, not doing work really." (Participant N9)*

*"My head was like . . . I'd start carrying on; I'd carry on with my friends in my class, and we were like throwing rubbers at each other, things like that; shouting out and stuff." (Participant N10)*

### **Difficulties in relationships with teachers**

	<p>Some participants felt their relationships with the teachers were being negatively affected by their problems or their behaviour in class, with them arguing with teachers all the time and being un-cooperative</p> <p><i>"I used to argue with my teachers like just blurt my mouth off and end up shouting at them or something" (Participant P7)</i>  <i>"Yeah before I wasn't really bothered [about teachers]. Just walk away or be just . . . dead aggressive towards teachers and all that." (Participant P3)</i></p> <p><b>Reduced participation in class</b></p> <p>Some of the pupils felt they were participating less in class because of their problems; that they were not interested in anything that was going on in class.</p> <p><i>"Before the counselling, whenever stuff happened in class, I always like was not into it at all. I was just upset and stuff and not taking part in it." (Participant P5)</i></p>
<p><b>Study theme 2</b></p>	<p><b>The impact of counselling on the capacity to study and learn</b></p> <p><b>Increased concentration</b></p> <p>Nearly all pupils felt counselling provided a space for them to talk about their problems, hence they felt they did not need to think about them in class, thus increasing their concentration. Some specifically reported being able to separate their problems from their schoolwork, by focusing on their work in class and concentrating on their problem in counselling.</p> <p><i>"I concentrate on my work when I'm in my class and my problems I just take them, I just ask the counsellor to help me with them. And I get them all sorted and dealt with." (Participant P11)</i>  <i>"Like whenever I talk to somebody, just after [the counselling], it helps me clear my thoughts and get my thinking straight . . . I find it easier to concentrate on different things whenever I've been talking to somebody" (Participant P7)</i></p>

*"Yeah they [the counselling services] did [improve concentration], because when you talked about your problems, you didn't have to think about it as much." (Participant N5)*

### **Improved relationships with teachers**

Participants reported being more able to control their temper and not get into arguments with teachers, being able to understand teachers' points of view, and also being able to talk to them about their problems

*"So like, now [after counselling] if I was arguing with my teacher, I wouldn't end up screaming at them. I'd tend rather just to, not ignore them but just pretend to listen but not really listen so you don't end up reacting into it." (Participant P7)*

*"Yes [I get along better with teachers]. I've been able to sort of, talk freely to my teachers. Like before counselling, I was sort of, breaking down in most of my classes, just sort of breaking down. And then after counselling, I'm able to sort of talk to my teachers, my fellow classmates easily." (Participant P8)*

### **Increased motivation to attend school and/or lessons/increased attendance**

Most of the participants felt more motivated to attend school after counselling and/or reported improved attendance records after it, especially if the problem was resolved through counselling or after it.

*"When I went to counselling, I got all of it [problems] out and I started to enjoy school more, 'cause I could concentrate more and get on with things." (Participant N2)*

*"After my counselling, I did find myself sort of more, I could get up in the morning and say to myself like, 'I'll get ready and I'll come' . . . Since I've started the sessions, basically I've been able to get up, come into school and get on with everything."*

*(Participant P10)*

### **Increased motivation to do schoolwork/increased amount of schoolwork done**

Most pupils felt they were motivated to do schoolwork and/or got more schoolwork done after counselling. With more space in their head after talking to the counsellor, pupils felt they wanted to do more work

*"It [counselling] made me happier and that was in a way making me do more work after I went [for counselling]. I just seemed happier so I was doing more work . . . it's just like I was happy in all the classes so I was kinda getting on with it.*

*"(Participant N3)*

*"I was more keen [to study] after counselling 'cause I just had my own space and I could think better after counselling."*

*(Participant N2)*

### **Increased participation in class**

Pupils reported increased confidence due to counselling and an increased motivation to do more work positively influenced their desire to participate in class

*"Before the counselling, whenever stuff happened in class, I always like was not into it at all. I was just upset and stuff and not taking part in it. But after it, yeah I was fine with it; taking part, talking and stuff." (Participant P5)*

*"Yeah I do a lot of that [participating in class] now [after counselling] . . . It makes me feel happier 'cause I can get involved in things more." (Participant N8)*

### **Better behaviour in class**

Counselling helped improve behaviour in class by making pupils more in control of their anger; taking responsibility for their actions and understanding others' points of view.

*Whenever I talk to the counsellor, I feel it's a lot better to speak to them. I feel it's a lot easier to control my temper when I've spoken to somebody. (Participant P7)*

*I always misbehaved in the lessons thinking it was alright. But being in counselling has sorted out all the stuff. It has made me think that I can't be bad in the lessons. (Participant P1)*

### Increased confidence

Some participants felt that talking about their problems in counselling made them more confident, which directly affected their schoolwork.

*"[Counselling] affected my confidence, like it made that better . . . I gained confidence to do other questions." (Participant P1)*

*"Yes, I think I lacked a lot of confidence. But again with counselling, I was sort of able to build my confidence up." (Participant P8)*

## Study arms

### School-based counselling (N = 21)

## Characteristics

### Study-level characteristics

Characteristic	Study (N = 21)
Age	12 to 17
Range	

Characteristic	Study (N = 21)
Age	14 (NR)
Mean (SD)	
<b>Male</b>	n = 11 ; % = 52.4
Sample size	
<b>Female</b>	n = 10 ; % = 47.6
Sample size	

#### Critical appraisal - CASP qualitative checklist

Section	Question	Answer
Overall risk of bias	Overall risk of bias	Moderate

#### D.2.7 Segrott, 2013

##### Bibliographic Reference

Segrott, Jeremy; Rothwell, Heather; Thomas, Menna; Creating safe places: an exploratory evaluation of a school-based emotional support service.; Pastoral care in education; 2013; vol. 31 (no. 3); 211-228



## Study details

<b>Study design</b>	Qualitative study
<b>Trial registration number</b>	Not reported
<b>Aim</b>	To explore the views of young people who had used the service in terms of acceptability and perceived outcomes; to examine Bounceback's potential to prevent emotional/mental health issues in young people from becoming more serious; to examine the relationship between Bounceback and schools in which it operated and to identify young people's support needs during the transition from school to independent adulthood.
<b>Country/geographical location</b>	Wales, UK
<b>Setting</b>	Secondary school
<b>Type of school</b>	Secondary school
<b>UK Key stage</b>	Key stage 3 Key stage 4
<b>Inclusion criteria</b>	Not reported
<b>Exclusion criteria</b>	Not reported
<b>Data collection methods</b>	All data collection and analysis were conducted by university-based researchers who had no involvement in the delivery of Bounceback. Interviews were conducted with all five members of Bounceback staff; four staff from the three schools where Bounceback operated and seven service users. These were recorded and transcribed (with participants' permission).
<b>Ethical considerations</b>	Ethical approval for the study was given by a university ethics committee
<b>Statistical method(s) used to analyse the data</b>	A coding framework was developed based on interview schedule questions. Two interviews were coded by one researcher and reviewed by a second, leading to adjustments to the framework. All transcripts were then coded

	using Atlas.ti 6.1.2. Themes were explored in relation to differences in participants' roles in providing, using or hosting Bounceback.
<b>Attrition</b>	NA
<b>Study limitations</b>	A small number of schools and pupils that participated in the research and the research team could not approach Bounceback service users directly, due to data protection regulations.
<b>Study theme 1</b>	<p><b>Organisation of service delivery</b></p> <ul style="list-style-type: none"> <li>• Pastoral teachers in two schools did not want to advertise Bounceback to pupils because it would be more difficult to preserve confidentiality (school staff 1, school staff 4);</li> <li>• there was insufficient capacity to absorb self-referrals in addition to staff referrals (school staff 4); and enough people were already aware of Bounceback (school staff 1).</li> <li>• In the third school (S2), Bounceback had been mentioned in a community newsletter featuring services provided at school and the pastoral teacher had spoken to Year 10/11 pupils in their assembly about Bounceback and other services (school staff 3).</li> <li>• Bounceback had also run a stall at parents' evening (school staff 3).</li> <li>• On the whole, Bounceback staff favoured raising awareness of the service through personal contact with groups of teachers/pupils in years 10/11 or presenting theme-based assemblies, rather than advertising through posters/newsletters (BB Staff 5).</li> </ul>
<b>Study theme 2</b>	<p><b>Working with young people</b></p> <p>Staff emphasised that choice and creation of a safe place were foundations of the communication through which they provided support and that within this environment young people began to trust them and talk about their worries.</p> <p>Bounceback staff estimated that six or seven young people had decided not to continue after attending one or two Bounceback sessions, with most attrition occurring during the early days of service delivery, linked to unsuitable accommodation and inappropriate referrals for classroom misbehaviour.</p>

	<p>Passes given to Bounceback users who needed to be released from lessons stated that they had an ‘appointment’ or ‘interview’. Interviews with Bounceback staff indicated that this was done so that Bounceback users could choose whether they wanted to tell anyone else they were attending, or discuss their problems with them. Their aim was to create a safe, comfortable and informal environment in which young people felt relaxed and cared for (BB Staff 1, 4, 5).</p> <p>Bounceback staff described how they gave young people as long as they needed to get to know the staff, to trust them and to start to talk, sometimes offering activity worksheets to help this process. Whilst focusing on worksheets, young people had the chance to chat naturally, rather than feeling the pressure of an expectation that they would engage in a conversation. Eventually, a relationship of trust could be formed.</p>
<p><b>Study theme 3</b></p>	<p><b>Working with schools</b></p> <p>Bounceback staff described how during the early stages of programme delivery, conditions in schools had shown potential to undermine its work and identified 5 criteria that needed to be specified</p> <ol style="list-style-type: none"> <li>1. Understand and follow referral criteria - Teachers should refer young people with emotional difficulties/mental health issues, which had the potential to cause a crisis or have a negative effect on emotional well-being. It was not acceptable to refer young people because they disrupted lessons by expressing anger or showing off</li> <li>2. Attendance is voluntary - although teachers may have thought it was in pupils’ best interests to use Bounceback, they should not put pressure on them to do so.</li> <li>3. Referral forms needed to be passed to Bounceback before the first appointment since lack of information about a person’s circumstances could lead to distress and loss of trust.</li> <li>4. mechanisms were needed for contacting pupils who were due to attend Bounceback.</li> <li>5. Accomodation - the same room should be available every week so that young people knew where to go. It should not be used as a route into other rooms. There should be no window in the door and other windows should not be overlooked by public areas.</li> </ol> <p>Teachers were unable to devote much time to planning or monitoring how the service operated. They responded well to requests from Bounceback staff but contacting them was often difficult because they had other</p>

	<p>commitments. Communication became easier when support workers were allocated as Bounceback contacts in each school, with a remit to help organise sessions and pass through referrals (BB Staff 1, 2).</p> <p>Bounceback staff felt that communication more generally with teachers would help avoid situations where some were reluctant for young people to miss class-work to attend Bounceback or did not believe that they had a valid reason to leave the class. Pastoral care teams had introduced passes to make it easier for pupils to leave lessons, or arranged appointments so that pupils did not miss the same lesson two weeks running.</p>
<p><b>Study theme 4</b></p>	<p><b>Receipt and acceptability</b></p> <p>Some young people were able to compare Bounceback with other services and said support from Bounceback was much better than they had received from Child and Adolescent Mental Health Services [CAMHS] (YP2, YP4, YP5), social services (YP2) and a private counsellor (YP4). One service user spoke of the staff's kindness in anticipating young people's needs by arranging free taxis and providing spending money for the trips they organised (YP4).</p> <p>They valued the way in which Bounceback sessions created a safe environment, in which they could choose what to talk about.</p> <p><i>"... you can take as long as you want, you can talk about whatever you want. 'You're here because you have this problem, that's what we want to talk about. But if you're not comfortable talking we won't.' And that's the most important thing in it I think."</i></p> <p><i>"Well all the other services I did ... you know the NHS, and ... it was all very clinical and it wasn't comfortable. I mean [Bounceback] made the effort sort of thing; it was little things like, you know, you could sit and you could eat with them ... It's like you go in and they know how to make you feel warm and welcome."</i></p> <p>Young people reported that Bounceback practitioners formed strong therapeutic relationships, based on trust and being listened to.</p>

*"I sort of know it will be private cos I know [BB Staff 4]'s the kind of guy who won't just go blabbing out 'Oh yeah I went to the school yeah and this guy's Nan died'. I know he's not that sort of person, I know my information is safe with him. I just feel really trusted with him."*

The willingness of the staff to base this relationship on a sense of equality and to talk through issues was also appreciated.

*"... it was nice to know that they are not always going to have the answers. . . You kind of felt that even though they were older than you, you were kind of in the same boat, you were on the same level"*

School staff remarked on differences in pupils' self-esteem and confidence. Some young people who rarely attended school started to stay longer in school, using Bounceback as a support base (BB Staff 1). These changes were seen as giving young people more chance of gaining qualifications that would enable them to secure jobs or further education (school staff 3, 4, BB Staff 3). Teaching staff also perceived benefits to the school more generally including helping to demonstrate their strategic commitment to the Social and Emotional Aspects of Learning (SEAL) scheme.

## Study arms

### Bounceback (N = 21)

## Critical appraisal - CASP qualitative checklist

Section	Question	Answer
Overall risk of bias	Overall risk of bias	Moderate

## D.2.8 Spratt, 2010

### Bibliographic Reference

SPRATT, Jennifer; et, al; 'The bad people go and speak to her': young people's choice and agency when accessing mental health support in school; Children and Society; 2010; vol. 24 (no. 6); 483-494

### Study details

<b>Trial registration number</b>	Not applicable
<b>Aim</b>	To explore issues of access, when mental health initiatives are sited in formal educational settings.
<b>Country/geographical location</b>	Scotland, UK
<b>Setting</b>	Primary and secondary school
<b>UK Key stage</b>	Key stage 1 Key stage 2 Key stage 3 Key stage 4
<b>Inclusion criteria</b>	Pupils were invited from the general school population but did not have to had used the services Teachers and other school staff were interviewed

<b>Exclusion criteria</b>	None
<b>Data collection methods</b>	<ul style="list-style-type: none"> <li>• Semi-structured interviews</li> <li>• Most interviews with staff were one to one, although occasionally staff were interviewed in pairs.</li> <li>• Group interviews were not possible with staff owing to the timetabling restrictions of schools.</li> <li>• Four group interviews were conducted with pupils in each setting.</li> </ul>
<b>Ethical considerations</b>	For CYP, written consent was obtained from themselves and their parents. Confidentiality was guaranteed; access to interview data would be restricted to the research team. Anonymity during reporting and dissemination was assured.
<b>Statistical method(s) used to analyse the data</b>	Interviews were recorded and fully transcribed. Data analysis was manual, involving all members of the research team. A grounded approach was taken to identify and analyse key themes emerging from the data.
<b>Attrition</b>	Not applicable
<b>Study limitations</b>	<ul style="list-style-type: none"> <li>• None reported by author</li> <li>• Not clear how many people were interviewed</li> <li>• No information on ethical approval for the study</li> </ul>
<b>Study theme 1</b>	<p><b>Teachers as the main point of referral</b></p> <p>There was very little evidence of teachers being offered training to recognise the types of behaviour that may be associated with poor mental health. Interviewees from outside the teaching profession, such as health workers, voluntary workers and educational psychologists expressed little confidence in teachers' capacities to respond appropriately.</p>

	<p><i>"I don't think they [teachers] are very good at recognising youngsters with emotional behavioural difficulties at the moment. ... I mean I am quite categoric on that, we really don't. And I think part of that is actually because they don't know what to look for you know." (Education Authority Representative)</i></p> <p>There was evidence throughout the telephone survey data that respondents felt schools were most likely to identify mental health difficulties in pupils whose resulting behaviour was disruptive. Consequently, it was felt, the needs of these CYP were more readily addressed than pupils whose response was more passive. This imbalance could be seen in the types of issues that were referred to other agencies.</p> <p><i>"I think there is something to be said to the argument that the brightest will receive attention, and the most difficult will receive attention, and the ones in the middle might be missed. I perfectly understand why there might be some level of truth to that argument in simply looking at what teachers are expected to do in a classroom." (Youth counsellor)</i></p> <p>Teachers themselves acknowledged the difficulties they had, in the classroom situation, in identifying those whose mental health difficulties manifested as withdrawn behaviour.</p> <p><i>"Yes, these are the ones that are much, much harder to deal with because in some ways these children are behaving as you would ask them to behave. ... They are being quiet and they are being good and they are appearing to get on with it. These are the ones who, the danger is, that they may very well slip through the net." (Secondary teacher)</i></p>
<p><b>Study theme 2</b></p>	<p><b>Self-referral opportunities</b></p> <p>A system, which depends on teachers noticing behavioural signs of distress in a classroom setting, does not allow for the full range of difficulties to be identified and supported. Not all of the initiatives studied offered other accessible gateways through which young people could autonomously seek support. Simply including a self-referral element was insufficient to draw CYP into the system.</p>



*"Well ... for this age group[secondary school] self referral is not expected to be high. I think at the moment we are running with about 10%. And that actually is a pretty good figure for self-referral for this age group so we can't expect that those young people who are pretty isolated [...] are going to refer anyway." (Counsellor)*

This low level of self-referral may be because of limited knowledge of services on the part of CYP, but there was evidence that it could be associated with how the service was viewed. If most users had been referred by teachers as a result of disruptive behaviour, this could discourage use by the general school population. In another school setting, the interviewees (aged 15 and 16), when asked to discuss vignettes of pupils experiencing various forms of distress, first did not even consider the counselling service as a potential source of help.

*"Interviewer: What role does she [school counsellor] have in the school?"*

*David: The bad people go and speak to her, the really extreme cases, the ones who have behavioural problems — the ones who bully people, folk who don't work in class.*

*Jane: There's one girl I know of and everybody knows she's a nasty piece of work and she had to go and see her"*

Strategies were in place in two case studies to improve the accessibility of their services to CYP. The first was a counselling/therapy service, provided in primary schools by a national voluntary organisation (Case study 1). The workers maintained a high profile in the school and cultivated a welcoming and friendly image, encouraging children to visit their office. The service had no lower threshold; children were welcome to discuss anything. They consequently drew in children for a wide range of reasons, which in turn removed any stigma from being seen to use it. Those children who reported serious difficulties were indistinguishable to the outside observer from those whose problems were less critical.

*"People say, 'What's the success due to?' I think its because we are there and we are accessible and we are familiar and we are consistent, and they see us there at the same times and the same places ... so it's a known factor, so it doesn't feel like something strange and external to their daily lives."*

This was echoed by children who trusted the confidentiality of the service and welcomed the non-judgmental response, describing this as different from their experiences of teaching staff.

*"Sometimes the teacher mentions it [a child's problem] to the whole class. [The schools project manager] only keeps it to herself. She keeps it as a little secret between her and the person."*

*"Teachers don't really have time sit and listen, and they [the project staff] have time for you."*

A second example of a low-threshold mental health intervention was seen in a well established integrated community secondary school (Case Study3). A health drop-in opened daily and offered a range of health related activities, discussions or just space to eat lunch. Advice and information were available on a range of topics and this was viewed by staff as a springboard to working with young people on related emotional and mental health issues. The drop-in was staffed by the school nurse, youth workers and support workers on a rota basis. A key advantage noted by young people was that they could use the drop in on their own terms and this allowed them to exert some control over the process.

*"It is good to be in school but ... if one person is being bad then the whole class gets it and that is not very good. The drop in is good and it is good to be able to go and get your lunch or to play pool or just relax."* (young woman, aged 15)

## Study arms

Interviewees (N = 66)

## Critical appraisal - CASP qualitative checklist

Section	Question	Answer
Overall risk of bias	Overall risk of bias	Moderate

## D.2.9 Weeks, 2017

### Bibliographic Reference

Weeks, Caoimhe; Hill, Vivian; Owen, Charlie; Changing thoughts, changing practice: Examining the delivery of a group CBT-based intervention in a school setting.; Educational Psychology in Practice; 2017; vol. 33 (no. 1); 1-15

### Study details

<b>Study design</b>	Qualitative study
<b>Trial registration number</b>	Not reported
<b>Aim</b>	To consider the factors impacting on the success and outcomes of a CBT-based group intervention.
<b>Country/geographical location</b>	UK
<b>Setting</b>	Secondary school
<b>Type of school</b>	Secondary school
<b>UK Key stage</b>	Key stage 3
<b>Inclusion criteria</b>	Pupils were initially identified through consultation between the researcher EP and school staff (SENCOs, Heads of Year and Teaching Assistants (TAs)).  Pupils were identified as likely to benefit from accessing an intervention to reduce their anxiety.
<b>Exclusion criteria</b>	Not reported

<b>Data collection methods</b>	<p>Semi-structured interviews were conducted with school staff and pupils and a focus group was held with parents from one school.</p> <p>A questionnaire containing both open and closed questions was administered to all participants</p> <p>The researcher also kept a diary of observations and reflections</p>
<b>Ethical considerations</b>	Not reported
<b>Statistical method(s) used to analyse the data</b>	Thematic analysis was used to explore themes emerging from the data gathered from interviews with pupils and school staff and a focus group held with parents
<b>Attrition</b>	NA
<b>Study limitations</b>	None reported by author
<b>Study theme 1</b>	<p><b>Commissioning the group</b></p> <p>Concerns were raised by school staff about how to identify pupils who were having difficulties managing their anxieties. As secondary schools are particularly complex organisations, the key person involved in the identification process varied.</p> <p><i>“The person whose role it is in school to identify the students has to be very clear and there has to be a complete match between what you’re looking for, given what you’re planning to do, and what we’re trying to identify, for it to work well.” (SENCo)</i></p> <p>In line with typical EP practice, participants were chosen based on adult perceptions of experiences of anxiety, which the pupils may or may not have been in agreement with.</p> <p><i>“Anxiety means different things to different people and people use the wrong words for something, they call it anxiety and it isn’t.” (SENCo)</i></p>

<p><b>Study theme 2</b></p>	<p><b>Measuring change</b></p> <p>The need to provide quantitative data was highlighted by a member of staff</p> <p><i>“I’m going to look at data in half-term and I’ll look at things like attendance and things like are they visiting the nurse as often as they did when they first arrived. And also we can look at academic achievement as well, so the whole area of tracking and data that we can look at to see if the CBT has had an impact on individual students.” (SENCo)</i></p> <p>It was observed that school staff seemed to rely more on their personal qualitative observations, which were more process than outcome focused.</p> <p><i>“I’m such a person that will actually stand outside the unit at break and lunch time and just observe students and see how they’re interacting socially...so that is not a hard and fast data but I think that gives you a feeling of how they feel about themselves, their self-esteem, their confidence.” (SENCo)</i></p> <p>Qualitative observations also appeared to place a greater emphasis on the absence of an undesirable behaviour, rather than the observation of a desired one</p> <p><i>“No news is good news with students like that. If they don’t come forward in any shape or form to any member of staff as being a concern you can usually assume they’re fine.” (Head of Year)</i></p>
<p><b>Study theme 3</b></p>	<p><b>Managing the therapeutic process in schools</b></p> <p>As a traditionally clinic-based intervention, the application of a CBT approach in a school setting raised some practical concerns; for example, timetabling the group and securing an appropriate room within the school. This supported ensuring confidentiality and boundaries of privacy (for example, other staff and pupils entering the room during the group).</p>

	<p><i>“I think we’ve got an ideal room for you and I think any school that undertakes intervention groups has to have...(this)...it was private, you were able to put the blinds down...a small environment which made it more nurturing.” (SENCo)</i></p> <p>This issue of who actually delivers the intervention was raised in terms of privacy and confidentiality.</p> <p><i>“...someone who’s not part of the establishment, someone who they know comes in and goes out, in their heads they know you don’t go into the staff room and talk about them or talk about their issues. So I think that means a lot to the students.” (Head of Year)</i></p> <p>Having an intervention run by an external service provider did also raise concerns about providing ongoing or follow-up support for the students.</p> <p><i>“The worry is that I don’t see...(named three students)...so where’s the reminder of it and going to remember...why you are using that strategy again?” (TA)</i></p> <p>Another concern was that the students already had existing relationships and roles within peer groups, which impacted on their engagement.</p> <p><i>“Because of the fact that they know each other so well...if they fell out that day there was an issue that had to be resolved on that day...so it’d be like they’d come to the CBT and then we’d get all the issues of the day that had exploded in break...so that was a hindrance.” (TA)</i></p>
<p><b>Study theme 4</b></p>	<p><b>Pupil engagement</b></p> <p>Concerns were raised in relation to the motivation of pupils to participate in an intervention which had been suggested by an adult (school staff and/or parent), rather than self-selected.</p> <p><i>“I just think it’s very hard to explain why you’re offering them, this is about something you want...” (Head of Year)</i></p>

*“...with certain individuals in the group, we want them to change more than they want to change and that’s a bit of an issue I think.” (TA)*

It was apparent throughout the process that some students did find it difficult to engage with the CBT process in terms of understanding and applying the principles to themselves and applying and generalising them beyond example presented in sessions.

*“I think it was quite hard for them to get their heads around why they were in the group.”(TA)*

## Study arms

### CBT (N = 19)

## Characteristics

### Study-level characteristics

Characteristic	Study (N = 19)
Age	11 to 14
Range	

### Critical appraisal - CASP qualitative checklist

Section	Question	Answer
Overall risk of bias	Overall risk of bias	Moderate