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An evaluation of a school counselling service with direct links to Child and Adolescent Mental Health (CAMH) Services

Abstract

An evaluation of a Scottish secondary school based counselling service for students aged 11 to 18 is presented. Improvement in student emotional well-being was measured using the Young Persons Clinical Outcomes for Routine Evaluation (YP CORE) questionnaire and participant questionnaires which were developed for the study. Significant improvements were found, following counselling, for functioning, problems and well-being, with all three showing a large effect size. The counselling service was rated as helpful by the majority of the participating students, referrers and guidance staff. These findings are analysed with reference to the unique structure of this school counselling service with its governance framework integrated into the local child and adolescent mental health (CAMH) service.

Keywords: school counselling; child and adolescent mental health services

Word count: 6290

Introduction

This paper presents an evaluation of a student counselling service which was based in a state secondary school in a predominantly rural area of Scotland and which was open to all pupils (aged 11 to 18) who attended the school. The service was developed with explicit managerial and supervisory links with the local National Health Service (NHS) Child and Adolescent Mental Health (CAMH) service. This enabled close collaboration between the community-based school counselling service and the specialist, multi-disciplinary mental health team based in the NHS

The psychological well-being of young people in the UK and Scotland

There has been a growing emphasis on the emotional and psychological well-being of young people in the UK in recent years (McLaughlin, 2008). This has been attributed to a number of factors, including an increased focus on emotions and expectations about our right to experience well-being, coupled with the realisation that children in the UK do poorly in terms of subjective measures of well-being (McLaughlin, 2008). A significant number of young people do face psychological distress due to factors such as abuse, family breakdown, bullying and loss (Adamson, McLearney, Bunting, Shevlin, Tracey & Williams, 2006; Holland, 2008: Mental Health Foundation, 2008) and wider societal changes, such as the increased rate of family breakdown and reconstitution, are creating new and additional stressors for children and young people (Belfer, 2008; Borgen & Hiebert, 2006; Coleman, 2000). Interest in young people's mental health has also been advanced through recent epidemiological research which has established that up to fifty per cent of adult mental health problems have their onset in adolescence (Belfer, 2008).

Research is not conclusive as to whether the number of young people in Scotland with mental health problems is growing or not (Public Health Institute of Scotland, 2003), however, poor mental health continues to present a significant challenge for young people and the services that strive to support them. There is evidence that mental health problems can impact on the family, educational and social life of the young person (Cooper, Freire, Cunningham, Lidstone, McGinnis & Ogden, 2006; Fox & Butler, 2007; Mental Health Foundation, 2007), as well as being related to poor mental health in the longer term (Kim-Cohen, Caspi, Moffitt, Harrington, Milne & Poulton, 2003). Prevalence rates of child mental health problems may vary according to the type of problem, the assessment method used and sample (Goodman, Ford, Simmons, Gatward & Meltzer, 2003), however, UK figures suggest that 10% of children and teenagers have a mental health problem at any given time, but only approximately 40% of those receive a specialist service (Mental Health Foundation, 2007).

Service provision for young people with mental health difficulties in the UK

Concern over such figures has led to a growing emphasis on the need to find a range of ways of promoting improved mental health in young people (McLaughlin, 2008) which is reflected in a range of policy documents across the UK (Department of Health, 2004: Scottish Executive, 2005: Welsh Assembly, 2005). Interventions have ranged from health education campaigns which attempt to reduce the stigma associated with mental health problems (e.g. www.seemescotland.org.) to an emphasis on developing mental health services in community settings which are more accessible to young people, such as schools (Public Health Institute of Scotland, 2003; Scottish Executive, 2005). The school environment has been identified as one in a

range of potentially protective factors against poor mental health, with both the social ethos as well as the teaching environment potentially fostering resilience (Howard, Dryden & Johnson, 1999; McLaughlin, 2008).

The provision and evaluation of school counselling services

While the UK has a long tradition of school based guidance and counselling provision (Cooper *et al*., 2006; Milner, 1974; Barwick, 2000) there has been a more recent resurgence in the number of school based counselling services, which offer targeted interventions to promote mental health, in response to concerns and policy initiatives in relation to young people's psychological and emotional well-being (Bondi, Forgat, Gallagher, Plows & Prior, 2006; Cooper, 2009; Cooper et al., 2006).

Fox and Butler (2009) note that much of the literature in relation to the effectiveness of counselling and psychotherapy with young people either relates to the USA, where service provision is quite different, or does not relate specifically to school based counselling. Despite this, there have been a number of evaluations of school counselling services in the UK. A recent review by Cooper (2009) of 30 evaluations of school counselling services, found a significant reduction in psychological distress with a large effect size on average. Effect sizes provide an objective measure of the strength of a given effect (Field, 2009) and can range from small to large (Cohen, 1992). While the effect size that relates to each of these categories varies according to the particular statistical test used, generally values less than 0.2 constitute a small effect size, values between 0.2 and 0.5 constitute a medium effect size and values above this indicate a large effect size (Cohen, 1992). In addition, Cooper's (2009)

review established that over 90% of participants on average across the studies reported some form of improvement in their problems since attending counselling.

This was consistent with an earlier review by Cooper *et al*. (2006) which concluded that the participants were significantly less distressed at the end of counselling, with an average effect size across the studies reviewed of 0.65. Their own research (Cooper *et al*., 2006) illustrated a significant reduction in psychological distress, as measured by the Young Persons CORE (Twigg, Barkham, Bewick, Mulhern, Connell, & Cooper, 2009), with a large effect size, although they note that, without a control group, the change could not be attributed to the counselling intervention alone.

A study by Adamson *et al*. (2006) compared a group of young people who did not receive counselling with a group who did and found the former showed a deterioration in their mental health, as measured by scores on the Strengths and Difficulties Questionnaire (Goodman, 1997), while the latter improved. While the groups were not matched on initial scores pre-counselling, the average scores were similar at that point, indicating that mental health may deteriorate in the absence of counselling.

Fox and Butler (2009) examined the impact of a school counselling service on the psychological wellbeing of children aged 11-17 years, using the TEEN CORE questionnaire (an earlier iteration of the Young Persons CORE). The authors found a significant improvement in scores after counselling, with a large effect size of 1.06 . This improvement was maintained at 3 month follow-up. This study, did not, however, include a Scottish school sample. In addition, the authors raise some

questions about the validity of the TEEN CORE. This measure was found to have limitations in terms of reliability and sensitivity (Twigg *et al*., 2009) and was subsequently replaced by the YP CORE.

Bondi et al. (2006) evaluated a youth counselling service in Scotland for children and young people aged 12-19. The service was provided both via a local secondary school and local community service. The service was evaluated using a range of methods, including focus groups, semi-structured interviews, questionnaire responses from staff, referrers, community partners, e.g., social work, and students. All those surveyed, expressed high levels of satisfaction with the service and there was an increase in students' self rating of their well-being, however no statistical analysis is available to indicate whether these results were statistically significant.

The evaluations of school counselling services, therefore, generally conclude that the input is perceived as helpful, both by the individual pupils attending counselling and by pastoral and other education staff, and that school-based counselling reduces emotional distress in young people (Bondi *et al*., 2006; Cooper, 2009; Cooper *et al*., 2006). There is also evidence that help-seeking activity in adolescence is a significant predictor of such behaviour in adulthood (Department of Health, 2004; Freake, Barley & Kent, 2007; Vingilis, Wade & Seeley, 2007). While there is still some debate about which therapeutic approaches are most helpful for which emotional and psychological problems (Carr, 2002), research suggests that counselling approaches are most effective for helping young people who experience adverse life events such as bereavement or parental divorce (National Institute for Health and Clinical Excellence, 2005), with less evidence for efficacy in relation to more severe

depression, behavioural problems or school based problems (Cooper *et al*., 2006, Fonagy, Target, Cottrell, Phillips & Kurtz, 2002).

Interagency collaboration between schoool counselling and mental health services

It is argued that the benefits of school based counselling services include accessibility, quick referral routes and processes and reduced stigma compared to specialist mental health services, such as CAMH teams (Baruch, 2001; Bondi *et al*., 2006; Cooper *et al*., 2006), however, most researchers do not address the issue of how school services link with these specialist services. This is despite an increasing emphasis on the need for closer links between CAMH services and schools and the recognition that the NHS should play a key role in ensuring that emotional and psychological support is readily accessible to young people (McGinnis & Jenkins, 2006). Cromarty & Richards (2009) explored the ways in which school counsellors worked with other professionals, such as mental health specialists. They found that interagency collaboration between school counsellors and CAMH teams varied significantly across the areas sampled, with some reporting regular meetings and established referral mechanisms from the former to the latter, and others reporting no contact.

Research by Cooper *et al*. (2006) found that just over 1% of young people were referred on from counselling services to specialist mental health services. The authors reported that some external professionals expressed concern that such referrals may not always take place, due to the emphasis on the confidential nature of the counselling service. It may, however, be that counsellors do not refer on for a range of reasons, such as the stigma that can be associated with mental health services (Baruch, 2001; Cooper, 2009), the waiting times of CAMH services, the expressed

preference of the young person or perceived differences in interventions and philosophical approaches between counsellors and other mental health practitioners.

There is significant variation in local funding and management arrangements for secondary school-based counselling services across the UK (Pattison, Rowland, Richards, Cromarty, Jenkins & Polat, 2009). While many are funded directly from the individual school's budget, others are funded by the local education authority, health service or a combination of these. Specific funding and management arrangements necessarily impact on the role and position of the school-based counsellor, shaping or even dictating their lines of communication and consultation within the network of health, education and social services working with young people, including the local CAMH team.

Recent research (Cooper *et al*., 2006; Cromarty & Richards, 2009) and good practice guidance (McGinnis & Jenkins, 2006) have emphasised the importance of closer links between school counselling services and other professional staff. This is mirrored by a number of recent policy documents, with an emphasis on the need for closer liaison between CAMH services and other community and education based interventions (Scottish Executive, 2005), to ensure that young people who are referred from community based services can receive input from specialist mental health services with minimal delay. In line with this recommendation, the present study outlines an evaluation of a school based counselling service in Scotland which had direct links with the local CAMH service.

Background to the service

The school counselling service was commissioned initially for 2.5 days per week in a non-denominational, mixed gender comprehensive secondary school in a predominantly rural area of Scotland. It was delivered by an experienced qualified counsellor who was also a member of the local CAMH service. The counsellor used a person centred approach, in common with many other school based counselling services (Cooper *et al.,* 2006). The service was provided to S1-S6 pupils, aged 11 to 18, during term time throughout the school day and accepted self-referrals and referrals from school staff.

Supervision and Management

The counsellor was responsible on a day to day basis to the head teacher of the secondary school, whilst line management and professional supervision were provided by a consultant clinical psychologist from the local CAMH service. The latter already had well established patterns of multidisciplinary and multi-agency working. The counsellor, therefore, had direct links into both mental health and education services. A multi-agency steering group consisting of local education and health service representatives provided ongoing strategic overview of the school counselling service.

The main remit of the service was to provide direct counselling services to the school pupils and to provide supervision, training and support to the guidance staff who provided pastoral care and support to students in relation to a range of educational, emotional or behavioural difficulties. In addition, the service aimed to provide a local, accessible, early intervention service, with clear links into mental health services if more specialised input was required. The service was evaluated over an 8 month

period with a focus on improvement in the emotional well-being of the students and ease of access to CAMH services for students who required this level of input.

It was hypothesised that:

1. Ratings by students and referrers would indicate satisfaction with the school counselling service.
2. The school counselling service would result in a significant increase in the emotional and psychological well-being for those students who attended.
3. That the organisation and structure of the service would improve the ease by which students could access CAMH services, if required

Method

Ethical issues

The evaluation and monitoring of the school counselling service was included as part of the initial commissioning process and was overseen by the steering group. Approval to write up the evaluation for publication was obtained from the local authority Education Department in the area where the study was conducted. Participating staff and students were informed that the service was being evaluated, that participation was entirely voluntary and would not have any bearing on the service they received. All responses were confidential and were anonymised for the purposes of analysis

Participants

Participants were 40 students who had completed their counselling at the time of the evaluation. Of these, 15 were male and 25 were female. The ages of individual participants were not recorded, however all were aged between 11 and 18. In addition, the counsellor, 22 referrers, 17 teachers and 5 guidance staff, who were employed at

the school, completed evaluation questionnaires about the service. The guidance staff also completed additional evaluations in relation to the supervision and support role provided by the counsellor.

Measures

Young Persons Clinical Outcomes for Routine Evaluation (YP CORE) questionnaire. Emotional well-being was measured using the YP CORE questionnaire. This is a standardised measure commonly used by psychology and counselling services in the UK for service audit, evaluation and outcome measurement (Gray & Mellor-Clark, 2007) and is one of a range of outcome measures developed as part of the CORE system by researchers at the University of Leeds (Gray & Mellor-Clark, 2007). It was used in the present study because it is quick and easy to complete, is couched in accessible language, has been the measure of choice in previous school based counselling evaluation studies in Scotland (Cooper *et al*., 2006), allowing for comparison across studies, and has been found to have acceptable psychometric properties (Twigg *et al*., 2009).

It comprises of 10 items, which are scored from 0 to 4 on a Likert scale, with lower scores indicating lower levels of psychological distress. The young person is asked to rate each item based on how they have felt over the past week. Scores relate to the domains of: functioning, problems, subjective well-being and risk. The Cronbach alpha values in the present study were: functioning, 0.645: problems 0.839 and subjective well-being, 0.433. Risk is a single item domain

Evaluation of school counselling questionnaires

In order to triangulate the student YP CORE ratings, the impact of the counselling service on student emotional well-being was also assessed using student, referrer and counsellor versions of a short evaluation questionnaire which was designed for the study**,** based on measures used in a number of other school counselling evaluations (e.g. Bondi et al., 2006; Cooper et al., 2006). Each version asked the rater to identify the factors which were most helpful about counselling for the individual student and any areas for improvement, to rate the overall helpfulness on a Likert Scale (1=no help at all, 6=extremely helpful). Students and referrers were also asked to identify whether they would recommend the service to a friend (for the student) or refer again (for the referrer). A final section asked for any other comments. The questionnaire was piloted with members of the counselling service steering group and CAMH staff. No changes were requested and the questionnaires were considered to have face validity.

Modal and mean scores and standard deviations were calculated from the Likert scales. Answers to the open-ended questions were firstly coded by content and then categorised into themes using a paper-based coding frame and content analysis approach (Joffe & Yardley, 2004). These were initially categorised by one of the researchers, and then reviewed by a second to ensure inter-rater reliability. The same process occurred when selecting direct quotes to represent the identified themes, to ensure that the examples were representative. The counsellor who provided the service was not involved in the analysis of the evaluation data, to ensure objectivity.

Ease of access to CAMH services

The extent to which referrals from the school counsellor to the CAMH service were appropriate and responded to in a timely way was assessed via CAMH team records and supervision notes. The time from referral to the first CAMHS contact with the student was noted, as were the recorded presenting problems for the young person referred.

Guidance staff evaluation questionnaires

The five participating school guidance staff at the school completed a short evaluation questionnaire which asked them to rate the service provided by the counsellor in terms of usefulness (1=not useful, 5=extremely useful), to identify those aspects which were most helpful and provide suggestions for improvement.

Procedure

All questionnaires were distributed and collected by the counsellor during her routine work. Students were asked to complete the YP CORE at the first counselling session (pre-counselling measure), unless it would be inappropriate to do so, e.g., if the student was clearly distressed. The student completed the evaluation questionnaire and the YP CORE at the final counselling session (post counselling measure). Referrers and the counsellor completed the evaluation questionnaire for any referred student who had completed counselling at or before the time of the evaluation.

Information was also collected from the referral forms and from the students in relation to reason for referral, if the two differed, the student's reason was recorded.

At the end of the evaluation period, guidance staff completed their evaluation of the additional services provided by the counsellor directly to the guidance team.

Results

Referral information

During the 8 month evaluation period, the service received 40 referrals, 15 males and 25 females, and provided 248 counselling sessions. Some students presented with more than one issue. The range of presenting problems is illustrated in Figure 1. The most commonly occurring issues for females were family/social problems, self-harm and grief, while the main issues for males were anger, depression, anxiety and suicidal thoughts. The average contact per person was 6.92 sessions, sessions lasted on average 1 hour, and the average length of contact was 10.3 weeks. The DNA (did not attend)/Cancellation rate was 29 %.

INSERT FIGURE 1 ABOUT HERE

Pre and post counselling measures on the YP CORE

Pre and post counselling YP CORE data were obtained for 22 (55%) of the 40 students who were seen by the service. Table 1 shows the mean score and standard deviation for each area measured by the YP CORE, with the associated t value, degrees of freedom, significance level and effect size. Effect sizes were calculated by converting the t value into r according to the formula outlined by Field (2009). The comparison of pre and post counseling YP CORE scores are also presented in Figure 2.

INSERT TABLE 1 ABOUT HERE

INSERT FIGURE 2 ABOUT HERE

Paired samples t-tests indicated that there was a significant change in YP CORE scores following counselling for functioning ($t=5.76$, $df=21$, $p<0.001$), problems ($t=4.64$, $df=21$, $p<0.001$) and well-being ($t=3.92$, $df=21$, $p<0.001$), with all three showing a large effect size. This illustrates that, following counselling, the students rated their functioning and well-being as significantly better and their problems as significantly more manageable. There was no significant reduction in risk scores following counselling.

Evaluations of the counselling service

Table 2 provides a summary of the student, referrer and counsellor evaluations of the helpfulness of the counselling service.

INSERT TABLE 3 ABOUT HERE

Student evaluation of the counselling service

Thirty of the 40 students completed the evaluation questionnaires, a response rate of 75%. The mean rating of the helpfulness of counselling was 4.7 (sd= 1.3) and the modal score was 5, with all but 3 students (two of whom rated the counselling as not helpful at all) rating the helpfulness of the service at 4 and above.

In terms of helpful aspects of counselling, the main themes were: having the opportunity to talk to someone who they felt would listen and the counsellor being perceived as accepting, non-judgemental and supportive. Eighty nine per cent of

student responses were categorised into these themes. Examples included: *'I felt I had someone who would listen and understand my feelings. I could say anything I needed.'* and *'Being able to talk to an adult I knew I could trust. She didn't judge me about my past.*' Two students, however, felt there was nothing good about counselling. All but 3 students said they would recommend counselling to a friend with similar problems.

In terms of service improvement, , 16 students said 'nothing', one student felt the session clashed with school subjects they liked and two would have preferred to be seen out with the school setting. Fourteen students provided additional comments and all but one of these expressed gratitude for the help, with one student noting that it had '*literally saved my life'*. The alternative view was from one student who stated that she never wanted to go to counselling again

Referrer and guidance staff evaluations of the counselling service

Referrer evaluations were returned by 22 people. The mean rating of the helpfulness of counselling for the students was 4.2 (sd = 1.5) and the modal score was 5. Two referrers gave a rating of 1 (no help at all to the student) and the remainder rated the helpfulness at 3 or above. All said they would refer again. The respondents noted three main ways in which they felt counselling had helped the students including: coping better at school, expressing self more appropriately and increased openness and confidence. In terms of aspects that were less useful, two referrers had concerns that the student had to return to the classroom when still upset after the counselling session. Of those who gave additional comments, all but one (who noted the student

had been reluctant to attend from the start) said they felt the counselling had been beneficial to the students.

The five guidance staff provided additional evaluations in relation to the supervision and support role provided by the counsellor. The staff identified the strengths as being the opportunity to get additional support and guidance (4/5), increasing confidence/reducing stress (3/5) and having the opportunity to talk openly and in confidence (4/5). Suggested improvements included: expanding the consultation service offered by the counsellor to other education staff and to include group supervision; stress reduction work for education staff; online referral forms and more regular updates on the progress of students attending counselling.

Counsellor evaluation of the impact of counselling

Evaluations were provided by the counsellor for 30 students who had completed counselling at the time of the evaluation. The average rating for the helpfulness of the service was 3.5 (sd=1.6). The counsellor considered that input had not been helpful for 6 students, citing that those concerned did not appear to want to attend, were attending to please another person or were affected by drugs. The counsellor's evaluation of what appeared to be most helpful generally concurred with that of the students i.e. having the opportunity to be listened to. Identified barriers to effective counselling were shyness, low mood/aggression, drug and alcohol problems and cognitive difficulties. One or more of these issues were noted in relation to 5 students. The counsellor also noted that 5 students initially appeared unaware as to why they had been referred.

Counsellor ratings of the helpfulness of the service to students were found to be significantly lower than referrer ratings ($t=2.38$, $df=19$, $p<0.05$), although a significant correlation was found between the two ($r=0.45$, $p<0.05$), indicating that the more helpful the counsellor rated input for a particular student, the more helpful the referrer did too and vice versa. No relationships were found between counsellor or referrer ratings of the helpfulness of counselling for the student and YP CORE ratings before or after counselling. As the student evaluation forms were anonymous , it was not possible to compare counsellor and referrer/teacher ratings of helpfulness of service in relation to particular students and the students' own asessments.

Accessing CAMH services

Following discussion with members of the CAMH service, at the start of the project, a direct referral pathway into CAMH services via the counsellor was developed. In addition, consultancy was available from the CAMH team and both consultancy and supervision were provided by a consultant clinical child psychologist. During the evaluation period, four students (10% of all counselling referrals) were referred via the counselling service for more specialised input in relation to violent behaviour, severe depression, personality disorder and for a forensic assessment. The counsellor discussed potential referrals at supervision and with relevant CAMH team members. If appropriate the counsellor then asked for permission from the young person to make a referral to the CAMH service. In relation to the four young people referred on, all four gave permission and were able to be seen in the CAMH service immediately.

Discussion

This paper presents an evaluation of a school based counselling service which was explicitly set up to be linked directly into the local CAMH service. It was hypothesised that the service would be rated as helpful by those involved, would result in a significant improvement in psychological well-being for the students who attended and that the way the service was structured would facilitate quick access to specialist CAMH services, if required.

The service evaluation

The students presented to the counselling service with similar types of difficulties to those found in other studies, with family/social problems being cited as the most common reason for referral for females and anger problems being predominant for males (Cooper, 2009, Cooper *et al*., 2006). The DNA/cancellation rate was also comparable with that for other psychological services in the area, but was higher than the 15% rate found by Cooper *et al*. (2006). This may be because the area is predominantly rural and attendance at school can rely heavily on transport and weather conditions.

As predicted by hypothesis one and in common with many other evaluations (Bondi *et al*., 2006; Cooper, 2009; Cooper *et al*., 2006), the counselling service was generally valued by the students, referrers and guidance staff, the majority of whom rated it as helpful. The ratings of helpfulness were very similar to those found in previous studies (e.g. Cooper, 2004). In triangulating counsellor and education staff's perceptions of individual students' progress in counselling, the evaluation demonstrates the concurrence of professional assessments of the usefulness of

counselling both for those young people who benefited and for those who did not. Interestingly, the mean helpfulness score of the counsellor was lower than that of both the students and referrers/guidance staff. This may reflect a realistic attitude on the part of the counsellor that counselling is less effective for certain types of difficulties (Cooper *et al*., 2006; Fonagy *et al*., 2002). No relationship was found between the professionals' ratings and the YP CORE results. This may be because different constructs were being measured by the different questionnaires i.e., helpfulness of counselling versus psychological well-being.

Overall, the results supported hypothesis one, however, the counsellor also identified a number of barriers which she felt reduced the effectiveness of counselling for some students, including student anger, low mood, cognitive difficulties and drug and alcohol problems. The main barriers identified were, however, the fact that the student was unclear why the referral had been made or did not want to attend counselling. Research amongst young people has indicated the importance of involving them in decisions and processes about their own mental health (Buston, 2002; Department of Health, 2004; Mental Health Foundation, 2007). In addition, client motivation and consent to treatment have long been established as essential to the therapeutic alliance in and therapeutic efficacy of counselling (Everall & Paulson, 2002). This evaluation reaffirms the importance of young people fully understanding the reasons why they have been referred for counselling, if they are to engage effectively in this service.

The generally positive ratings of the helpfulness of the service were also reflected in the reduction in the YP CORE scores of the students after counselling. A significant improvement, with large effect sizes, was found for the areas of functioning, problems

and well-being. These results support hypothesis two and are consistent with the findings from previous reviews of counselling services (Cooper, 2009, Cooper *et al.*, 2006). There was no significant difference in risk scores after counselling, however, this is likely to be due to the small numbers of students who scored on the risk domain, either before or after counselling.

The most commonly cited reasons why the young people found counselling helpful were being listened to, understood and valued by a supportive adult who was impartial and non-judgemental. This finding replicates that of previous studies (e.g., Bondi *et al.*, 2006; Cooper *et al.*, 2006; Fox & Butler, 2007;) and research conducted in relation to young people's perceptions of mental health services and the helping professions more generally (Buston, 2002; Freake *et al*., 2007). The student' perception of the impartiality of the counsellor may also have been partly attributable to her actual status as an employee of an NHS CAMH service, rather than being a member of the school staff. The counsellor's separateness and distinctness from other school staff was also highlighted as an important factor in the study by Cooper *et al.* (2006).

The majority of students said they would recommend the counselling service to a friend. This is similar to figures found by Cooper (2004) in relation to student ratings of whether they would use the service again. Most students did not identify any additional areas for improvement of the service, although two would have preferred to be seen out with school premises. Some counselling services provide appointments in community centres (Bondi *et al*., 2006) which may have offered a preferable alternative for these students. This, however, is at odds with earlier research which

has found that the majority of young people prefer a school based counselling service to a community based one (Kaplan *et al*., 1998).

The service structure

It was hypothesised that the structure of the counselling service, as well as being consistent with recommendations for closer links between agencies (e.g., Cooper et al., 2006; Scottish Executive, 2005), would offer benefits in terms of facilitating quick access to specialist mental health services for those students who required it. This is important, as research by Cooper et al. (2006) has indicated that some professionals feel that referral on from counselling to more specialist services does not always take place. In the present study the counsellor operated within a triage model, obviating referral to CAMH services in most cases by providing an accessible and responsive community based intervention, while facilitating early identification and referral on of those who required more specialist input (Baruch, 2001).

Four (10%) of the students who were referred to counselling were subsequently referred on to CAMH services, compared with the 1% reported by Cooper et al. (2006). As the nature of the referrals to the counselling service was similar to that described in other studies, this suggests that the structure of the present counselling service played a role. This, combined with the counsellor's familiarity with CAMH systems and personnel provided regular opportunities for formal and informal discussion of more complex cases, to identify the need for specialist input at an early stage, to access the expertise of a range of professionals as well as providing a quick response when CAMH input was required.

As the counsellor was used to multi-disciplinary working, she did not have the difficulties with information sharing that some school counsellors experience (Cromarty & Richards (2009). Likewise, the structure of the service allowed her to position herself as an 'insider', i.e. someone who felt they had an authentic connection with and valued contribution to an organisation (Harris, 2009), in both the school and CAMH service. She was also well-placed to resolve potential conflicts between the value base and practices of counselling and education (Harris, 2009) and in relation to mental health services, because she was familiar with inter-professional supervision and line management in the CAMH service. Rather than undermining the counsellor's sense of professional identity, the supervision process allowed a forum where differences in values and practices could be identified and addressed.

The project, did, however, also require the resolution of issues related to interagency collaboration. A protocol for referral on to CAMH service needed to be developed at the start of the project and agreement obtained as to the priority of any such referrals. This required a period of negotiation with the CAMH team members, as well as discussion with the other stakeholders. As the project was a joint initiative between education and health, and was overseen by a multi-agency steering group which met regularly, good opportunities were provided for identifying and clarifying the respective responsibilities of the different organisations involved. Cromarty & Richards (2009) highlight the importance of good communication between the different stakeholders when a school counselling service is being established to ensure that the role and remit of the counsellor is clear and the lines of communication agreed.

Limitations

There were also some limitations with the evaluation of the service. In particular the study did not include a control group and so the changes in the YP CORE scores of the participants cannot be attributed to the counselling input alone. A lack of control group weakens research in this area (Cooper, 2009), however, in common with other studies factors such as the short-term nature of the evaluation, the pilot nature of the CAMH service collaboration and the ethical issues arising from not providing a service to young people assessed as experiencing significant emotional or psychological distress and other difficulties, meant a control group could not be included (Fox and Butler, 2009). The pilot nature of this project also precluded gathering follow-up data which could have been used to illustrate whether the reported benefits of counselling extended beyond the period of counselling. In addition, the numbers involved were relatively small, meaning that caution must be exercised when generalising from the results, although statistically significant results, with large effect sizes were found and the sample size was sufficient to achieve statistical power for the analyses which were carried out. Fox and Butler (2009) note that such methodological limitations must be considered in the context of conducting practice-based research and the constraints that such research often impose.

Although a significant level of triangulation was achieved in being able to compare counsellor and teacher ratings of individual young person's improvement, and these ratings with the young person's CORE results, the confidentiality of the young person evaluation forms meant that their ratings of service helpfulness could not be correlated with the professionals' ratings. In retrospect, a more sophisticated system

of anonymous tracking could have been implemented to provide this further level of triangulation.

Importantly, the students were not asked specifically about their views on the direct link between the counselling service and the local CAMH service. None of the students mentioned this in the feedback questionnaire, suggesting that it may not in fact have been a salient factor for them, although the perceived impartiality of the counsellor was rated positively. The immediate access achieved for those students who were assessed as requiring more specialist mental health input demonstrates a significant advantage of the particular governance structure for this service. It may also have been that the trust established between these students and the counsellor enabled them to access the CAMH service, when the counsellor suggested this. As these students were not specifically asked about this matter, this remains a conjecture.

Conclusion

The study evaluated a school counselling service, which had direct links into specialist CAMH services. Ratings from students, staff and the counsellor were all generally favourable and student ratings of their well-being, functioning and problems all improved significantly. Four students (10%) were referred on to CAMH services and the direct links with the service were thought to bring a number of important benefits, although structuring the service this way required a number of issues to be resolved in relation to confidentiality and interagency collaboration. Future research in this field would be improved through the use of a control group, the implementation of follow-up measures, the inclusion of greater numbers and a more comprehensive triangulation of evidence gathering. This study highlights the

importance of focusing on the organisational structure and inter-agency positioning of school counselling services in research on the effectiveness of counselling provision in secondary schools.

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Figure 1: Presenting problems of students attending the school counseling service by gender

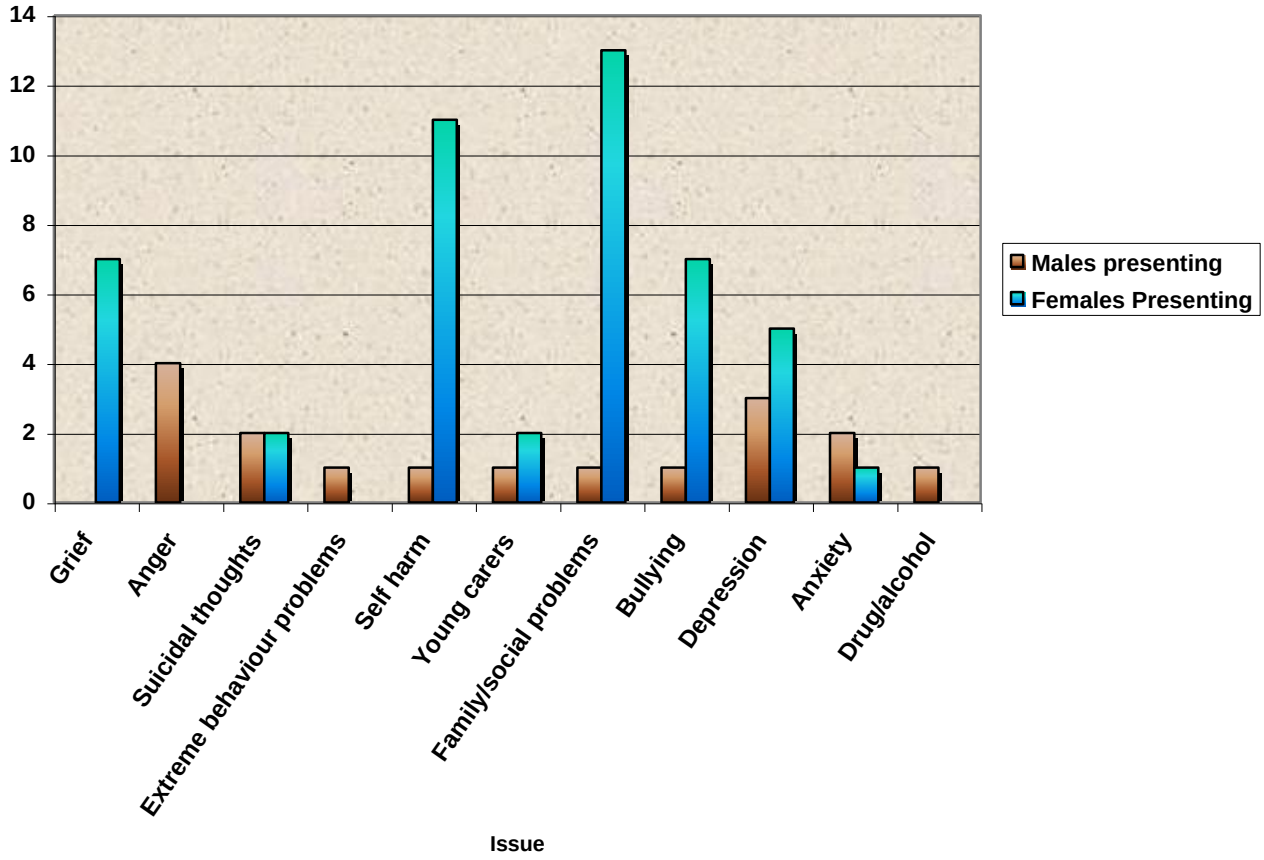

Table 1: Mean score, standard deviation and effect size for each area measured by the YP CORE questionnaire

Area measured by YP CORE questionnaire								
	Functioning		**Problems**		**Well-being**		**Risk**	
	Mean	**SD**	**Mean**	**SD**	**Mean**	**SD**	**Mean**	**SD**
Pre-counselling	14.4	3.9	13.8	5.4	3.5	1.8	0.82	1.4
Post-Counselling	8.9	5.2	8.2	5.2	1.8	1.4	0.4	0.9
T value	5.76		4.64		3.92		1.48	
Degrees of freedom	21		21		21		21	
Significance level	P<0.001		P<0.001		P<0.001		P=0.154	
Effect Size	0.783 Large		0.711 Large		0.651 Large		0.307 Medium	

Table 2: Summary of the evaluations of the helpfulness of counselling

Evaluation of the helpfulness of counselling					
Rater	*Number*	*Range*	*Mean*	*SD*	*Mode*
Student	30	1-6	4.7	1.3	5
Referrer	22	1-6	4.2	1.5	5
Counsellor	In relation to 30 students	1-6	3.5	1.6	10

Figure 2: Changes in YP Core Scores from pre to post counseling