# The University Of Sheffield.

# How do adolescent girls experience having a mental health issue whilst at secondary school? A narrative study using creative arts

Abigail Brigid Barragry

Research thesis submitted in part requirement for the Doctor of Child and Educational Psychology and the University of Sheffield

June 2017

# Abstract

It has recently been suggested that as many as one in five adolescents have a mental health problem that will persist into adulthood, with the most common being anxiety (Lee, Heimer, Giedd, Lein, Sestan, Weinberger and Casey., 2014). Young people suffering poor mental health problems face a number of risks such as suicide, chronic illness, school failure and relationship difficulties (Thompson, Hooper, Laver-Bradbury and Gale et. al., 2012). Research estimates that up to seventy five percent of all mental illness has already developed by the age of eighteen (Murphy and Fonagy, 2012), yet only a portion of these individuals actually seek help during the phase of adolescence, reducing the opportunity for early intervention. Recent research has aimed to explore what may be preventing help-seeking during difficult times (e.g. Kendal, Callery and Keeley, 2011a). Studies have shown that women seem to be particularly at risk of developing mental health issues with rates of anxiety and depression amongst teenage girls having risen over recent years, whilst remaining relatively stable for adolescent boys (DfE, 2016).

In this qualitative study, I employed visual methods to provide three 15 year old female participants with the opportunity to creatively explore their journeys of having had a mental health issue. After creating collages, time-lines and storyboards to map significant periods and events, I employed a narrative approach for conducting semi-structured individual interviews to reflect on their story-boards and talk about their experiences. These interviews were then analysed to look for individual and common themes.

I was particularly interested in barriers or supportive factors to seeking and receiving help. It was hoped that information from this study may elicit the voice of young people to add to professional understanding of how adolescent girls experience having a mental health issue and ultimately what may or may not help, both in preventing and directly addressing difficulties.

# Table of contents

## List of tables

## List of figures

# Clarification of terms used within this thesis

The following words and terms have been found to be ambiguous within literature, varying in exact meaning. I have therefore clarified below exactly how I am using these words within this thesis.

- **Young people/person:** The Oxford dictionary defines these as individuals generally between the ages of 14 – 17. However, other definitions vary and I have used this term more liberally to include all individuals in a stage between childhood and adulthood. I frequently use it as an alternative to 'teenager' as I feel there are more stereotypes and negative connotations attached by society to the term 'teenager'.

- **Teenager:** A more specifically boundaried age group than 'young people', meaning an individual between the ages of 13 – 19 as defined by the UN.

- **Adolescent:** a young person in the process of developing from a child into an adult (Oxford dictionary).

- **Mental health difficulties:** Feelings or beliefs which cause part or all of an individual's emotional wellbeing to be poor. I have taken these to be a wide spectrum from intrusive thoughts and worries affecting daily life through to chronic long-term conditions. I do not assume that a diagnosis or label is necessary for someone to identify themselves as having mental health difficulties.

- **Mental health issues:** Often used interchangeably with 'mental health difficulties'. Implies the presence of disturbances to positive mental health.

- **Mental disorder:** A severe problem (commonly persistent) or the co-occurrence of a number of problems, usually in the presence of several risk factors (Young Minds, 2000)

- **Social, Emotional and Mental Health (SEMH) needs:** A classification of special educational needs where the primary need is social, emotional and mental health difficulties. This classification replaced Behavioural, Emotional and Social Difficulties (BESD) in 2015 (DfE, 2015).

I found a number of terms referring to individuals who are not experiencing optimum mental health and who are affected by poor mental health. Many of these did not sit comfortably with me as I felt they are linked with negative connotations, deficit and stigma, including words such as 'difficulty' and 'problem'. For consistency, and finding it the least emotive, I have chosen to use the term 'mental health issues' throughout this thesis.

# Chapter 1: Introduction

## 1.1. Why was this research chosen?

In both my previous work and my training to become an Educational Psychologist, I have had a keen interest in mental health. I have previously worked to combine my passion for the arts with psychology in pursuing further training as a creative arts therapist. In this role, I worked with groups and individuals and found that there was a high demand for support in a wide variety of mental health contexts. I worked with various demographics including psychiatric outpatients, young people in a secure unit for vulnerable young offenders, in a mainstream primary school and in a private practice. What I found in all of these settings was that early intervention was rare and that manpower and time to adequately support individuals was not always available through local government schemes and systems.

In my private practice I began getting more and more teenagers coming with their parents, having been unable to get any effective or timely support through their local authority. The majority of these were teenage girls, which corresponds with commonly reported concerns that adolescent girls (and women in general) are recorded to experience more mental health issues (Freeman and Freeman, 2013).

On questioning the young people about attempts to get support through school or to follow any signposts suggested by school, I was told over and over that they did not want school to know. This made me question two things; firstly, if schools are supposed to promote 'spiritual, moral, social and cultural development' and prepare pupils for the 'opportunities, responsibilities and experiences of adult life', (documented in the 1988 Education reform act), then why were young people not being offered support for emotional and mental health issues by their school? Secondly, why were young people so against school being involved in helping them? It seemed that there were barriers to young people getting the support they needed; that they did not feel they could seek help and that even if they did then there was no help available when they needed it.

On a personal level, when I was at secondary school and facing some of my own difficulties, there seemed to be little help available from either school or the GPs, even when help seeking was active from myself and family. The years and effort it took to get adequate support meant that it was only once classed as an adult that more seemed to be available. I can remember many of these difficulties and am keen to use my position as a researcher and Educational Psychologist to improve preventative and reactive measures in supporting adolescent girls with their mental health and wellbeing.

## 1.2.    Why include the arts in the research process?

As I also have an interest and experience in the power and use of the creative arts for self-exploration, I wanted to include this as part of the research process. It was important for me that the young people involved had a positive experience during the research process. The use of creative arts to explore past or present difficulties has been shown to offer catharsis, a theory dating far back in history. Vygotsky's dissertation 'The Psychology of Art' (1925) discussed 'art as a catharsis' as one of its central themes, a theory which forms the basis for modern day drama therapy, art therapy and other creative and expressive arts therapies. The main principles of the arts for therapeutic gains involve humanism, creativity, reconciling emotional conflicts, fostering self-awareness, and personal growth (Wadeson, Durkin and Perach, 1989).

Whilst this research is not purporting to involve therapy in any way, for participants to find the process a positive emotional experience would certainly be an added benefit and an aspect of research which is important to me. Further, by supporting participants to increase levels of self-awareness and to feel safe in a deeper level of reflection, I feel that the arts offer a valuable and unique research tool. In their book 'Handbook of the arts in qualitative research', Knowles and Cole (2008) discuss exactly this in chapter 5 ('Arts informed research'), arguing that the arts offers a tool which is accessible to the participant, researcher and reader in being innate to human nature:

*'We are life history researchers with deep roots in meaning making systems that honour the many and diverse ways of knowing—personal, narrative, embodied, artistic, aesthetic—that stand outside sanctioned intellectual frameworks' (p55).*

Knowles and Cole (2008) argue the moral value of using arts to inform the research process in that the participant and researcher are co-meaning making, as the participant first has the opportunity to explore their personal stories before sharing these with the researcher. This method favours interpretivism, allowing for endless possibilities howsoever the participant and researcher are best able to express and understand respectively. Proponents for this epistemology would argue that this then yields more reliable findings as participants are not limited by pre-defined scales and measures, which may reflect the views of the researcher and academic rather than the participants. In this study I used the arts as a tool for participants to enhance self-exploration and reflection.

## 1.3. Beliefs and values as a trainee Educational Psychologist

In accordance with the most recent SEN code of practice (2015), one of my core values is to support and engage with the voice of the child or young person. In my experience, young people (and indeed adults) use a variety of ways in which to communicate, with preferences varying between individuals. With this in mind, I have tried to always offer a variety of mediums for young people to express their feelings and wishes. I believe that it is my role as an EP to be flexible and creative in this, allowing young people to lead me rather than me leading them by imposing an adult-structured and unitary way of expressing themselves.

This belief has led me to use creative arts as well as play in much of my work as a trainee, as well as the work before this role as outlined above. In particular, I have supported schools with person centred planning meetings by first spending time with the young person and supporting them to draw such as what their ideal day at school would look like. Many of the young people with whom I have worked had difficulties with verbal communication, meaning that visual or alternative mediums are essential if as an EP I am to facilitate a person centred process.

I have also found creative arts particularly useful when young people have been in distress, to share difficult feelings. On occasion we have created a picture together, attempting to position myself as an adult who is there to support the young person in their sharing. I have created art too alongside them to show that I too am a person with thoughts and feelings, not just an expert who is there to take information from the young person and then leave. Although clearly an expert in one respect (as a psychologist), I feel it is important to try to find ways to connect to young people at their level, sharing a part of myself with them and offering ways in which to do this. I believe that creative processes are experiences that can be shared in a way that dialogue alone doesn't always allow.

## 1.4. Presentation of this thesis

In the following chapter, chapter two, I will provide an enhanced critical review of prominent literature in the area of mental health and young people. This will include past research findings, popular theories on mental health in adolescence, current governmental policies, agendas and initiatives and the roles of professionals including Educational Psychologists.

Chapter three outlines my position as a researcher before describing my reasoning behind the chosen methodological design. Research methods used and a step by step description of the procedure will be presented here also.

In chapter four I present an analysis of research findings within each individual narrative, including extracts from transcripts and images of art work created preceding interviews.

In chapter five I discuss individual narratives in relation to literature and theory. I also present commonalities in themes arising from individual narratives and suggest possible implications for schools and professionals. The chapter goes on to document some of my own reflections on this study, and to consider strengths and limitations.

A final conclusion in chapter 6 suggests how EPs and other professionals could move forward with these findings in terms of informing best practice and future research.

## 1.5.    Aims of the research

This research was designed to give young people a voice; to explore with them their journeys of having had a mental health issue whilst at school in an effort to understand some of their experiences. In my work as an Educational Psychologist and in this research project I am striving to help adults working with young people to better understand some of the barriers and supportive factors to promoting positive teenage mental health, and to offer some thoughts and insights into how systems of support can be improved.

As stated above, the process was not designed to offer therapy to participants, however it was designed to offer a positive experience and a safe space in which to reflect on their journeys.

# Chapter 2: Literature review

## 2.1. Process of conducting the literature review

In conducting research for this chapter I used a number of key words and phrases which I typed into the university library catalogue of journals and books. From exploring the literature I expanded the search terms to include those arising from my reading. Where other articles or authors of relevance were cited I searched for these through the university library catalogue or via the search engine Google.

I was cautious not to follow any single trail of authors too far as this could produce biased information, as each cites other authors who have agreed with their own theories. I attempted to also search authors who had been cited as having conflicting views to gain a balanced literature review.

It is very difficult to present a literature review or indeed research project with a complete absence of bias, however I tried to use a combination of phrases such as '*positive* mental health and young people' as well as 'mental health *difficulties* and young people' for balance.

## 2.2. Introduction

Mental illnesses are reported to be the primary drivers for disability worldwide (Lozano et. al., 2010), reflected in Great Britain where they contribute to 23% of disability compared with cancer or cardiovascular disease at 16% each (DoH, 2011). The result to labour lost and healthcare needs results in mental health being the single greatest source of economic cost worldwide, with an estimated £105 billion spent per year in Britain alone (DoH, 2011). It is estimated that one in six people in the past week experienced a common mental health problem (McManus, Bebbington and Brugha, 2016).

The most common time of onset is cited as being during the period of adolescence and young adulthood, with an estimated 75% of all mental health issues having been established by the age of 18 years (Murphy and Fonagy,

2012). In the UK's first independent national inquiry into childhood, launched in 2006, the Children's Society found that 10% of 5 – 16 year old had a diagnosable mental health disorder (Children's society, 2008).

Mental illness that emerges while an individual is still in adolescence results in a ten-fold higher cost to the government than those that emerge later, yet little is still known about how best to support this group of young people (Leavey et. al., 2011). Culturally influenced beliefs about mental illness still perpetuate a stigma of weakness and individual deficit on matters of mental health, with adolescents in particular fearing being exposed as 'weak' or 'vulnerable' (Kendal, Keeley and Callery, 2014) which can prevent them from seeking help.

The inquiry by the Children's society (2008) also found that 70% of children and adolescents who experience a mental health problem had not had an appropriate intervention by a sufficiently early age. I am interested as to why this number seems to be so high. As these children are all of school age, Educational Psychologists are in a unique position to help schools if some of the barriers to seeking and receiving help and supportive factors to maintaining positive mental health can be identified.

In this literature review, I shall be exploring mental health issues specific to teenagers. I shall begin with an overview of mental health in general followed by mental health specifically in adolescents. To gain a comprehensive overview, I will then be looking at how the literature discusses both biological (medical) and environmental (social) factors relating to psychology and mental health, and how each of these may affect the experiences of young people. Following this, I shall explore some of the most prominent and recent government agendas and policies regarding mental health and young people. I have then included a brief section on gender differences in mental health to provide a rationale for this study choosing to look exclusively at females.

Finally, I shall relate some of the findings from these to how Educational Psychologists (EPs) can play a role in supporting schools and adolescents, including through multi-agency work with Child and Adolescent Mental Health Services (CAMHS).

In the concluding section, I will summarise the main issues raised within this chapter and provide a rationale for my study.

**2.3. What is meant by the term 'Mental Health'?**

This is a difficult question to answer, as the meanings attributed to the term 'mental health' and the discourse surrounding it have varied over time, across governmental policies and between agencies. Before the 20th century, mental illness was seen to be caused by spiritual crises or physical illness (Rosenthal, 2008). With the growth of medical science, the 20th century saw mental health under a biological model, synonymous with pathology occurring as a result of within-person abnormalities and those suffering would traditionally see a psychiatrist, be confined to institutions and rely heavily on medication to manage their symptoms.

Over the past 30 years, numerous policies and agendas have attempted to open up mental health in terms of causality and who could be responsible for providing support. Instead of being seen under the guise of a medical model, policies have emphasised the wider impact of the environment in contributing to mental health, including schools, families and societal pressures such as austerity (DoH, 2015). One of the main aims of this shift has been to try to remove the stigma attached to having psychological problems, with the message that mental health is 'everyone's business' (DoH, 2011, p.5.). The UK Mental Health foundation describes positive mental health as meaning one can:

- *Make the most of your potential*
- *Cope with life*
- *Play a full part in your family, workplace, community and among friends*

(UK Mental health foundation, 2015)

The UK Mental Health foundation places mental health on a continuum, emphasising that it is not something you either have or you don't (as in the medical model), but something which we are all affected by at various degrees and at different times in our lives. The description also highlights the prevalence of stigma as being an integral part of mental health in that it makes many individuals uncomfortable in talking about their feelings. Despite efforts to remove

the historical demonization of mental illness, sadly there still appear to be negative connotations to having issues with mental health for adults and young people alike (Kendal et. al., 2011a).

## 2.4. Mental Health and Adolescents

The prevalence of mental health problems amongst adolescents in the UK has increased over the last 20 years (Millings, Buck, Mongomery, Spears and Stallard, 2012). In English secondary schools currently, Social, Emotional and Mental Health difficulties (SEMH) is the most frequently occurring classification of SEN, making up to 19.3% (DfE, 2015). However, the difficulties in accounting for those who remain hidden means estimates have varied from 4 – 25% (Kessler, Berglund, Denmer, Merikangas and Walters, 2005). It has recently been suggested that as many as one in five adolescents have a mental health problem that will persist into adulthood, with the most common being anxiety (Lee. et. al., 2014).

A recent government report, Future in Mind (DoH, 2015), stated that 'Mental health problems in young people can result in lower educational attainment (for example, children with conduct disorder are twice as likely as other children to leave school with no qualifications) and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour' (p.13). Some research estimates as much as seventy five percent of all mental illness has already developed by the age of eighteen (Murphy and Fonagy, 2012) and suggests that the life chances of these young people are significantly reduced (DoH, 2015).

One difficulty in providing support is that many young people do not seek help for issues regarding their mental health. Only the most severe are ever referred to CAMHS, equating to 10 – 20% of all known problems (Thompson et. al., 2012). Although many others may be known to primary care services such as school staff or GPs, the exact number of young people who are not identified cannot be determined. In order to diagnose a mental health difficulty, the young person must *either* come forward themselves, or else there must be a gathering of information from multiple informants based upon observable behaviour.

What is perceived to be 'abnormal behaviour' for both children and adults is dependent upon norm-referencing outlined by the American Psychological Association (APA), which is predominantly based upon the white, western middle class (Burman, 1994) and often uses a set of criteria drawn from a medical model. In a detailed analysis of the discourse used in DSM-V (APA, 2013), Crowe (2000) found that mental health disorders were referenced against themes of productivity, unity, moderation and rationality. The less of these a person demonstrated, the further they were from the 'norm' and the more likely they were to receive a diagnosis.

These themes appear to be in opposition to how many adolescents present. Coleman (2011) noted an adolescent's self-concept and resultant behaviour may be constantly shifting in order to adapt to the changing social situations around them (Coleman, 2011). Coleman draws on environmental factors to explain how changes to their environment may affect mental health and wellbeing. Similarly, Thompson et al. (2012) describes how an adolescent's self-concept is mediated by their developmental context, whereby certain upbringings may result in particular ways of thinking and behaving (Thompson et. al., 2012). This creates a period whereby thoughts, feelings and behaviour may be unstable and vastly different from one another in a way that is less common for adults who have had time to reconcile these and gain a sense of independence and stability in their sense of self. If referenced against Crowe's (2000) analysis of the norm in criteria of the DSM-V (APA, 2013); productivity, unity, moderation and rationality; the flux in each of these during the period of adolescents could potentially situate them within the boundaries of a mental health diagnosis.

On reviewing the literature on medical classifications, I considered whether this would mean that adolescents were over-diagnosed. However, because it is largely understood that teenagers go through 'angst' and 'storm and 'stress', the behaviour of adolescents and even their wellbeing is often explained away as a by-product of them being at the age and stage they are at. Stereotypes of being 'emo' (slang for emotional), 'moody', 'withdrawn' or 'argumentative' are all seen as the norm in media portrayals of teenagers. Modern Hollywood films featuring youth promote an image of teenagers as self-absorbed, violent, disconnected

from parents, and disengaged from civic life (Stern, 2005). This made me question whether there is an underdiagnoses or at least under recognition of mental health issues in adolescents, as their changing moods are explained away as 'teenage angst'.

This makes adolescents unique in that they are almost given a special exemption from standard 'rules' regarding mental health. To me this reinforces the argument for why it is so important to consider the relationships between biology, psychology and the environment in order to help young people as well as professionals to understand what may be just part of adapting to changes and what may be the onset of a deeper psychological or mental health issue.

## 2.5. Bio-psychosocial model of mental health

Using a biopsychosocial model, Dogra, Parkin, Gale and Frake (2002) argue that there are three main factors which need considering when looking at matters of mental health (biological, psychological and environmental/social). Mental health issues are a result of the interplay between these factors (Dogra et. al., 2002). For the next part of this chapter, I shall be drawing on how biology and then the environment impact upon psychology and mental health. Because I am looking at how biology and the environment each interplay with psychology, psychology does not have a separate section but rather psychological elements are embedded within each of these. There were also some parts where it was not possible to complete look at biology or environmental factors in isolation as the interplay between these was too linked in some of the literature. Recent literature was far more prevalent with regards to links between social/environmental factors and psychology and mental health. This has been reflected in the amount of space given for discussing each of these below.

### 2.5.1. Biological (medical)

#### *2.5.1i. Neuropsychology and the Adolescent Brain*

Emerging neuropsychology has revealed some poignant information on the changes occurring in the brain as young people mature, which may account for the increased vulnerability to mental health issues during this phase of life. Lee

et. al. (2014) published an article highlighting the biological bases of Hall's (1904) 'Storm and Stress' for teenagers, which links this age group to a typical period of low mood, confrontations and risky behaviour. Lee et. al. (2015) compiled the article based on information gathered from other work in the field of adolescence and brain development, including articles from prominent journals and books. The authors of these had used advanced techniques for studying brain development such as human imaging studies and in vivo imaging of synaptic activity in deep brain structures.

Lee et. al. (2014) suggest that during adolescence, both neurobiological and hormonal changes are taking place which target specific brain regions in a way that they haven't before and usually cease to after adulthood is reached. The brain of adolescents has been said to be more 'plastic' (i.e. malleable and adaptable) than at any other life stage (Lee et. al., 2014), leaving young people potentially more open to changing their thoughts about themselves and the world around them based upon information coming in.

Lee et. al. (2014) discuss how adolescence is characterized by increased novelty seeking, susceptibility to peer influence and heightened emotional reactivity. Along with this is a low ability to regulate these emotions and drives (Lee at. al., 2014). In summary, neurochemical, structural and functional changes at this time have been suggested to result in 'transient imbalances in functional brain circuitry', leading to 'dysregulation of emotions and actions' (Lee et. al., 2014, p.547). Although neuropsychology draws on a medical model, it includes environmental factors and looks at the interplay between the two. If the brain is as plastic as suggested during this period then it could be suggested that the individual may respond better to interventions than in later life. This provides further support for more research to be done around mental health support for adolescents.

**2.5.2 Environmental (Social)**

From reviewing the literature, the following appeared to be the most common areas recently studied and discussed.

- The significance of discourse

- The relationship between school and mental health

- Barriers to help seeking

### *2.5.2i The significance of discourse*

Despite containing the word 'health', 'mental health' has traditionally implied 'mental illness' and loaded with negative connotations. In attempting to 'rebrand' mental health as something less associated with deficit, policy documents have used a variety of alternative phrases often avoiding the word 'mental' altogether. However, these documents have not agreed on what the term should be. Salter (2010) noted 17 different words or phrases for describing what appears to be the same concept. These include terms such as: emotional wellbeing; psychological wellbeing; social wellbeing; and emotional health. It is not clear if they are always intended to mean the same thing which potentially causes confusion as to what exactly is being discussed. Despite changes of term, discourse surrounding mental health still denotes medicalization and labelling (Monkman, 2013).

Monkman (2013) identified three main repertoires used by teachers when discussing mental health. These were: mental health as mental illness; mental health as wellbeing; and mental health as behaviour. The latter of the three moves away from pathologising mental health and Monkman (2013) found that when teachers viewed it in this way they felt more able and willing to address the issues. Monkman discussed at length how medicalized language in government policy 'encourages discourses around pathology and a within-child model which […] makes teachers feel deskilled and helpless resulting in the view that they need to pass the problem on.' (p.89). If teachers are seeing students with mental health problems as being out of their remit, something that only 'specialists' can deal with, one wonders how the students must feel about what it means to have a mental health problem.

Foucault (1980) outlined how discourse alone may result in something actually coming to fruition. Foucault noted that we need to reframe how we construct mental health if we want to remove the stigma which prevents so many from seeking help (Foucault, 1972). In his work on the power of discourse, Foucault saw this reframing as needing to come from a shift in policies and whole

societies. Forty three years later and literature suggests that language and discourse still perpetuates stigmatization of mental illness, which can be seen in how film and media represent mental illness and psychosis (Stout, Villegas and Jennings, 2004) where people are either 'mad or bad' or social deviants.

Crowe (2000) criticized the language used within the DSM-V (APA, 2013) in that it emphasised causes which assumed the fault to lie within the individual. By situating the individual as the cause of the disorder, Crowe argued that the discourse denies how behaviours are shaped by culture and the social context. Words such as 'syndrome' ignore the possibility of wider factors, whilst 'dysfunction' presumes to know what a person's optimal mental functioning should be (Crowe, 2000). Whether a presenting behaviour is due to a mental 'disorder' or simply a response to life events is not accounted for in the diagnostic criteria of the DSM publications.

### 2.5.2ii The relationship between school and mental health

There have been multiple recent studies on the relationship between mental health issues and education and the link between the two has been well established (Weare, 2000). In the last major survey of child mental health in the UK, Green, McGinnity, Letzer, Ford and Goodman (2005) showed that all forms of mental disorder in young people was linked to a risk of disruption to education and school absence. Research has also found that young people with mental health issues were more likely to become 'NEET' (not in education, employment or training) and face poorer employment prospects (Mental Health Foundation, 2004).

Vostanis, Taylor, Day, Edwards, Street, Weare and Wolport (2010) reported that 44% of children with emotional disorders were behind in their overall educational achievement, that around a third had officially recognized special educational needs, 43% had higher than average absence and 12% had been excluded. This indicates that mental health issues and reduced educational attainment are clearly linked. Biodirectionaliy (which one precedes or determines the other) is not so clear, and appears to be a gap in the literature.

From the literature reviewed, it appears that historically there has been an assumption that mental health is the cause of educational failure. Even in reports and agendas it is typically spoken about how mental health issues affect schooling rather than the converse. In a large scale questionnaire study of 5022 adolescents aged 11 – 16 across the UK, Millings et. al. (2012) studied the effects of school connectedness, self-esteem and peer attachments as *predictors* of adolescent depression. Their study found that all three factors were correlated with low mood. Millings et. al. (2012) suggested from their research that positive attachment style, self-esteem and school connectedness may all act as protective factors against low mood.

Millings et. al. (2012) direct us to the work of Shochet, Dadds, Ham and Montague (2006) in which longitudinal data demonstrated school connectedness to be a protective factor against low mood. Millings et al. (2012) also drew on the work of Sheeber, Davis, Leve, Hops and Tidesley (2007) who found the positive outcomes of feeling connected to school (measured as value, respect and belonging) may act as buffers against risk factors for depression (Sheeber et. al., 2007)

Although benefiting from a high number of participants, the above study by Millings et. al. used a questionnaire method for collecting data, with the measure of school connectedness being just an eight-item scale. This limits the richness of details from participants which the incorporation of interviews may have enhanced. The limited choice of answers presented in a questionnaire, along with the potential for participants being led in their answers (there was no sample of the questionnaires provided) could be said to reduce validity. The study involved a total of eight mixed-sex comprehensive schools which helps counteract the possible bias of using only one school (in my experience schools take on their own values and systems based on the ethos of staff, location and various other factors, which in turn may impact upon students). However it is not clear what the criteria was for selecting participants, further they were of mixed gender without indication of the ratio. As the relationship between gender and mental health is still an area we know little about, this should be considered in reviewing the findings. However, the study adds to the body of evidence that there is a

significant relationship between adolescent mental health and school experience, implicating schools and educational practitioners in the ongoing promotion of student mental health.

Kendal has conducted a number of studies on schools and mental health. She argued recently that little is still known about how high school students view school-based pastoral support (Kendal, Keeley and Callery, 2014). From a study looking at young people's preferences for emotional wellbeing support in high school, Kendal, Keeley and Callery (2011b) noted a lack of evidence-based guidelines for schools to follow as well as a feeling amongst 11-16 year olds that some problems were simply too sensitive for seeking help at school. Kendal, Callery and Keeley (2011b) also reported a common theme of young people feeling that they were able to hide their emotions, making identification and assessment of student wellbeing difficult to assess. Despite projects to make school staff effective at providing support, Kendal et. al. (2011b) reported that young people did not perceive teachers as fitting their desired criteria for someone they would seek help from.

For this study, 54 participants from three UK high schools, ranging in ages, took part in focus groups to create the data. Kendal et. al. (2011b) reported that participants were asked to discuss the content, delivery, and evaluation of acceptable, school-based support. Focus groups have gained some positive support in research literature as having the potential to access young people's views and generate rich qualitative data appropriate to the study aims (Callaghan, Young, Richards, & Vostanis, 2003). Kendal et. al. discuss how the style of the group was designed to be suitable for the sensitive nature of what was being discussed, indicating that thought had gone into participant comfort and that the research method was designed to match the setting; a positive validity factor.

However, ability to generalize this data is limited due to the mixed contexts of each of the three schools used, which was not accounted for. Two schools were mixed-sex from an economically deprived community and one was an all-girls school of a mixed socio-economic demographic. Kendal et. al. note this and also discuss how the variation in how students presented between focus groups

meant that facilitators had to adapt sessions accordingly in order to hold attention. This varying nature of the groups could have produced different outcomes, as could the different schools which was not accounted for.

Kendal, Callery and Keeley (2011a.) offered suggestions that the combined effects of stigma and a perceived need for privacy amongst young people meant that future support could benefit from more regard to mental health literature. Acknowledging the importance of context, Kendal et al. and Kendal et. al. (2011.a; 2011.b) note the exploratory nature of these studies and that generalizability should be taken tentatively. However, these studies offer useful ideas in the way of consultation with young people on matters around their mental health.

Most recently, Sheffield and Morgan (2017) used a social constructionist grounded theory approach to analyse data from semi-structured interviews with nine mainstream secondary school students selected because they had a statement of SEN based on Social, Emotional and Mental Health (known as Behavioural, Emotional and Social Difficulties at the time). They were aiming to explore the perceptions and experiences of young people with an SEMH/BESD classification. Sheffield and Morgan (2017) found teacher-pupil relationships to be a significant factor in both a negative and positive direction, dependent upon how students perceived the relationship to be.

However, Sheffield and Morgan (2017) found that there was a lack of open dialogue between schools and students around BESD and in their study none of the five students debriefed even knew that they were on the SEN register with a label of BESD. Further, these students had never heard of this label. This negates the proposals laid out in the new SEN code of practice (DfE and Department of Health, 2014) which advised that young people should be at the centre of all decisions made regarding them. One has to ask the question as to why school staff did not want or feel able to discuss these labels with the young people in question, further what message this would send to these young people who discover school has been using a label for them at a later date.

Grounded theory offers a systematic research method for generating new theories in relation to social phenomena (Charmaz, 2014). However, it has been criticized for not accounting for researcher bias, as the researcher is supposed to commence the research with no preconceived ideas when collecting and analysing data. This has meant that it is a method which is still less commonly used in qualitative research as it is debatable to what extent this can be possible (Cresswell, 2012).

### 2.5.2iii. Barriers to help seeking

In researching for this literature review, I came across a number of articles discussing both barriers and supportive factors regarding the help seeking behaviour of young people. Drawing on their own previous research, Kendal, Keeley and Callery (2014) engaged in a qualitative study of high school student's perspectives of help-seeking at school. The results showed there to be many barriers which students felt would inhibit them from seeking help.

Of major concern was a fear of looking vulnerable, which participants equated with 'social isolation' and ultimately 'peer rejection'. Kendal, Keeley and Callery (2014) further found that the reverse was true, that students felt by appearing 'strong' they would *gain* peer approval which would result in social appeal; something highly valued amongst this group. Interestingly, aspects of confidentiality did not act as a buffer against the fear of being exposed as vulnerable to peers. The reason was that participants did not believe confidentiality to exist and were largely wary and mistrusting of school staff. Participants believed that they would not have control over information sharing of what they had disclosed. Staff interviews corroborated with what students had reported, expressing concern over student's ability to seek help proactively.

Participants of this study were reported to represent both those who had sought help (known to the school pastoral program) as well as those who had not sought help despite needing it. This seems to pose a potential problem, as those who did not seek help when they needed it may not wish to be identified and would surely be unlikely to volunteer for a study in which they say why they did not seek help. In addition the study was vastly cross-sectional with no account for variations in

age, locality, race or gender.  However, it was positive to see the researchers using students as co-researchers in analysing transcripts to assist in meaning-making. They suggested that further research should continue to consult with young people, in particular on the type of pastoral support that would meet their needs and help combat perceived stigmas.

The study above represents a 'socio-cognitive' model of help-seeking behaviour. This model proposes that beliefs about help-seeking and how this will be perceived by others is driven by cognitive processes mediated by an individual's perception of the immediate social environment. Wilson and Deane (2012) conducted research using the same paradigm to explore Australian adolescent's perceived barriers to seeking help for mental health issues from professionals. Although limited by the constraints of the questionnaires used (no qualitative data was included), the study benefited from a large number of participants (1037 adolescents).

They found the most mitigating factor to be a need for autonomy, described as having a sense of control and agency. This corroborates with the study by Millings et. al. (2012) discussed above, whereby fearing vulnerability (i.e. losing autonomy) prevented young people from help-seeking. Wilson and Deane (2012) found that for both genders and across the age groups, a perceived lack of autonomy was positively correlated with perceived barriers to help-seeking. The study further found that students with a lower perceived need for autonomy as well as positive experience of prior mental health care both made students more likely to seek help in the future. This may make future studies on autonomy useful in helping to reframe help seeking as something which actually *demonstrates* autonomy rather than taking it away.

Although accounting for age and sex, Wilson and Deane (2012) included an extremely diverse range of schools including a Lutheran high school, first year university psychology students and a government high-school. The results therefore represent an average which may be the product of a wide range of data (with potentially many participant varying greatly from the mean). It would be interesting to see if there was a significant difference in data between each setting in this study. Further, it should be noted that students in the study are

predicting what they *think* they would do *if* they were in a specific situation. Whether their hypotheses in a state of health matches what they would actually do in a state of need cannot be certain. At the time of writing, Wilson and Deane (2012) stated that other than their study, there was no published study specifically examining the impact of age or sex on beliefs about seeking professional help for mental health.

Barriers to help seeking may also be down to structural and organisational matters within the school. Kendal, Keeley and Callery (2014) found that when a school does not make clear when and where help can be sought, help-seeking reduces. In this study, senior management were not engaged with the project, being more concerned with the school's reputation to external visitors as being one with rampant mental health issues. Thus not only is it the lack of visual information which may cause a barrier, but the beliefs of the senior management team and indeed all school staff.

## 2.6. Governmental policies and agendas

In 1995 the Health Advisory Service moved children and adolescent's mental health up as a priority for policy agendas. In particular, it was called for to increase the amount of consultation and joint-working between all agencies working with children (NHS Health Advisory Service 1995). In the same year, mental health was redefined in that mental health is not merely the absence of any undesirable illness, it is a set of capacities that allows us to make the most of our lives and abilities (NHS Health Advisory Service, 1995). A major aim of this change in definition was to reframe mental health; to move away from the negative connotations in an attempt to reduce stigma.

Every Child Matters in 2004 (DfES) introduced a stronger emphasis on emotional health and wellbeing as a key priority for the healthy development of children and young people. The 'Children's Plan' which followed (DCSF, 2007a) gave emotional wellbeing and mental health a central role in education, resulting in a need for schools to play a bigger part. As a result, two major initiatives were launched; 'Social and Emotional Aspects of Learning' ('SEAL') (DCSF, 2007b)

and the 'Targeted Mental Health in Schools Project' (TaMHS, DCFS, 2008) which are outlined in more detail below.

Children and Adolescent Mental Health Service (CAMHS) have stated that schools need to target 'tier one' mental health issues, i.e. low-level interventions such as whole class and school approaches (DCSF, 2008). Weare (2009) reported that teachers were still typically seeing mental health as mental illness, a finding supported by the national CAMHS report 2008 (DCSF, 2008) which noted that children and young people (CYP) felt that schools still stigmatized mental health problems.

In January 2017, Prime Minister Theresa May announced a comprehensive package of measures to transform mental health support in our schools, focusing on early intervention for children and young people. She decreed that every secondary school in England will get free mental health training and improved support from local health services:

*"This starts with ensuring that children and young people get the help and support they need and deserve – because we know that mental illness too often starts in childhood and that when left untreated, can blight lives, and become entrenched." (Theresa May speaking at the Charity Commissions annual lecture, January 2017)*

However, despite referring to CAMHS and the NHS there was no mention of the role that EPs already play in supporting the social, emotional and mental wellbeing of teachers, families, children and young people. Whether Theresa May's proposals perpetuate a within-child, medicalized view of mental health has been debated on various Educational Psychology forums and blogs including EPNet and EdPsy.org.uk.

Despite all of the above, there has been no decrease in the prevalence of mental health problems amongst children and young people, in fact they have continued to rise and the issue of 'stigma' has shown little evidence of decreasing in the literature studied. Regardless of the skills being taught in resilience and emotional literacy, literature suggest that stigma has been and continues to be a

clear barrier to young people seeking help for mental health issues (Leavey, Rothi and Paul, 2010).

### 2.6.1. Targeted Mental Health Services (TaMHS) Project (DCFS, 2008)

The TaMHS project saw 60 million pounds being designated to mental health in schools over a period of three years (2008 – 2011). The agenda was to deliver universal and targeted interventions in schools for 5 – 13 year olds with the aim of promoting positive mental health. This included the teaching of emotional and social based skills and building on theories of risk and reliance, drawing on the work of Rutter (1987).  Early intervention and evidence based approaches were emphasised, adopting an ecological framework in which children's strengths and needs are considered along with contextual factors such as home life, peer groups and the surrounding community (DCFS, 2008).

In an analysis of its effectiveness using focus groups and thematic analysis, Cane and Oland (2015) suggested that the project led to positive outcomes for children, staff and the whole school system. Their study included staff from four schools across the local authority of Birmingham. Cane and Oland (2014) purposely chose schools from across a wide geographical range within the local authority and chose a primary, secondary, and special school. They invited all staff who had been involved with TaMHS, defined as having attended opt-in training and helped to implement programs in their school). Groups were small, with three ranging between 3-6 participants and one group comprised of 10 school staff. The researchers noted that the small group sizes allowed for more in depth accounts from each individual participant. Data was coded and classified using activity theory before themes across the schools were highlighted.

All schools described improvements to staff knowledge and an increase in feelings of confidence for dealing with mental health issues in school. Three out of four perceived an increase in awareness of mental health issues. All schools perceived positive social and emotional outcomes for young people, including descriptions of increased resilience, open expression of emotions, more positive peer-relations and help-seeking behaviours including peer-support.

However, the national evaluation of TaMHS (DfE, 2011) documented that although there were positive effects for pupils with behavioural difficulties, there were no significant effects on pupils with emotional difficulties. Further, there were no effects found on either emotional wellbeing or behavioural difficulties for secondary school students (DfE, 2011). The study by Cane and Oland (2014) contains some potential for a positive bias due to the participants having firstly opted to attend TaMHS related training and then opting to be in the study, indicating support for the project. This study also relies on adult's perceptions of changes in children and young people rather than asking young people directly which further opens up possibility for bias as staff rely on their interpretations of observations around school. It is important therefore to consider the reporting of positive effects on children as being subject to the opinions of adults who had pre-existing interests in TaMHS and mental health support in schools. It would have been interesting to run focus groups with young people alongside those of school staff to compare and strengthen results (should they correlate).

The report did reveal however that in secondary school, greater inter-agency working (measured by use of Common Assessment Framework), more positive links with specialist Child and Adolescent Mental Health Service (CAMHS) and providing information on mental health to pupils were all independently associated with greater reductions in behaviour problems. This has implications for Educational Psychologists and their role within the multi-agency team, as well as their role in supporting schools to create accessible mental health information for young people.

Each local authority (LA) had the freedom to create their own TaMHS project, and the study by Cane and Oland (2015) was focused on only one LA, making transferability of their findings problematic. Positive outcomes for resilience in the TaMHS project have been shown in a study by Greening (2011), but again the varied nature between local authorities makes details of overall evaluation difficult. As one of the main aims was to make schools a front line access point for young people's mental health, even if the project was effective in some schools this aim was not generally met.

### 2.6.2. Social and Emotional Learning (SEAL) in Schools (2010)

SEAL is "a comprehensive, whole-school approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well-being of all who learn and work in schools" (DCSF, 2007b, p.4). This approach used psychological theory from Goleman's (1995) theory of emotional intelligence, centring on self-awareness, self-regulation (managing feelings), motivation, empathy, and social skills (DfE, 2010).

Like the TaMHS project, it was engendered to alter the whole school environment to become one where feelings could be spoken about openly and where access to emotional support was clearly signposted. Also like TaMHS, SEAL was launched as a loose framework rather than strict guidelines, allowing schools to design the specifics themselves (Weare, 2009). At the time of its national evaluation, SEAL was said to be operating in 90% of primary schools and 70% of secondary schools (DfE, 2010).

The national evaluation of SEAL was disappointing, as although impact on schools varied, both the qualitative and quantitative overall analyses showed no significant effects on student wellbeing or behaviour (DfE, 2011). This could be because of the loose framework and 'optional' nature of the project, relying heavily on the will of school management and staff as well as the available practical resources (such as time, man-power and space) to plan and implement it.

### 2.6.3. Future in Mind

The Children and Young People's Wellbeing and Mental health Task force was set up by the government in 2014. The aims of this task force was to make it easier for children, young people, parents and carers to get support and to improve the quality of the support they receive. The resultant publication was entitled 'Future in Mind' (DoH, 2015) and summarised five main themes:

- Promoting resilience, prevention and early intervention

- Improving access to effective support – a system without tiers

- Care for the most vulnerable

- Accountability and transparency

- Developing the workforce

Future in Mind repeatedly pointed out the rising rates of mental health problems in young people and focused particularly on the difficulties of accessing support (both actual and perceived). Whether previous projects have been unsuccessful or whether the rise in mental health problems in young people is growing exponentially is not stated, and is something open to debate. It is still unclear from research reviewed which of these is the most significant issue.

The report suggests that a main barrier to success in agendas to date is that mental health still carries a large degree of stigmatization, a theme which has already been covered at various parts of this literature review and indicates the prominence of the issue. This could be one reason why an estimated 70% of adolescents with a diagnosable mental health issue do not receive adequate support (Children's society, 2008).  Future in Mind outlined the government's aspirations that by 2020 people would think and feel differently about mental health issues for children and young people, and that there would be a reduction in fear, stigma and discrimination. It outlines a 'hard-hitting anti stigma campaign raises awareness and promotes improved attitudes to children and young people affected by mental health difficulties.' (p.16).

## 2.7. Mental health and girls

The World Health Organization reports that women experience higher rates of depression, anxiety, psychological distress and escalating rates of substance use than men across different countries and different settings (WHO, 2017). A recent survey by the Department for Education which spoke to 30,000 pupils aged 14-15, found that depression and anxiety have risen among teenage girls in England, with more than a third reporting symptoms of distress, although the rates had remained relatively stable among teenage boys (DfE, 2016).

I acknowledge that it is difficult to know whether these figures represent an increased prevalence in mental health issues for girls compared to boys or whether girls are more likely to come forward and seek help, thus being identified more. There is little research addressing this, however there are many other factors discussed in literature that may help explain the imbalance (Freeman and Freeman, 2013). Daniel Freeman, professor of clinical psychology at Oxford University, discusses this issue and documents research findings, concluding that under-reporting probably explains only a small proportion of the difference in the overall rates of psychological problems between men and women and suggest more research be done to address this gender difference (Freeman and Freeman, 2013).

Although it is beyond the scope of this study to address why this disparity may exist, I did not feel it was appropriate to do a mixed gender study without considering gender. I was interested to look at girls in particular since this group shows significant need for better understanding and the provision of more adequate, timely support.

## 2.8. The role of the EP

The introduction of 'Every Child Matters' in 2004 initiated a major national strategic review of children's services, including the specific roles of individual services. Following on from this, in December 2005, Farrell, Rooney, Lewis, Woods and Squires (2006) were commissioned by the Department for Education and Skills (DfES) to undertake a specific review of the functions and potential contribution of educational psychologists (EPs) in England and Wales. One of the main aims of the review was to judge how and where EPs may provide a distinctive contribution within Children's Services, complementing that of clinical and counselling psychologists.

Farrell et. al (2006) highlighted the unique position EPs are in, in that they have a sound knowledge of school systems, family systems and psychological processes affecting cognition and wellbeing. It is usually the case that they have

in-depth knowledge of the cultural context and particular issues of the individual schools where they work (due to a typical system of allocating schools to EPs), as well as knowledge about local provisions within the authority and routes to accessing these. By working in different settings and through multi-agency working, EPs are well placed to identify need as well as gaps (Farrell et. al., 2006).

Farrell et al. (2006) emphasised how the new closer connections between education, health and care provides an opportunity for EPs and clinical psychologists (CPs) to work more closely together, including a large amount of overlap with regards to work around mental health. The report concluded with highlighting the potential for merging at least part of the training and professional practice of EPs and CPs.

Where mental health problems are present at school, engaging the EP is now a standard action (Weare 2009). Thompson et. al. (2012, p.15) included the following in defining the role of the EP:

- *'To apply psychological thinking and method to help children and young people to develop and learn to the best of their abilities in all areas of life'*

- *'To help children and young people develop emotional wellbeing and resilience, in addition to the more formal aspects of academic learning'*

By having an insight into different parts of the system surrounding a young person, EPs are well placed to engage in supporting schools to better support students, such as via consultation, whole school training or offering supervision for staff dealing with difficult cases. They are also in a good position for performing direct work with young people. Unfortunately due to restrictions of time and funding, which of these are actioned may vary considerably.

In their review of the effectiveness of the TaMHS project, Cane and Oland (2015) pointed out the implications for the role of the EP in continuing to promote mental health in schools. They noted that cascading training was of importance to the success of school initiatives, which is something that EPs could oversee. They suggested that EPs should consider ways to 'develop and further improve service

delivery' (p.17). Included in the specifics of this, Cane and Oland (2015) recommended that EPs:

- Continue to offer on-going direct work with children and young people, including both targeted and universal interventions

- Offer staff training in promoting mental health

- Empower schools to identify those at risk

- Offer support to promote staff well-being

- Seek to achieve support from school senior management teams

- Consider ways of overcoming practical constraints (time, funding, resources)

- Assist in the involvement of parents

These recommendations cover a range of areas and clearly identify that EPs should play a significant role in mental health promotion.

## 2.9. Joint working: CAMHS and EPs

Traditionally EPs and CAMHS have operated separately, often with poor communication between the two services and a lack of genuine understanding as to what each other's role entails (Vostanis et. al., 2010). With shifting needs of society (notably an increased prevalence of mental health in young people) and systemic changes (cuts to both primary and specialist mental health services), there has been a recent need for EPs to become more involved in doing work traditionally undertaken by CAMHS (Thompson et. al., 2012). Further, there is a need for them to work more closely with CAMHS to improve efficiency and some Educational Psychology services currently second EPs to CAMHS whilst simultaneously having a CAMHS specialist working within the EP service.

The CAMHS Audit commission (DCFS 2008) suggested that school practitioners should all be part of tier one mental health support, providing non-specialist front-line support for 'common problems of childhood' (NHS,1995). This may include the promotion and support of psychological wellbeing via whole school initiatives and low level interventions based on relationship building with and between young people. This places EPs in a central position for assisting schools on implementing and maintaining appropriate evidence based strategies in tandem

with specialist input of CAMHS practitioners. It is also important that EPs are aware of the pathways to refer students to higher tiers and have clear avenues for sharing information with CAMHS.

Due to cuts in mental health services and ever growing waiting lists, Educational Psychologists are now frequently working up to tier three in the CAMHS tier system. Tier three is defined as complex and requires multidisciplinary teams, addressing issues such as depression, eating disorders and early psychosis. There have been discussions about merging CAMHS and EP services into one due to the frequent overlap in work, creating a single pathway of training and offering 'top up' or 'merger' training for existing practitioners.

## 2.10. The voice of the young person

Before concluding the literature review, I felt it was important to discuss the significant of working with young people in matters which concern them in order to explore what they have to say. Children and young people have a unique view of their situation and they know about their own needs and preferences concerning the sort of help they would prefer (Martin, 2010). Martin suggested that despite this message from the DFES (2001), young people have a fear of being 'done to' which prevents seeking help for mental health. In her study, Martin (2010) found a theme of 'nervousness vs readiness' regarding student's experiences of support for mental health problems in school. She documented five discourses of nervousness, resulting from a lack of information or agency perceived by the young person before commencing the therapeutic process. The students expressed that they had not been prepared for therapy, either by being asked about preferences for time, place and feelings around starting or by being told what to expect. This indicates that the voice of the young person had not been thoroughly included in the process and that this impacted negatively on its effectiveness.

Martin (2010) suggested that consulting the young person on details of the process increased motivation for therapy and reduced nerves. Although Martin's study was on a small sample and specifically related to therapy, it provides support for more engagement with the voice of young people regarding mental

health support. This is certainly not a new idea and has been part of legislation since the 1989 Children's Act which stated that all children have the right to express their views and have their views given due weight in all matters that affect them. The Mental Health Act 2007 Code of Practice states that CYP should receive clear and detailed information of any care and treatment of mental health problems, with their wishes and views always being considered. Whether this is so or not is open to debate, but it is clear that from the perceptions of CYP it is not always felt by them to be the case, as Martin showed.

## 2.11. Conclusion and rational for this study

Despite implementing numerous costly and time consuming programmes in schools, literature suggests that we still know relatively little about the complex concerns of adolescents, nor how these impact upon the young people seeking help (Leavey, Rothi and Paul, 2011). Qualitative studies eliciting the views of teenagers on matters of mental health have provided some insight into the type of support they would prefer and what would help/prevent them from seeking help (Leavy, Rothi and Paul, 2011; Kendal et. al., 2011b; Kidger, Araya, Donovan and Gunnell, 2012).

Recent literature has shown a growing consideration for what young people have to say about how best to support them (Kendal et al. 2014). I wanted to try to build on the work of researchers who tried to elicit the voice of young people, such as the qualitative interviews by Kendal et. al. (2011a and 2014). At the same time, I was interested in taking a critical realist perspective to look at common factors which may have been present in the experiences of young people, such as barriers and supportive factors to help seeking, how they viewed themselves in consideration of how they felt school or those around them viewed their 'disorder' and any ways in which they felt their experiences could have been better.

A number of themes can be observed across recent literature surrounding the mental health of adolescents. In particular, the ongoing issue of 'stigma' (e.g. Livingston and Boyd, 2010) features in the majority of literature studied for this review. Regardless of the interventions on offer, it appears that how young

people perceive the concept of 'mental health' and how this impacts upon their social identity remains a large barrier to seeking help. I felt that perhaps we need to know more about how young people view mental health; their own, that of others and how they feel it is judged back; in order to accurately work on reducing existing stigma.

Livingston and Boyd (2010) use a critical realist perspective in exploring stigma and mental health in young people. Livingston and Boyd (2010) systematically reviewed 127 articles which had researched the empirical relationship between internalized stigma ('self-stigma' or young people who stigmatized themselves) and psychosocial and psychiatric variables. At the same time, in considering what stigma is they drew on the work of Erving Goffman, a sociologist known for his social constructionist position (e.g. Goffman, 1963). In my research, I was keen to also look through a critical realist perspective in exploring how young people experienced themselves and their environment whilst identifying with having a mental health problem.

In considering research such as that of Livingston and Boyd (2010) and most recently Sheffield and Morgan (2017) which advocates for more attention on the voice of young people, I wanted to see what young people had to say in detail about their experiences, which may or may not include perceptions of mental health such as stigma, as well as how parts of their experiences panned out over time to create individual narratives and internal beliefs. Sheffield and Morgan (2017) noted that it is crucial that professionals are able to understand the experiences of young people facing SEMH difficulties so as to effectively plan and implement intervention, and enhancing this understanding by looking at experiences in detail was one of my primary aims.

I was interested to see if there were any themes common to adolescent girls of a similar age who had experienced mental health issues whilst at school, such as themes regarding how they felt school or other professionals deal with mental health in general and how it was approached in their cases. From the analysis of data, I ultimately wanted to come to some conclusions about ways in which Educational Psychologists (and indeed other professionals) could improve school environments and systems of support to reduce onset of mental health issues

and more successfully help teenagers to be mentally healthy. To explore these issues, I wanted to work in with my participants as much as possible as co-researchers and support them in the process of remembering, exploring and making meaning of their experiences.

As already discussed within this chapter, EPs are in a position to share evidence based practice from research findings with schools and support teachers in having both a positive relationship with pupils, as well as a more open dialogue with pupils (Sheffield and Morgan, 2017).

My aims meant that I needed to look to a methodology which would provide participants with a safe space in which to share with me their experiences. Further, I felt I would need a process which gave participants the time and space to reflect on their experiences in order to impart as full a picture as memory and the research situation would allow.

## 2.12. Research Questions

From reflecting on my own positioning as a researcher and critically analysing the existing literature, I decided upon the following research questions:

1. **Key research question 1: How do teenage girls who have had a mental health issue perceive their experiences at school?**

2. **Key research question 2: How do teenage girls who have had a mental health issue experience receiving support from adults?**

3. **Key research question 3: What can EPs learn about supporting teenage girls with a mental health issue?**

# Chapter 3: Method

## 3.1. Overview

In this section I will begin by outlining my position as a researcher and how this has influenced my research methodology. I will then describe the design and procedures involved including ethical considerations. I will end this section with how I attended to aspects of rigour and credibility which I have attempted to consider in order to increase the reliability of this research.

## 3.2. Methodology

### 3.2.1. Qualitative methodology

In this research I was not looking for deductible theories of cause and effect within the area of mental health. As my epistemological position will describe, I felt that quantitative methods would produce a reductionist picture of issues around mental health and young people's experiences. This reductionism and search to box and categorise people is precisely what I was seeking to overcome. It was my belief that these are some of the issues which have served to perpetuate feelings of stigma and isolation within the target group of this research. Whilst acknowledging that this may be a bias, I wanted to use a qualitative method whereby I could engage in an ongoing reflective process to try and maintain an awareness of any pre-held thoughts around the subject. By using a qualitative approach involving semi-structured art-making and semi-structured interviews, I sought to gain a rich, detailed and unbounded set of individual stories which could then be analysed independently before being compared and contrasted.

Willig (2008) compared the two research paradigms and concluded that unlike quantitative, qualitative research is interested in 'genuinely novel insights and new understandings' (Willig, 2008, p.158). Willig (2008) stated that interview methods may provide the space for participants and researchers to co-construct meaning without pre-determined boundaries imposed by the researcher. In this method, it becomes unnecessary for participants to fit into the 'norms' prescribed by some researchers. Shipman (1997) further argues that the vulnerable

(including children and marginalised groups) can be led to specific answers in quantitative research as they may feel unable to question what is not understood, feel threatened or lacking knowledge, and be limited by the options provided by the research method.

My position as a researcher denoted that my methodology should attempt to empower participants by offering them each a voice that was unrestricted, as can be seen in the qualitative method chosen.

### 3.2.2. Epistemological position

Epistomology is associated with the theory of knowledge and the relationship between the knower and the world, i.e. the ways in which one believes knowledge can be gained, based on ontological beliefs about what exists. Where ontology questions what exists, epistemology looks at the ways in which we can come to know or study these things as a researcher.

Feminist scholars of the 60's and 70's argued that we need to question the epistemological tradition of research and to create a new model whereby participants are able to be experts not objects; to shape normative models rather than fit into those imposed by those in power (Gilligan, 1982). My own research study was informed by my belief that in treating young people with mental health issues like objects who can be researched and need treatment by 'experts', many may feel disempowered. Further, research within this epistemological viewpoint may be limited in that it risks failing to capture authenticity as participants are more likely to censor responses; feeling threatened by the power imbalance created within the participant-researcher relationship.

As Reissman (1993) noted, we are challenged in researching people as we cannot ever gain direct access to another's experience. The representations we have of another person's experience are ambiguous and influenced by talk, text, interaction and interpretation (Reissman, 1993). With this in mind, within my research it was important for me to see my participants over multiple sessions and to offer them a variety of relatively open ways in which they could express themselves. In doing this I hoped that I would have more pieces of the jigsaw with which to interpret their experiences.

It is my view that human behaviour is in and of itself a series of anecdotal accounts of situations uniquely held by each individual, subject to change over time and across situations. This view is typical of social constructionism, taking a relativist position in epistemology. Shipman argues that we are not rational information processors and suggests we consider humans as 'always working out and sharing new meaning of the world around them, [thus] a social science has to be interpretive in order to study those involved. There can be no imposition of meaning through hypotheses formulated in advance' (Shipman, 1997, p.7)

Shipman (1997) and other researchers such as Burman (1994) and Parker (1994) acknowledge that human behaviour is not predictable and to try to do so is oppressive. Research techniques which offer freedom of voice and creativity are seen by researchers such as Burman and Parker as being emancipatory and thus more ethically sound. These authors have suggested that in social science research we look to the arts as well as science for ideas and interpretation.

It was important for me that the methodology chosen within this study allowed for a significant level of reflection and accounting for my own potential bias, beliefs and past experiences. Methods whereby the researcher is seen to be positioned outside of the research contradict my beliefs that the researcher impacts upon their participants, as well as serving to maintain that the researcher is the expert and the participants the object being 'done to'. In social constructionism, realities are socially constructed to create different versions of phenomena based upon an individual's pre-existing experience and values (Seale, 1999). This implies that that the presence of the researcher needs to be acknowledged having an effect on the research and on how meaning is created together with the participant.

Oakley (2000) noted that for the researcher to conceal any bias they provide a platform to conduct research and report findings in such a way that could continue to support dominant ideologies of the white middle class patriarchs (Oakley, 2000). Writing from a feminist viewpoint, Oakley (2000) challenged this lack of transparency stating that it is anti-democratic, maintains professional dominance and fails to account for important variables. One of the aims of my research was to give a vulnerable, hard to reach group a voice with the belief that this is only possible when the participants feel they are being empowered.

Much social constructionist work takes an interpretivist stance in ontology also, which initially made it difficult for me to feel able to fully align myself with this epistemology. It was the work of critical realists such as Nightingale and Cromby (2002) which helped me to align myself with a critical realist perspective whereby ontology can be realist, acknowledging there are structures which exist, whilst epistemology can be relativist, as in social constructionism.

Nightingale and Crombie (2002) discuss the relationship between social experience and how these affect existing structures within thought process, allowing for both constructionism and realism to co-exist. They argue that it is possible to theorize a 'knowable, extra-discursive "reality" in ways consonant with the main tenets of constructionism' (Nightingale and Crombie, 2002, p702). This is in alignment with the position I have taken in this research.

### 3.2.3. Creative arts as a research tool

For century's art, music and movement have been used to express inner feelings and to portray humankind's story. Growing roots in the early 1930's and 40's, the arts are now widely used to treat as well as to assess levels of functioning and explore presenting issues in individuals. Creative arts are experiential, process oriented modalities which foster personal expression and enhanced self-awareness (Gladding, 1992).

The use of Creative Arts for self-exploration has been evidenced to be an effective tool in empowering participants as there is no right or wrong. The arts can transcend boundaries of language, allowing for more freedom of expression and less reliance on articulation and vocabulary which can restrict expression (e.g. Nathalie, 1993; Jennings, 2011). Without the constraints of language, the unconscious may surface more readily, since visual perceptions such as art are more archaic than cognitive or verbal expression (Freud 1923).

As we experience, we remember and feel not only in our mind but also in our body, including all of the five senses. Creative arts approaches are not governed by cognitive ability, but offer a supportive, non-confrontational experience that encourages personal expression where verbal approaches to therapy as well as research may fall flat (Lynch and Chosa, 1996). It is my belief that with its lack of

right or wrong and limitless potential for output, creativity offers a high level of empowerment for participants.

Although therapeutic gains were not a specified outcome of this study, nor was any part of it designed to be 'therapy', like Burman, (1994) and Parker (1994) and other similar researchers, I was keen to enhance any likelihood of the process being empowering for participants as well as maximising the participant's ability to convey their thoughts, feeling and anecdotes.

The work of Gillian Rose (2001) encourages the arts as a tool for exploring research in the social sciences. In reviewing literature, Rose concluded the following: 1) images themselves do something; 2) a concern for the way images either reveal or hide social difference; 3) how images look and how images are looked at; 4) emphasis on how visual images are seen in terms of a larger cultural milieu; and 5) what the audience brings to the image (Rose, 2001). Rose suggests that "the visual" is key in the 'cultural construction of social life in contemporary Western societies' (Rose, 2001, p.6).

Drawing upon the work of Rose, Reissman (2008) includes visual methods in her suggestions of how to maximise narrative work. She includes discussion on the use of collage and painting or drawing, as well as other visual mediums in providing us with an alternative insight into how individuals perceive and represent themselves.

## 3.3.    Data collection

### 3.3.1.  Semi-structured interviews

The most common type of interview method within social science research is semi-structured interviews (Willig, 2008), whereby the researcher acknowledges and reflects upon their presence in the research process. Burman (1994) identifies different models within the arena of semi to unstructured interviews. Although containing subtle differences, all place an emphasis on researcher reflexivity. Willig (2008) describes how reflecting upon what is being said and reflecting upon the experience of being with the participant allows the researcher to be reflexive. Being able to challenge my own pre-existing bias's was an important value and guided my research approach.

Rather than seeking to extract theory driven information, the interview seeks to create an inquiry which is led as much if not more by the participant than the researcher. Whilst Burman (1994) and Willig (2008) acknowledge the subjectivity of the researcher, she proposes that it is an awareness of this subjectivity that allows the researcher to gain authenticity by being reflective and reflexive, providing the space for an encounter between two people which may give rise to authentic conversation and exploration. By confronting one's own participation within research, this method allows for transparency on the part of the researcher. Interviews can provide participants with a voice and the chance to explore themselves in a contained space.

Salmon (2007) criticized traditional research methods for providing no gains to participants, simply coming, data gathering and leaving. Salmon found that by engaging participants in a semi-structured interview process, feelings of being used and 'done to' were replaced by feeling empowered and understood:

*'Interviews can democratise the research process while mitigating the potential for misrepresentation and appropriation [of experiences]'.* (Salmon, 2007, p982).

In this way, the semi-structured interview can empower disadvantaged groups by validating and representing their views (Mishler, 1986). Momentarily suspending the notion of 'reliability', it would be against ethical standards *not* to use the research method which offers the most social justice and has the least negative effects on participants, which Salmon (2007) clearly argues to be the interview process.

Shipman purports that interviews can build rapport and implement strategies to empower such as by co-constructing meaning and reviewing transcripts. If educational policy is to be socially just, based on the critique reviewed, interview techniques may in fact offer a 'reliable'/'valid'/'authentic' research method.

Whilst this was my chosen method, I acknowledge that semi-structured interviews are not without their flaws. Interview techniques have been criticized as 'merely a collection of personal opinions subject to researcher bias' (Noble and Smith, 2015). Denzin (1970) presented a list of flaws regarding interviews for research, including the impact of researcher status, context of the interview, need

of the interviewer to present a desirable self and the fleeting relationship between interviewer and interviewee. Denzin also asks the question as to whether it is even possible to penetrate the internal world of another person, not least by means of language alone.

Radical critiques of interviews such as Denzin (1970) suggest that what people say cannot, in general, be trusted as evidence for anything, since they themselves do not know the full extent of their thoughts and feelings, and memories are subject to distortions. Denzin (1970) proposes that during the interview process, the interviewee may conceal what the researcher most wants to know and be too intimidated to express a lack of understanding over the questions posed.

Having a process in which participants spend time with me in sessions preceding the interviews, as well as gradually exploring their experiences through art making was a direct attempt of mine to counter such arguments. Further, I feel that Denzin's (1970) assumption that people do not know their own thoughts and feelings is oppressive in that it supposes a lack of awareness and autonomy of an individual, that they do not have agency in exploring their own thoughts and feelings. In this thesis, I have used an approach which positions participants as experts, making efforts to reduce the power imbalance and to offer an approach which values participant voice.

This does not mean to say that I discounted my own abilities to implement psychological theories. As a reflective listener and reflexive practitioner, I endeavoured to respect what was being said and allow the participant's awareness of themselves to sit alongside my own best interpretations, based on my knowledge of a range of psychological paradigms. Ultimately, it is myself as the psychologist who would be taking what the participant said and how I experienced the encounter and engaging in a process of analysis.

Hammersley (2008) has produced numerous writings reviewing the various critiques of qualitative research, including the radical critique of interviews (Hammersley, 2008). Hammersley writes that interview data 'cannot be used as a substitute for observation by the researcher' (Hammersley, 2008, p.94). Citing Dingwell (1997), Hammersley (1998) documents that interview data is seen by

some to be fraught with problems because of the inability of the researcher to remove themselves from the process. He suggests that perhaps interviews merely serve a 'romantic impulse' (p.89) that open-ended interviews can capture some sort of hidden, 'genuine' voice (which, he proposes, they do not).

Considering the section on the problem of knowledge, knowing an author's own epistemological viewpoint is important for judging critique. Hammersley for example has been cited as being a 'subtle realist' (Seale, 1999) and so it is unsurprising that he went to lengths to document the critiques of interview techniques.

For my study, I felt that semi-structured interviews would offer sufficient structure to address the topics of interest and enable comparison between participants, while remaining flexible enough for me to probe particular issues which seemed significant to the participants (Sheffield and Morgan, 2017). This technique allowed me to present the issue of mental health as something which exists, through a realist lens, whilst exploring how each participant constructed or made sense of these based on their experiences. Thus the semi-structured interviews were well aligned to my position as a researcher.

## 3.4.   Analysis

### *3.4.1. Narrative analysis*

Narrative analysis refers to a variety of methods in which an individual's story can be gathered and interpreted (Reissman, 2008). It is based on a theory that we construct our identities and sense of self through a process of creating internal stories which provide us with a framework for making meaning.

Advocates for narrative approaches suggest that our identities are made up of the narratives we hold of ourselves (Polkinghorne, 2008). Polkinghorne (1998) suggests that how a person structures and communicates their narratives may tell us how they perceive the world around them (Polkinghorne, 2008). Rather than being an artificial process specific to research, telling stories may be an inherent process (Bruner, 1990) in which we organise our memories, life events and position in relation to others.

Reissman (2008) advocates that narrative analysis provides a process which attends to both how and why stories are told, allowing for a deeper understanding of a person's experiences. As well as looking at content, intention and language are analysed thus allowing the listener to understand more about a person's identity.

When an individual tells a narrative about themselves it may have a number of purposes, such as to instruct, entertain, implore, admonish, invite or distance the listener (Shaverin, 2012). It is therefore necessary to reflect upon the conditions of the interview as well as the relational dynamics between interviewer and interviewee which may be impacting upon how the narrator is attempting to be viewed. This implies that narratives are co-constructed and that the interviewer and context of the interview have an impact which should be considered (Burr, 2003).

Although this method is rather lengthy and time consuming, this approach does not attempt to completely 'bracket out' the researcher and their own influence on the process of both data collection and analysis. Narrative analysis provides a framework whereby reflections of the researcher can form a significant and important part of the process, allowing for any bias or personal feelings which could affect the process to be recognised and recorded. As a researcher, I chose an area of study which I had experience in as both a professional and on the other side as a young person, and I felt that some of this could add insight and understanding if I could find a way to monitor and moderate bias or influence.

As well as offering a detailed and multi-layered insight into a person's experiences, a narrative approach may offer an opportunity for participants to gain a deeper sense of self-awareness. By re-telling their stories in a safe environment, participants are supported to reflect on their stories: what happened, how they felt about it; how they feel about it now and how their understanding may have changed since the experience first happened (Shaverin, 2012). As participants re-integrate the stories they tell into their current identity, personal insight may offer a positive experience to better understand themselves (Reissman, 2008).

Narrative inquiry has been criticised because of the subjective nature in which stories are remembered (Clandin and Connoly, 2001), internally constructed (Polkinghorne, 1988), chosen to be told (Rice and Ezzy, 1999) and then how they are understood and represented by the researcher (Gergen and Gergen, 2003; Hunter, 2010). This results in a number of variables which do not remain consistent over time and space and which are difficult to deduce even in a specific time and space. This is particularly so with a hard-line social constructionist perspective, where narratives sit fully in the context of the teller and the listener, and are not intended to represent 'truths' (Hunter, 2010). From a critical realist perspective, I was keen to accept that there may be truths for the individuals and that it would be possible to compare these between the participants.

The social constructionist perspective is that all 'narratives sit at the intersection of history, biography, and society' (Liamputtong and Ezzy, 2005, p132). Perhaps because of such purported subjectivity, approaches to analysing narrative data are many and varied. This in itself posed a problem as it was difficult to decide which would best fit my own positioning and the research questions.

I found a number of models used by researchers, most of which involved a multi-layered approach of listening to the transcript many times, each time with a different purpose. I chose a model proposed by Reissman which looked at emerging themes, reflections of the researcher and performative aspects regarding how the participant appeared to be storying themselves using structure, voice and rhetoric (Reissman, 2008). I felt that this provided me with the opportunity to acknowledge my own impact on the research and also look at themes whilst adding another layer of consideration around what the participant may be trying to do within our interaction (including what they may be trying not to do, such as with missing information or 'hidden stories').

## 3.5.    Design and Procedure

### 3.5.1.  Outcome and purpose

By addressing the research questions my aim was to help add insight for schools into how it feels to be a young person with a mental health problem. I also wanted

to inform Educational Psychologists and Child and Adolescent Mental Health Services in supporting young people with a mental health issue. Outcomes were hoped to seek ideas into how services can help schools to create an environment which fosters help-seeking and how they work directly with young people in a way that best supports them. It was my intention to try to capture the authentic voices of participants, providing them with an opportunity to be the experts of their own experiences and to share these expertise.

**Figure 1: Overview of research process**

| Stage 1: Recruit participants | Stage 2: Arrange initial meeting with participants | Stage 3: Session 1: Collage making |
|---|---|---|
| Stage 6: Analysis of data | Stage 5: Session 3: Interviews | Stage 4: Session2: Time-line and start story board |
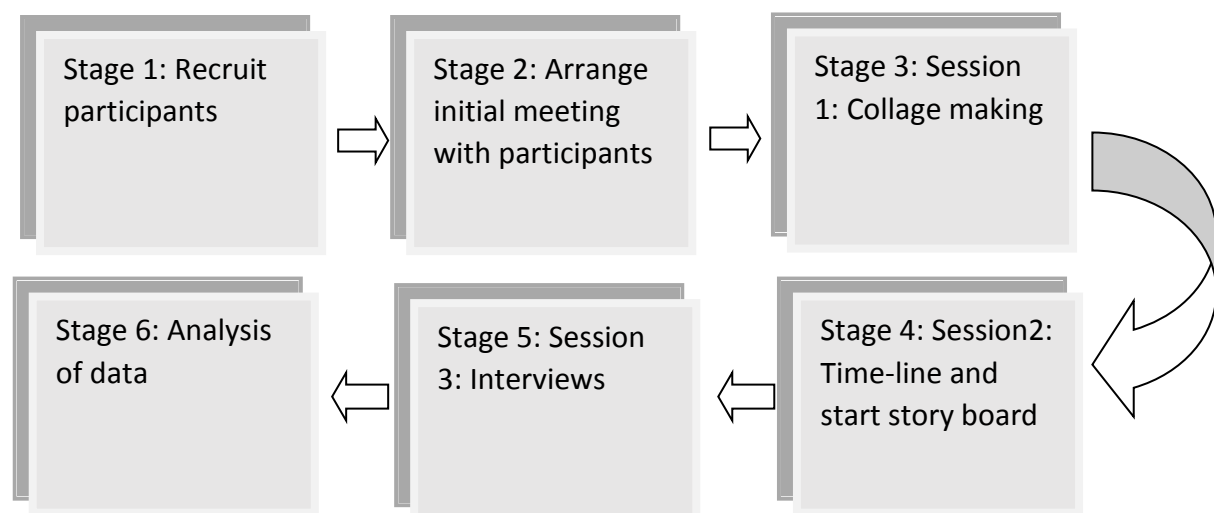
### *3.5.2. Participants and sampling strategy*

In this study participants were recruited using a purposive sampling method based upon specific inclusion criteria where participants:

- Have experienced a mental health issue for which treatment or support was received. This did not have to be defined by a specific label or diagnosis. My personal position is that labels and diagnoses are not what defines whether or not an individual has issues with mental health. Rather, it is the absence of wellbeing which can manifest in a variety of ways which may or may not fall under a diagnostic category of DSM-V. In this aspect, participants fit my criteria if they self-identify with this category.

- Are between 14 – 18 years of age: In this research I was interested in focusing on how teenagers experienced having mental health issues. The literature around mental health in adolescence indicates that this is a

significant period for onset as well as one which services are still struggling to adequately address (Kim-Cohen, Caspi and Moffitt, 2003).

- Are currently in an emotional and mental state which is stable enough to allow for self-reflection: This was necessary for two reasons: 1. to ensure the participant would be able to engage in a process of reflection and recounting of past events; and 2. to safeguard the wellbeing of any individuals who may be adversely affected by doing the above. This was decided through pre-participation questionnaires and through discussions with professionals who were key adults for participants.

- Are female: although I was initially open to either gender, after more female participants came forwards I decided to restrict gender to female only. Differences in how male and female teenagers experience mental health issues has not been widely studied, nor fully understood, and I felt the reliability of my study could be increased by removing this variable.

- Are able to commit to x3 one hour sessions with myself.

I decided to recruit 3 participants due to the detail in which I wished to explore each individual's narrative. As three sessions would be needed with each participant as well as reflection on visual data and the analysis of audio data for each, it was necessary to limit numbers.

### 3.5.3. Recruitment process

*Advertising the study*

I sent information of my study by email to practitioners, centres and organisations who I knew worked locally with young people. Included in this was an overview of the criteria necessary for participation. I also designed a poster which I attached to the emails and requested them to be put up if it was appropriate.

*Assessing suitability of participants*

When a young person expressed interest, I was initially contacted by an adult who knew them and could comment on participation criteria, with whom I discussed their suitability. If it seemed that they may fit with the specified criteria, a screening questionnaire to check suitability (appendix A) was sent. A minimum

requirement of 5 out of 10 on the self-rating scale for current mental health state was required for the study, including items:

- When do you feel you first began to have difficulties with your mental health? How would you best describe these difficulties?

- Are you still receiving treatment? If so what are the details of this?

- On a scale of 1 to 10, 1 being the lowest and 10 being the best, how would you rate your mental health at the moment?

- Do you have a support network of friends/family/professionals that can/do continue to offer you support if you need it?

These screening questions were to ensure participants were suitable for the study ethically and based on the set criteria. It was important that they were not in a state of extreme vulnerability, which may make this study unsuitable for them (more information on this can be found in appendix A). For any potential participants who did not fit the criteria, a letter thanking them for their time was created (appendix B).

### 3.5.4. Gaining informed consent

A full information sheet (appendix C) and a consent form (appendix D) were then sent to the participants and their parents. Consent to take part in the study was needed by both the young person and their parents as they were all under 18. Before commencing the research sessions I also arranged a time to go and speak with each participant face to face to ensure informed consent was being obtained and to ease participants' concerns about meeting a new person.

### 3.5.5. Ethical considerations

Extensive time was spent considering how to minimise the power imbalance between myself as the researcher and the participants. There also existed the imbalance of age, creating a possible power dynamic of 'adult-child'. Finally, I was conscious that my participants all had experience of being treated by or working with 'professionals', and may not have had positive experiences. I recognised the potential for participants perceiving me as being an 'expert' and them being a 'patient' which was something I also wanted to minimise.

The primary way I attempted to combat all of these potential power imbalances was through employing Rogerian principles during my interactions with them, both in the art making process and interviews (Rogers, 1951). Rogers' humanistic principles include an emphasis on creating a safe place and focusing on warmth, empathy and genuineness towards the participant (Rogers, 1951). I spent time building a positive relationship with my participants during the art making sessions, reflecting on how best not to put any pressure on them but to allow them the freedom and flexibility to create how they wished, showing positive regard for their choices.

It has been argued that historically, academic research speaks for others, serving to identify (but not help) and therefore further marginalise and disenfranchise less privileged groups (Salmon, 2007). By speaking with such groups, rather than simply pointing them out, we may be able to support them to make improvements on their own terms in ways that are beneficial to them (Acoff, 1992). In her work on feminist research, Burman (1994) noted that in doing with rather than to, a narrative approach may avoid 'rape research' which takes but does not give back to the participants.

I am aware that it was most likely impossible to remove all of the three named power imbalances, despite the attempts outlined above. As such, my own reflective process and reflective journal were used to consider how I may have influenced outcomes. This can be seen in the analysis of interviews where I have included a separate column detailing what I was feeling and experiencing during the session and afterwards (included in appendix G).

### 3.5.6. *Informed consent and confidentiality*

Informed consent was gained through the following:

- Information sheet (appendix C)

- Consent form for participant and parents (appendix D)

- Meeting with participants prior to commencing the research.

Consent to continue was an ongoing process and at the end of each session I checked that participants were happy to continue and meet again the following week.

Confidentiality was addressed by allowing participants to choose a pseudonym. This was optional, as these stories belonged to the young people, I gave them the option of keeping their real names if they wished to. Data was secured on a password protected computer, with recordings of interviews transferred from the Dictaphone immediately onto this and originals on the recorder deleted.

Participants were informed as to which of their art work would be photographed and used in my thesis. At the end of their sessions I checked back with them that what they had made was still OK to be published.

### 3.5.7. Participant wellbeing

Participant comfort and feelings of safety were of high importance to me throughout each stage of this study. The young people needed for this study are a potentially sensitive group for whom exploring the past could bring up unpleasant memories. Through the screening questionnaire, it was hoped that any young people who were particularly vulnerable due to their current mental health or a lack of support may be highlighted. In addition, discussion with a responsible adult who knew the young people assisted in my awareness of suitability for participation. In creating a pre-study meeting between myself and participants, I was further able to ensure their mental state appeared to be sound enough for this project through using skills of observation and interaction as an Educational Psychologist in training.

This meeting was also designed to give participants the opportunity to meet me in person before commencing the research, giving them the opportunity to raise any concerns and ask any further questions. It was hoped that participants would feel more at ease with me when the research commenced. I expanded in more detail what each session would entail and explained the notion of participant as the expert.

During each session, I used my previous experience in working with young people as a therapist and as an Educational Psychologist in training to respond to

them sensitivity, reflecting on what was being said, yet holding in mind that the sessions should not slip into 'therapy' of any kind but remain focused on the method and design as planned.

Not only is it ethically sound to attempt to minimise discomfort of participants in research, but also any data collected reduces in reliability if participants are uneasy and censoring responses. Feelings of discomfort may cause participants to censor or withhold information from the researcher. Although art making can be less threatening than direct questioning (Faller, 1999) I felt that going straight to asking young people to creatively express difficult personal experiences may be just as uncomfortable.

Participants were offered the option of discussing anything that had arisen within sessions with the key adult with whom I had initially spoken and agreed this with.

In documenting the activities of each session below I have attempted to provide a reflection on how participant comfort was addressed. The pilot study was also an opportunity for me to assess levels of participant comfort and assess potential issues that may arise.

## 3.6.  Data collection

### 3.6.1. Overview

The overall design of my sessions was based upon a gradual exploration of participant's personal journeys. This was partly to adhere to the ethical considerations I have already outlined above, maximising participant comfort and reducing feelings of personal exposure. It was also hoped that this level of comfort would allow participants to more openly share these journeys with me.

In addition to the pre-study meeting, there were three sessions in total. Sessions were one hour long each, on an individual basis. These were held at a location convenient for the young person such as at their placement of alternative provision.

During each session I made notes on the following:

- Personal reflections

- Quotes and comments from dialogues with participants

- Thoughts about themes that may be arising (e.g. if a participant repeatedly came back to similar areas in speech and in art making).

Before working with the three main participants, I conducted a pilot study whereby I could trial the story board process and obtain feedback from the young person as to how they found the experience.

### 3.6.2. Pilot study

For the pilot study I recruited one participant of the same specification requirements as the sample for the main part of the study. This participant received a different version of the information sheet and consent form, explaining that this would be a pilot study. It was explained to the participant that their experience of the process would be used to inform the rest of the study; that their thoughts, feelings and opinions of the process would be gathered.

This participant carried out the three sessions as outlined above, with the addition of gathering their feedback at the end of each as to how they felt regarding aspects of personal comfort, enjoyment of the activities, ability to express themselves and feelings of being listened to. The feedback was positive for all of these aspects and so minimal changes were made following the pilot study regarding the procedure.

I did not perform an analysis of the data from the pilot study interview, however I did observe the extent to which the data provided was able to answer my research questions. This informed my decision to provide a more boundaried approach to the time line, suggesting that participants may wish to reflect upon experiences of school and seeking and receiving support.

### 3.6.3. Session 1: Collage making

Participants were instructed to create a collage/poster to depict how they feel society represents 'mental health'. To help stimulate their thinking I asked them to think about things they may have heard, seen or experienced from their own journeys.

I started with this activity as it is not directly asking the participants to speak about themselves. This makes it a less threatening topic which could provide a step to speaking about more personal issues. As participants were asked to reflect upon how they felt society views mental health, it was hoped that this would lead them to reflect upon their own experiences as stimulus. Thus the collage making would encourage participants to begin exploring their journeys.

At the end of the session we spent time reviewing the collage. I asked participants to explain to me what they had included and what each part meant to them. I made notes during this time and tried to capture direct quotes rather than interpreting meaning. I also checked back with them that what I understood was what they had intended. There was no audio recording in this session, although I made notes, as I wanted participants to feel comfortable that this session was for them to explore and discuss the topic without the pressure of a voice recording.

*Rationale:* This activity was to address my question as to how young people's perceptions of how mental health is constructed may have affected their own experiences. Although the instructions were to produce a picture of how society views mental health, how the participant came to believe this will naturally be based upon experience, and it is the experiences behind these beliefs that I was interested in. Neimeyer (2006) discussed how experience included a dimension of the social or cultural, which is what this collage was aiming to capture. Collage making has been evidenced to inform qualitative research in that it offers a non-linear way for participants to piece together fragments of thoughts and experience, allowing for connections and new understandings to come together from the pieces (Davis, 2008). Butler-Kisber's work discusses how collage may be used as a reflective tool; a way to elicit thoughts and feelings and as a way of conceptualizing ideas (Butler-Kisber 2010; Butler-Kisber and Poldma, 2010).

### 3.6.4. Session 2: Time-lines and story-boards

At the start of session 2, I presented participants with the collage they had made the previous week and discussed some of the things they had said about it. Between the sessions I had looked for themes within each participant's collage, as well as particular issues that I felt they had emphasised. I presented these things openly to participants to check back if they agreed these were indeed

themes, and whether or not I had been accurate in my conclusions about meaning and content. We discussed some of the themes and concepts that had been depicted and spoke about how they had come to hold these beliefs. In doing so, participants recounted parts of their experiences.

*Time-line*

Following on from the discussion, participants were presented with a line graph template where the Y axis was 'Rating of difficulties' from 0 – 100, and on the X axis was 'Time' in years. Numbers on the X axis were left blank as I wanted participants to decide for themselves what age they wanted to begin exploring from. The only requirement on this was that they continued until the present day and their current age.

Starting from the left (beginning) of the graph, I asked participants to plot significant events in their lives from the age they decided to start from until now. I gave them the option as to whether they wanted to talk to me as they did this or whether they preferred to do so quietly. I also informed them that this was to be a personal document which I would not be sharing or publishing. I wanted them to feel free to include any information which came to their minds without worrying who would see some of their most personal and sensitive experiences.

Based on a review of my pilot study, I saw a need to encourage participants to think specifically about experiences of school and support received (or not). These were important in answering my research questions and were missing in the pilot study as the boundaries were perhaps too loose. At the end, I asked them if they would like to discuss some of the graph with me in confidence, which I found all three to respond positively to. This was not recorded as participants had been pre-informed the graphs were confidential, again serving only as a tool for them to decide which parts of the graph they would then go on to represent in the story board.

Finally, participants were asked to choose six events from the timeline which they wanted to put on their story board. These needed to be things they felt were poignant to their experience, things they wanted to share and explore and were happy to be included in my thesis. Although I suggested six as a guide,

demonstrating to participants how the A3 paper could be easily folded to split it into six, I informed them that they did not have to stick to this convention if they had other ideas. I acknowledge that by proposing six events to represent some information may have been lost, however I did not want participants to worry how to proceed by giving too open a task.

Participants were given a blank A3 piece of art paper and a set of colouring materials chosen from my selection. It was emphasised to them that there was no wrong or right way of creating the story board, that they could include writing or not and do any style of drawing and depiction. If they wanted to fold the paper into six squares I assisted them in doing this (one out of the three chose to do this in my study, with the second initially wanting to include more than six before changing her mind later and the third opting to represent six events in a more abstract way on the paper rather than in squares).

*Rationale:* Creating a time-line helps people to have a structure in reflecting over past experiences. This activity provided time and space for participants to remember, view the events together in order and choose which ones they wanted to represent on their story-boards. Although data was not collected directly from this session, it helped me to understand each participant better by looking at their journeys in more detail, being privy to information they were happy to share in confidence with me but not to be published. I felt that the session helped with further rapport and trust building and would help me later in analysing the interviews; knowing each individual better and enhancing understanding and insight. I recorded thoughts and feelings after this session in my reflective journal.

I was present while the participants decided on how they wanted to create their story-boards and thus was able to answer any questions and get them started so as to continue at home if they wished.

Following both sessions one and two, I spent some time using my reflective journal to note down what had come up for me in the sessions, as well as thoughts and feelings regarding participants. Willig (2008) notes that through reflection we can be reflexive in our understanding of people and events, gaining a deeper understanding of someone else by increasing our own self-awareness. As well as writing I also used art to explore my experiences of being with the

participants and listening to their stories. I reflected upon what emerged on the paper and this also increased my own reflexivity regarding how I understood and was making sense of participant's snippets of narrative.

### 3.6.5. Session 3: Semi-structured interviews

During the last session I conducted individual semi-structured interviews with participants. Each one began by asking participants to explain, in order, what was on their story board and why. As this was quite an open question, I prompted participants to expand on certain areas and linked what they said to information gathered from the previous two sessions. At various points I reminded them of some of the things I had recorded them as saying previously and encouraged them to elaborate on what appeared to be emerging themes. Pre-prepared prompt questions were designed to ensure I covered key areas with each participant, such as what was helpful and what could have been different at school, with professionals.

Immediately following the interview, I recorded some personal reflections of my own which would form part of my analysis.

I found the semi-structured interview provided a flexible method for collecting data as I was able to follow the voice of the participant rather than impose my own in directing what they should speak about. Having the story-boards in front of them provided a useful anchor for them to tell their story. As time had been spent reflecting through the collage and then the time-line in order to create the story board, information gathered in the interview was not merely a product if participants' thoughts and memories available at that time in the interview environment. I feel that this may have helped to promote comfort and confidence for participants in not being put 'on the spot' to remember, resulting in more quality and depth of recounts.

Reissman points to the importance of interviewer emotional attentiveness as well as a reciprocal exchange which may allow the interviewee to feel listened to and understood (Reissman, 2008). During the interview, I attempted to use my skills gained in my past work as a counsellor and therapist in promoting Reissman's suggestions. These included allowing appropriate pauses before speaking so as

to avoid cutting off the participants in mid-thought and providing them with time for continuous reflection and mirroring back participants phrases exactly to show my listening was accurate and not misinterpreted. Atkinson (1998) noted that these techniques could promote participant's feelings of safety and trust in the interviewer, which in turn may enhance deeper thought and reflection for participants.

This approach meant that there was no extensive note-taking during the interviews as I did not want to break the circle of communication as we were talking. I wanted participants to feel like we were having a normal conversation. The down side to this is that my own reflections were not captured in the moment, but were remembered and recorded afterwards as I listened back to the recordings. This could make reflections subject to change due to the time lapse and being removed from the situation. However, I considered this potential issue to be less of a problem than having uncomfortable participants.

### 3.6.6. Co-analysis with participants

I attempted to address the power imbalance by treating participants as the experts and co-analysing data with them. Having participants act as co-researchers has been shown to increase feelings of emancipation and also enhance pedagogical results (learning about themselves) which may make the experience beneficial (Given, 2008). Participants were asked to confirm emergent themes during the practical sessions.

### 3.6.7. Transcription

Interviews were transcribed into raw data verbatim, including conversational details such as pauses, laughter, inflection and emphasis (see appendix E). Audio data and transcriptions were all anonymised in keeping with the confidentiality agreement. Audio files will be deleted from my computer on completion of my current doctoral studies.

### 3.7.  Analysis

After gathering information through the two creative arts sessions, participants were encouraged to analyse their own work and reflect upon it in session three. I

then carried out semi-structured interviews whereby participants discussed what they had created, using the art work as stimulus for thinking back over key points in their experiences.

The nature of a narrative approach denotes that each individual and their stories should be treated as unique. In an attempt to capture this unique detail, Czarniawsk (2004) suggested that we must separately analyse what is said (content), how it is said and why it is said (structure). I therefore analysed data from each participant separately before bringing them together for comparison.

### 3.7.1. Guiding framework

One of the main critiques of qualitative research is that its lack of traditional scientific rigour (criteria such as large sample size, control of variables, minimal impact of researcher) means that the findings are not 'reliable', and too subjective to the context and individuals involved (Noble and Smith, 2015). I therefore sought to find a framework which would enable me to produce work which was rigorous within the field of qualitative research.

Pertinent questions in critically evaluating social science research include; from which school of thought does the researcher hail? Do they believe in psychodynamic drives of the id, ego and superego or do they believe we are actors playing roles or that we are making them up as we go along (Kelly, 2000)? Further there is the purpose of the research to consider, who has commissioned it and what are the motivations or pressures of the researcher? I wanted to find a framework for analysis which would allow me to reflect on these aspects and provide transparency regarding these for the reader.

Shipman (1997) argues that with the researcher revealing these, the reader is more able to decide on their own evaluation of the research and the researcher may become more reflexive in the process. Being inconclusive in findings is perhaps not a sign of unreliability, but a sign that human beings are demonstrating their integrity (Shipman 1997).

Although ultimately I was looking at emergent themes in order to answer my research questions, I wanted to enhance credibility and deepen insight into what participants were expressing and how I had come to make sense of this. I wanted

to review how I may have affected what was said and to enhance my own ability at understanding meaning. Hollway and Jefferson (2000) note how narratives may contain only parts of a story where the rest is concealed or defended. Similarly, Polkinghorne (1988) discussed how stories may be contradictory and contain many layers.  In considering this, I felt validity would be increased if I was to perform multiple analyses on each interview, including looking for elements which may be hidden or beneath the surface.

I therefore decided upon a framework which analysed not only what is said (themes) but also considered performative and interactional elements, structure and my own reflections throughout the process. This approach to analysis is encouraged by Reissman (2008) and also Smith and Sparkes (2009).

### 3.7.2. The process of analysis

In transcribing my interview data I used a limited number of codes typically seen in conversation analysis (e.g. Jefferson, 2004). As I was not performing conversation or dialogical analysis, I was only interested in annotating the transcripts in a way that would allow myself and the reader to note pauses, non-linguistic aspects such as laughter or gasps, word emphasis, overlap and any significant tone or volume. I have provided this key in appendix E. Interviews were transcribed and annotated verbatim (appendix F). No inference of meaning was included in the annotations at this stage.

In order to analyse the data, I created a table with headings to match my guiding framework (Reissman, 2008). The annotated transcript ran down the left hand column and was followed by one column each for thematic content, structure and performance and reflections. Further clarification of what each of these entails can be seen in table 1 below and an example of a transcript analysed using these columns can be found in appendix G.

In analysing each interview, I began by reading the transcripts whilst listening to the recordings twice through without making any notes. This process of 'immersion' is suggested by Hollway and Jefferson (2000), p.69). The aims of this was to familiarise myself with the interviews as a whole before beginning to fragment them through the process of analysis (Hollway and Jefferson, 2000). I

then focused on each column of the table in turn, starting with my reflection, followed by emergent themes and finally listening for structural/ performative aspects. For each analysis, I listened to the interviews whilst reading the transcript and paused to make notes, rewinding to listen again where I had uncertainties.

The table below provides an overview of this process:

### 3.7.2i Stage 1: Analysis of transcripts

*Table 1: Process of analysing individual transcripts*

| Phase | Description of Process | Benefits |
|---|---|---|
| Phase 1: Familiarisation with data | • Transcribe audio data<br>• Pay close attention and record significant inflections, pauses and main dialogical aspects following consistent code (appendix F) | Provides written transcripts which can be read to match the way participants spoke, assisting in reviewing meaning. |
| Phase 2: Immersion | • Listen to each transcript all the way through twice | Provides a sense of the 'whole' narrative, serving as a foundation for drawing connections and holding in mind the order of events and through lines. |
| Phase 3: Reflections column | • Listen again and make reflective notes on initial thoughts and feelings. | Allows researcher to attend to: how researcher's feelings may have impacted upon the interview process; check for researcher bias if content has triggered personal memories or feelings; use reflection of own feelings to help consider subtleties, undertones and meaning of participants. |
| Phase 4: Emergent Meaning and Themes | • Listen again and make notes on perceived meaning and emergent themes<br>• Phases 1, 2 and 3 should help researcher with understanding and reducing bias | This provides the researcher with a list of significant themes contained within |
| Phase 5: Structural/ Performative aspects | • Listen again and make notes on how each participant is storying their experiences, including possible use of rhetoric and considering who the narrator is | Allows researcher to consider what the participant is trying to convey and how they are wanting to be understood. This may include hidden |

| | | being | stories (what is not being said). By looking at how narratives are structured, the researcher may gain deeper understanding as to how participants have made sense of their experiences. |
|---|---|---|---|

### *3.7.2ii. Stage 2: Identifying major (main) themes of individual narratives*

Transcripts were broken down into 'segments', a strategy suggested by Emerson and Frosch (2009). Segments are defined by sections of dialogue of a single topic or theme, changing only when the topic/theme changes. Segments are given a name to identify them and recorded in a table, including line numbers corresponding to where they appear on the transcripts. The same segment name may appear multiple times on the table, indicating that the participant returned to this same topic. At this stage, segments were viewed as sub-themes or mini themes within the overall narrative.

Once segments had all been identified, these were reviewed to look for major themes. This was decided upon if the same sub-theme was seen more than once *or* if the segment continued over many lines (i.e. was discussed for a prolonged period of time) and information from the reflective notes and/or structural/ performative analysis indicated a strong emphasis. Where segments had different names but were very similar or closely linked in theme, these were combined where possible to produce major themes. This helped to reduce the data without losing important parts of the stories. This was necessary to draw conclusions about main themes and also so that narratives could later be compared.

*Table 2: How main themes for each narrative were identified*

| Phase | Description of process |
|---|---|
| Phase 1: Segmenting narratives according to emergent themes | • Break down each transcript into segments.<br>• Segments can be any length and are defined by a period of narrative which stays on a single topic (emergent themes as already analysed). |
| Phase 2: | • Segments are reviewed to assess major themes within |

| Identifying major (main) themes | narratives. |
| --- | --- |
| | • Each major theme is given a name. |
| | • Report major themes for each individual narrative |

### 3.7.2iii. Stage 3: Comparing Narratives

Hollway and Jefferson (2000) suggest value in comparing and making links between different narratives, using researcher reflexivity and theory to do so. Individual narratives exist in relation to the narratives of others, being situated somewhere within the collective (Hollway and Jefferson, 2000). Reissman (2008) argued that narrative analysis does not need to be restricted to individual case studies, rather narratives may be assembled together, piecing together our ever-expanding understanding of a subject in order to observe a group picture.

This suggests some reductionism regarding the data in order to facilitate generalizability to existing theories (Reissman, 2008). Holding a critical realist perspective, I am comfortable with this. Further, I do not feel that reductionism necessarily means the loss of significant individual detail, rather that stories may compliment, share and support each other as they intermingle (Shaverin, 2012).

Through conducting in-depth analyses of individual narratives, it was evident that there were significant overlaps in elements of participant's experiences. This suggested value in comparing the narratives to look for shared themes and similarities in stories.

From deducing the main themes from individual narratives I was able to identify similarities and common themes across the narratives. I was also able to note similarities in how participants had chosen to story themselves (structural and performative elements), as well as similarities in my own reflections on listening to the narratives.

*Table 3: Process of comparing major (main) themes of individual narratives*

| Phase | Description of process |
|---|---|
| Phase 1: Group themes according to research questions | • Major themes from all interviews are written down together, noting which interview they came from.<br><br>• Themes are grouped according to which research question they relate to.<br><br>• Each theme is then numbered within each group, giving each theme an individual code identifying the research question and the theme. |
| Phase 2: Coding analysed transcripts | • Each transcript is re-visited with new codes inserted for ease of identification and reporting. |
| Phase 3: Reporting common themes | • Where the same code appears in two or more transcripts, these are reported in considering each research question in turn. |
| Phase 4: Deducing over-arching meta-themes | • Observing that common themes could be reduced further into a small number of umbrella themes. |

## 3.8. Rigour, credibility and pragmatic usefulness

It has been suggested that part of being human may drive us to feel the need to know and to believe 'the truth' (Shipman, 1997). However, Shipman states that in the social sciences, the nature of humans investigating humans means that all findings will be subject to bias of the researcher and a desire to present certain attributes by the participant. The very process raises 'philosophical and technical problems' (Shipman, 1997, p.3) of a single truth existing or further being able to be uncovered. Narrative analysis does not assume that the aim of research is to uncover 'truths' but rather to explore the interpretations of individuals, acknowledging that these may be subjective and susceptible to change across time and situation (Schafer, 1992)

Qualitative researchers using narrative techniques argue that 'reliability' as defined within positivist research (including the need for control of variables and objectivity of researcher) was never meant to apply to the process of interviews (Hammersley, 2008). My aim within this research was to offer a method which was sensitive to diverse forms of expression and was able to tolerate and accept

contradictions in data without needing to discount parts of what participants had to say. At the same time, I aimed to provide a transparent account of my own positioning and the processes involved. As such, drawing on the work of other qualitative researchers (e.g. Reissman, 2008; Polkinghorne, 1988; Willig, 2008) I have taken concepts of 'rigour', 'credibility' and 'pragmatic usefulness' in order to consider the traditional notion of reliability within this research.

*Rigour*

Rigour in qualitative research refers to the transparency with which the researcher has presented their processes, including the stages within the procedure, analysis and interpretation of findings (Willig, 2008). Through the use of tables I have attempted to clearly outline the stages involved throughout the methodological and analytical process. I have also included extensive examples of quotes from transcripts within the analysis section (and provided all three in appendix F), which ensured that analysis and later interpretations were grounded in direct quotes.

Parker (1994) discusses the need to provide a detailed and transparent description of the context, participant and researcher (which Parker termed 'specificity') for upholding rigour within qualitative research. In considering this, I have been transparent about my own personal and professional experiences around the subject matter, openly reflecting on any potential bias and clearly stating my positioning as a researcher. I attempted to create a study whereby I did not assume meaning or impose my own interpretation onto what I see and hear but rather allowed participants the time and space to clarify this and teach me during the session. It was important that I used time in the sessions to check back with participants about any themes and to try to understand some of their experiences before attempting to analyse the interview data. My reflective journal was important for this in order to become aware of my own pre-existing beliefs about the questions being asked.

*Credibility*

Rather than finding objective 'truths', Willig (2008) argues that credible findings within narrative approach are those which are holistic and explanatory rather than

reductionist and predictive. Reissman (2008) discussed trustworthiness rather than truth as criteria for credibility within qualitative research, as the same findings are not assumed to arise by replicating the study. According to Reissman (2008), the criteria for trustworthiness is that data is produced through a coherent process and is theoretically meaningful, with the researcher's own positioning being clearly disclosed.

I have shown a coherent process in analysing each participant's transcript with the same guiding framework whilst documenting my own reflectivity throughout. I made attempts to cover a broad range of areas within the literature review in order to maintain an open mind to findings and have discussed these with reference to literature and existing research in the discussion chapter. My own positioning has been transparent within the methodology and I have argued for the chosen methodology through a process of presenting relevant theories and literature in combination with my own view point. I have included boxes containing my reflections within the analysis section and these can also be seen in the sample analysed transcript in appendix G.

*Pragmatic Usefulness*

It is argued that although modest, conclusions drawn from effective interviews are of a more reliable quality in the social sciences than quantitative methods (Willig, 2008). Although generalizability is not taken in the same concrete, objective way as positivist research, researchers have argued that findings from qualitative studies including narrative can tentatively be used in building up theory and understanding of a phenomenon (e.g. Reissman, 2008; Kendal et. al., 2011a; Kendal et. al., 2011b). With this in mind, I hope to present the findings from this research to secondary school staff and Educational Psychologists. My aim in this is to share the experiences of the participants in this study, giving each of them a voice which is valued and respected, and in doing this to offer insight into how other teenage girls in similar situations may feel. I also hope to reach a wider audience of professionals, researchers and interested members of the public by publishing my findings. In considering the similarities analysed between the narratives, I hope that professionals receiving this information may find it useful in considering strategies for support and prevention of mental health issues within

schools. Implications for future research is explored in the conclusion of this thesis

# Chapter 4: Analysis of individual narratives

## 4.1. Introduction

The purpose of this study was to explore the experiences of teenagers who had been through a mental health issue whilst at school. The process of gathering data was predominantly through semi-structured interviews.

The interviews were based around creative work including a collage and story board produced by each participant in previous sessions, as well as a time-line of their journeys. Participants were informed that the time-lines were to support their thinking process for the story-boards but would not be shared in this thesis.

In the interview I also drew on my own notes and reflections of conversations we had had in our previous two sessions. Participants were given the option of choosing a pseudonym. Emily and Sarah did not want to change their names. Girl X is a pseudonym.

Analysis of interviews are presented in an interpretive form focusing on emerging themes within individual narratives. Examples from transcripts are included with line numbers in brackets following each quote. Creative work is drawn on throughout and can be seen at the start of each participant's story.

A comparison of emergent themes across the three narratives will be presented in Chapter 5, along with an interpretation of the results below, in order to review how these relate to literature and to answer the key research questions.

In the tables of segments presented within this chapter, where there are numbers attached to segment titles this indicates how many times this sub-theme was seen to occur within the narrative (following the processes described in the previous section).

I have given each narrative a title based on the main through-lines observed in considering the interviews and art work.

## 4.2. Review of collages and story-boards

The purpose of the collages was for participants to begin thinking about mental health and how their experiences had led them to feel mental health issues are

viewed by society. In doing this, it was hoped that they would begin their reflective process and that collages would provide some preliminary insight into their experiences. The purpose of the story-boards was provide a method for participants to express the most significant points along their journeys, which could serve as anchors for discussion during the interviews.

I have included pictures of all collages and story-boards with some examples of my own reflective notes regarding these. Reflecting in these helped participants and also me in the process of making meaning and understanding narratives.

## 4.3. Emily's Story

Emily was 14 years old and not attending mainstream school at the time of this study, having been excluded. She was attending an alternative provision part-time which she had started this year. Emily had wanted to be part of this study because art was something that she enjoyed, further she was keen to share her opinions on why some of what happened did so as it did, i.e. what could have been better for her. Emily presented as assertive and self-assured, speaking confidently, cracking jokes frequently making use of sarcasm. She was alternative and unique in her style, clearly having a good eye for fashion regarding clothes, hair, accessories and make-up. Emily maintained good eye contact and showed no trepidation at being completely frank about even the more disturbing parts of her experiences regarding her mental health.

Emily began refusing to go to school at aged 10, due to feeling she was being bullied. She shared with me that her mental health issues were largely based upon hearing voices, which she felt she had had since primary school but which really began to impact upon her life just before she was 13 years old. She also experienced frequent episodes of dissociation where she felt she blacked out and did things which were out of character, out of her control and of a risky nature. These issues led Emily to feel suicidal and refuse to go in to school on and off until finally no longer attending just before the age of 14 years.

Emily wanted to keep her real name for use in this study, feeling that this was her story and she had nothing she wanted to hide. After considering my duty of care, I changed it never the less due to the sensitivity of the content and permanent nature of this study being printed and public.

*Figure 2: Emily's story board*
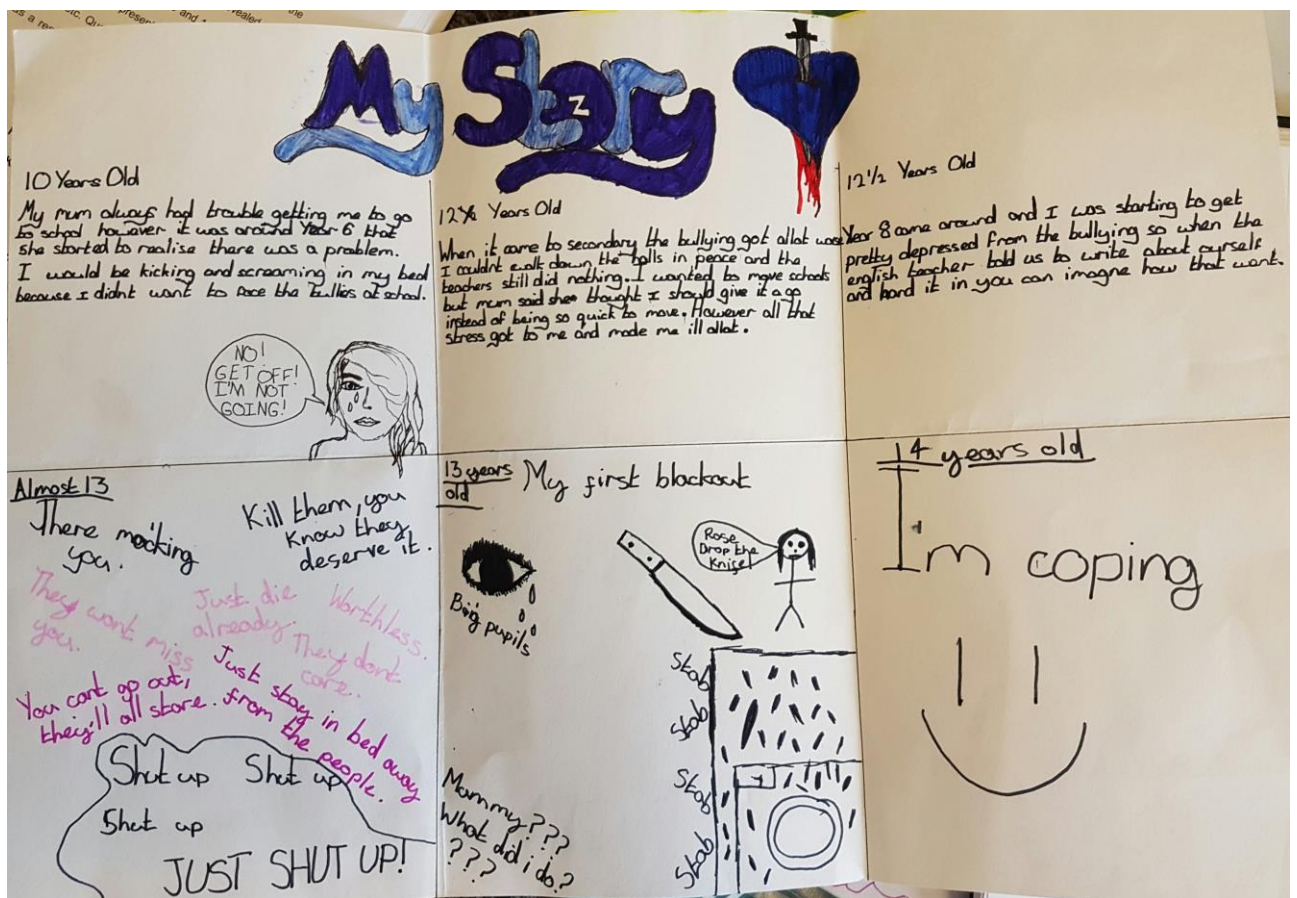


**Reflections:** Emily took time and care over this. Emily combined details in writing with imagery in order to get the level of detail down that she felt best represented her journey. I could see how her story followed a linear trajectory of problems beginning to bubble, reaching crisis and ending on a positive note.

**Figure 3: Emily's collage**
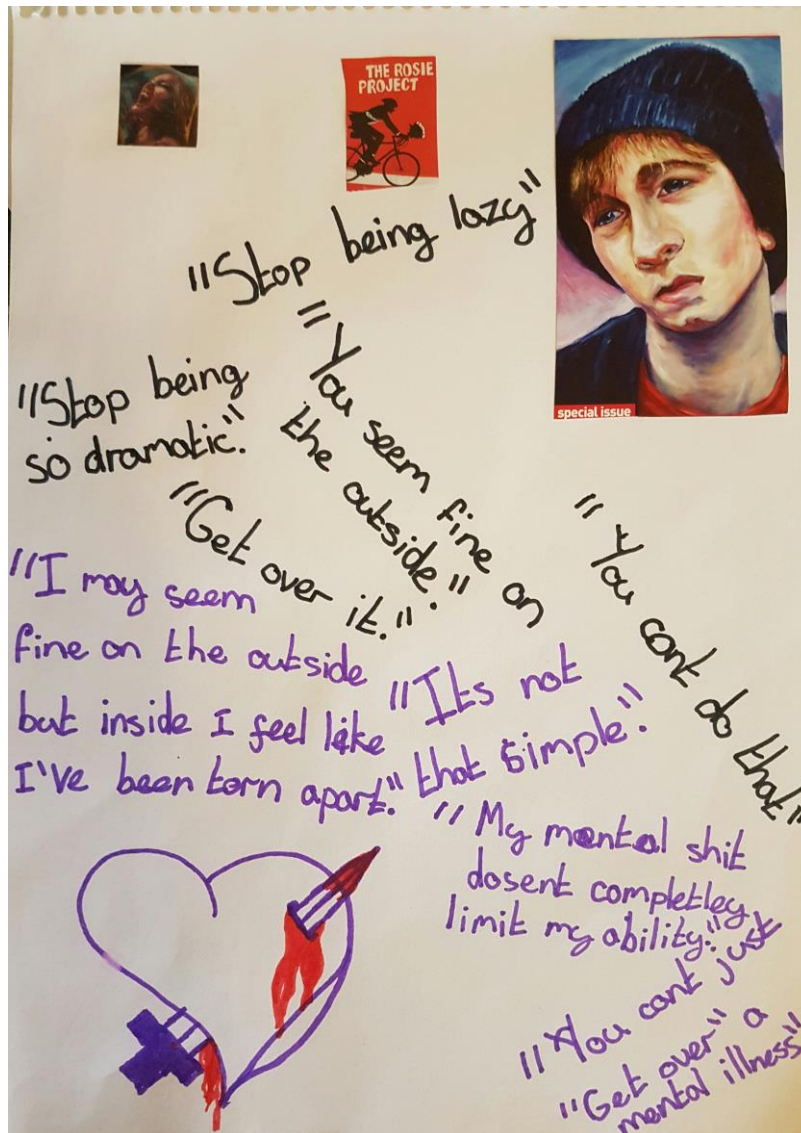


**Reflections:** Emily chose to use words from her head to create a poster rather than cut pictures out to make a collage. The phrases that she wrote were separated into one set which were demands or judgements made by others (in black ink) and Emily's response to these (in purple ink). She shows the contrast between these judgements with how she feels inside, presenting it like an argument with her attempts to defend herself.

**Table 4: Segments of Emily's narrative (Stage 2, Phase 1 of analysis described in table 2)**

| Segment | Line number |
| --- | --- |
| 1.  Bullying | 10 - 19 |
| 2.  School taking no positive action | 20 - 34 |
| 3.  A cry for help | 35 - 55 |
| 4.  Effects of bullying on her mental health (2) | 56 - 59 |
| 5.  Mental health crisis at school | 60 - 70 |
| 6.  Being seen as a trouble maker | 71 - 72 |
| 7.  Mental health crisis at home | 73 - 92 |
| 8.  Stopping attending school | 93 – 96 |
| 9.  Lack of input / impact from professionals | 97 – 112 |
| 10. Professionals being 'know it all's' | 113 – 147 |
| 11. Asking for help but not receiving it (2) | 148 – 155 |
| 12. Resilience | 156 – 161 |
| 13. Friends a positive support | 162 – 165 |
| 14. Mum having some understanding of her mental health | 166 – 169 |
| 15. Key adults | 170 – 178 |
| 16. Emily felt she used to be a good student | 179 – 188 |
| 17. Wishing school had taken bullying seriously (3) | 189 – 196 |
| 18. Future plans for new alternative provision | 197 – 207 |
| 19. Advice that schools need to take mental health issues seriously | 208 – 212 |
| 20. Teachers need training to be sensitive | 213 – 217 |
| 21. Bullying policies need to be implemented (4) | 218 – 220 |
| 22. Positive role of friends (2) | 221 – 247 |
| 23. Inconsistency of care- adults coming and going | 248 - 260 |
| 24. Resilience (2) | 261 - 273 |

**Figure 4: Main themes from Emily's narrative: ==(Stage 2, Phase 2 of analysis described in table 2)==**
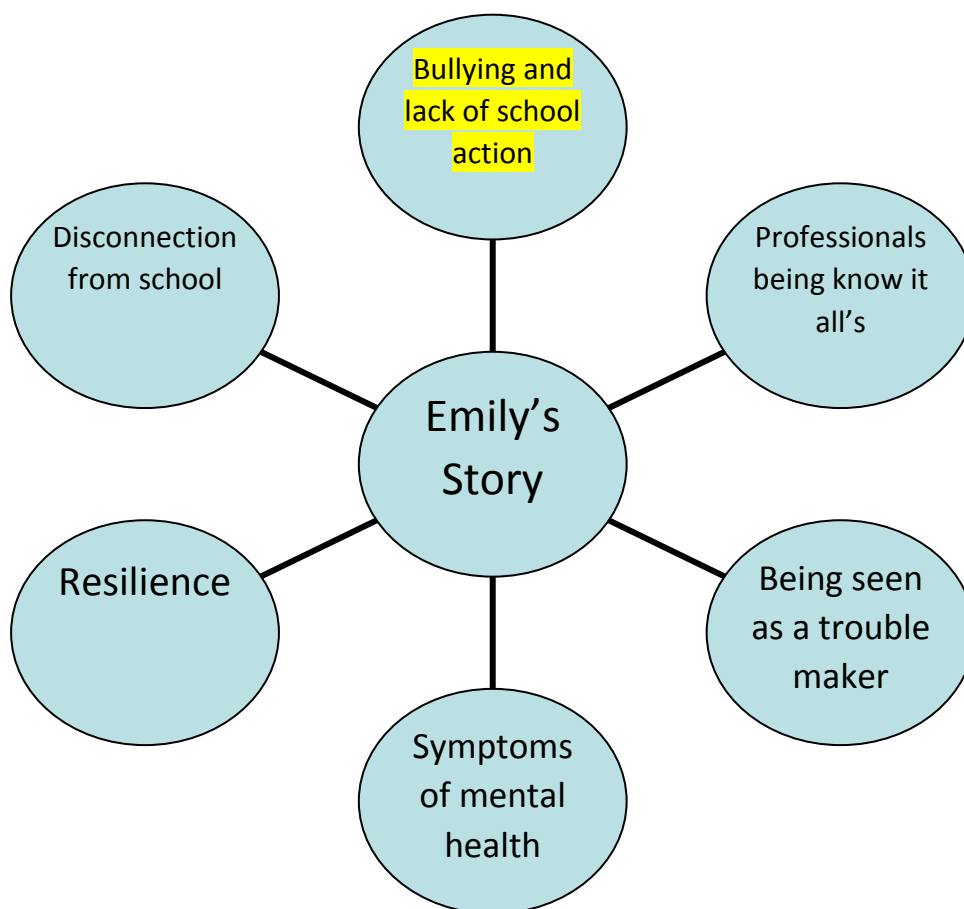


**Beating the bullies**

***Bullying and lack of school action***

Emily's story began with and was centred on her experiences of bullying and her attempts to seek help from school. Her experience was that school did not take sufficient action against the bullying, which is why, in her opinion, it continued. Both the bullying and the help-seeking are storied as continuing for a prolonged period of time during which her mental health deteriorated:

'*… the first one [story board image] was when I was 10 years old and… Mum started to realise that, I was, getting picked on and stuff because we'd have fights about me going to school' (10 – 11)*

'*… The next one [story board image number 2] was when I was in secondary school and, I suppose secondary school was alright at first, but then it got a lot worse because like*

*people were picking on me and stuff a lot worse than they did in primary school' (16 –
18)*

*'…all the bullying er and stuff like finally hit me mentally' (at aged 13, three years after
the bullying began). (57 – 58)*

Emily described on two occasions how she had asked for help but not received it.
She said that she feels schools need to take bullying more seriously. She told me
how she felt bullying policies were stated but not acted upon:

*'In secondary school I wish the teachers had… classed what was happening to me as
bullying and taken it seriously' (191 – 192)*

**A        […] and did there not seem to be any policies in school?   I remember that we
spoke about     bullying and you said that they were supposed to have 'zero
tolerance?'**
*Emily   Ha… huh huh huh huh… (Laughing)*
**A        …but they don't…**
*Emily   That is a big load of…. Yeah…*
*(20 – 25)*

Emily felt that what was going on with the bullying and her mental health was not
addressed, rather it was her behavioural reactions to these which were noted and
led school to presume she was a trouble maker. What she said had not been
listened to.

As nothing was done by school, Emily continued to ask for help and began to
externalise her issues more. Emily described how she wrote suicidal thoughts
down in a creative writing exercise and also nearly cut her wrists with a pencil
sharpener in the school toilets. She did not feel that anything effective was done
about the bullying, or her deteriorating wellbeing:

**A       Okay, and is this the point where you said there was some bullying going on?
Did you tell       somebody?**
*Emily   Yeh, but they wouldn't do anything about it.*
**A       Right – was anything done about it, can you remember?**
*Emily   Errr not really- the talk… they said they would talk to, er, that they would talk to a
couple of  people for picking on me, but nothing was really done.*
**A       OK…**
*Emily   It didn't stop.*
*(27 – 34)*

I checked back that this was an emerging theme with Emily directly:

*A        Mmmm… Okay – so you asked for help and you didn't receive it? There's a bit of a theme of   that.*
*Emily    Hm hm (affirming)*
*(53 – 55)*


### Being seen as a trouble maker

Emily describes herself as being unable to be a good student due to her mental health deteriorating:

*'So, basically I started like not listening in lessons as much I was sat there, er, sat there zoning out, I was looking absolutely rubbish – getting hardly any sleep,   I was walking out of lessons' (60 – 62)*

Which led to her being regarded negatively by school:

*'…the teachers just thought a bit it was me being a trouble-maker.' (72)*

Emily told me that previously she had been a good student but that her changes in behaviour were interpreted as her making bad choices. Emily repeatedly described her actions as being misunderstood by adults around her.


### Professionals being know it all's

Emily also spoke multiple times about her lack of faith in professionals such as CAMHS and other mental health professionals, due to experiences of not being listened to and feeling that they presented as being experts or 'know it all's' (117). Professionals such as these were absent from her story board, which I drew attention to. Emily explained that it was not because they had not featured in her journey but rather they had little impact upon it:

*'I don't think it made much of a difference.' (CAMHS and other professional support.) (101)*

*'I'm not a fan of therapists' (113)*

### Symptoms of mental health

Emily spoke openly about some quite scary experiences of how her mental health affected her thoughts, feelings and behaviour when it was at its worst. She included the following: (examples of text from creative work have also been provided):

- Depression: *'…the bullying had like made me quite depressed and stuff' (41 – 42)*

- Suicidal thoughts: *'I had a sharpener in my hand […] I was scared I was going to kill myself' (65 – 66); Story board picture 4 includes 'Just die already' and 'They won't miss you'.*

- Hearing voices: *'I started hearing voices in my head and stuff… like I'd always hear them but this was a lot lot worse' (63 – 64);* Story board picture 4 at aged 13 depicts some of these thoughts, including: *'Kill them, you know they deserve it'; 'They're mocking you' ; Just stay in bed away from the people' ; 'Shut up shut up shut up JUST SHUT UP'.*

- Dissociative episodes: *'I stabbed the wall and washing machine a big load of times and almost stabbed my Mum' (82 – 83); 'I was scared I was going to black out and hurt someone'* (95 – 96); Story board picture 5 depicts this, titles *'My first blackout'.*

### Resilience

In her final picture on the story board, representing the present, she simply wrote 'I am coping' with a smiley face. This made me see Emily as a young person who is resilient, or at very least a young person who is striving to be resilient. Her narrative was one of a lone struggle, despite trying to seek help. I reflected on how this could make someone quite disillusioned, feel a sense of injustice and even bitter in their outlook at life. However, on each meeting Emily was chatty and appeared self-assured; confident enough in herself to be able to open up so frankly to me.

I did not get the sense that there were hidden stories or that she was shy to reveal details about her journey, if anything, I got the feeling that she had a sense of strength in knowing that she had survived what she had been through. However, on reflecting upon her narrative as a whole, despite feeling that her resilience was genuine, I also felt that Emily was attempting to reinforce this and ensure that I saw this in her:

*Emily: I don't know I mean, it feels like I've been, er, been through it all and I'm basically prepared for anything else and nothing will really shock me anymore. (line 158 – 159)*

In my reflections I did note that in saying nothing could shock her, Emily was in effect trying to shock me. This will be explored more in the box below and further in section 5.3.1.

At the end of the interview, Emily told me that she felt she did indeed feel more resilient as a result of her experiences. She was hopeful for what was coming next and spoke positively about her current placement.

***A       Do you feel like you are a resilient person?***
*Emily    Yeah (chuckles).*
*(271 – 272)*

### Disconnection from school

Disconnection from school was the direct result of Emily's negative experiences at school, particularly described in the themes 'Bullying', 'Asking for help but not receiving it', 'Being seen as a trouble maker', 'Mental health not being taken seriously'. Emily first spoke about trying to avoid going to school when she was 10 years old. As time went on, Emily felt that despite cries for help as already discussed in the themes above, school did not support her and nothing was done to help her. As her mental health became worse, Emily eventually withdrew from school completely and stopped attending altogether.

Structural and performative aspects: Emily spoke about some quite scary experiences in a calm, matter of fact manner which indicated that she no longer found them shocking, but had normalised them. She ate a piece of toast and drank a cup of tea as she recounted some of these stories which made Emily

seem like she had told these stories many times already. At a later point in her story, Emily directly said to me that nothing could shock her now and even made jokes and humorous comments around what had happened, including a metaphor of her 'manically laughing like the Joker' during an episode. Emily seemed to be storying herself as resilient. She told me her story of receiving no help at times of struggle, yet learning to manage things by herself and coming out of it stronger.

It was difficult to determine the function of such rhetoric within Emily's narrative, however on further reflection I did feel that there were some underlying defence mechanisms driving some of these comments. I felt that she had almost removed herself from being able to be controlled by mental health professionals, or adults in general, by demonstrating confidence and an inability to be shocked, thus defending her position as strong and undamaged. It was as if she was saying 'You can't hurt me'.

Perhaps this was part of how Emily had coped/was coping with some of her difficulties; projecting the image of the person she wanted or indeed needed to be in order to keep moving forwards. By saying it was so, that nothing could shock her, I felt that whether it was or wasn't the case, Emily was attempting to make it so, at least within our interaction. In section 5.3.1. I shall discuss this in relation to transference and possible motivations behind Emily's performative aspects of resilience.

Emily storied mental health as something which can be life threatening and out of one's control. She used medical terms such as 'dissociation' and labels such as 'anxiety' and 'depression'. Emily also constructed her mental health issues as something which already existed (stating she had heard voices since she was young) but which were made worse by environmental stimulus (bullying).

## 4.4. Girl X's Story

Girl X was 15 at the time of this study and attending mainstream school. There was input from the school learning mentor and meetings taking place to try to support Girl X through to the end of her GCSE's as she did not want to be at school and missing significant periods of time. I have learnt that since our time together, Girl X was no longer attending school at all and arrangements had been made for her to sit her GCSE's at home.

Girl X found it difficult to choose a pseudonym. This was largely due to her feelings that she did not completely belong to either the male or female gender. Girl X had strong beliefs about the binary nature of gender, that it was one or the other with no allowances for being somewhere in between as if it were more of a continuum. This was symptomatic of Girl X's feelings about society in general, that everything and everyone had to be put into a discrete category with categories being very much 'either, or'. Girl X felt oppressed by this much of the time, as well as feeling isolated and unable to connect with the world around her. She had strong feelings that other people would not be able to understand who she was, because she felt she did not have a single, consistent personality which she felt was unlike how society says people should be. This led her to hide most of her authentic thoughts and feelings, making relationships difficult. Girl X told me that she did not like 'people' as they posed a risk to her in case they found out details of her identity.

Girl X used art as a form of catharsis and to express difficult feelings. Her pictures were of a dark nature, containing ethereal-type beings often bleeding and/or being tortured. She had no diagnosed mental health issues but spoke about issues around her identity as well as panic attacks, especially related to school, which she felt was one of the roots of her poor emotional wellbeing.

Girl X spoke like someone much older than her years with reflective evaluations about herself and the world around her. I chose the name Girl X for her when she could not, as I felt it represented some of her views on identity. She was happy for me to use this pseudonym.

*Figure 5: Girl X's story board*
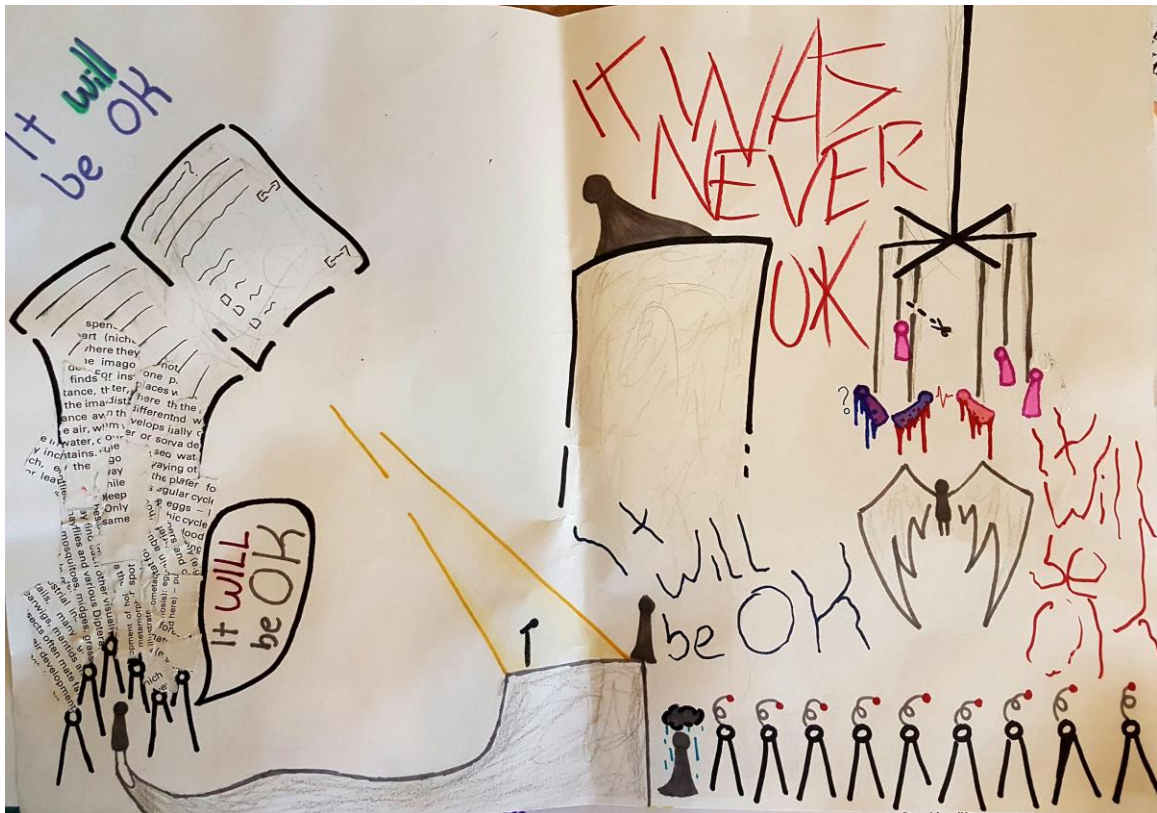


Reflections: Girl X chose her own method of representing her story. Her whole narrative was around pressures to conform and I felt that her atypical way of creating a story board was a conscious choice to make her own rules. Her story on this paper starts at the top left, goes down the left side, along the bottom and then up to the top right. Girl X used symbols to represent the action and feelings in this picture. She drew herself in a different colour to everyone else and as a bat watching her peers being hung (crucified by school). She also used font style to represent feelings- starting with a curvy solid writing in blue and green ('it will be OK'), changing to more shaky writing, then broken writing and finally large , jagged angry looking writing in red.

Reflections: Girl X's collage showed she feels society has an extremely negative view of mental health. I was interested in the cut-out reading 'why it's a mistake to seek control of your life through solitude'. Girl X stories herself as being quite alone; feeling different to others but at the same time being fine with this. What made her not fine was other people's judgements on her choosing to be different. This made me think of the value she places on individual differences and how she feels these are often interpreted as a mental illness.

**Table 5: Segments of Girl X's narrative (Stage 2, Phase 1 of analysis described in table 2)**

| Segment | Line number |
|---|---|
| 1. A false belief by society: if you look fine, you must be fine | 9 – 19 |
| 2. A false belief by society: you can use tests to work people out | 20 - 22 |
| 3. Conforming to societies ideals means being a robot | 23 – 31 |
| 4. Mental illness seen as bad | 32 - 34 |
| 5. Individual differences mistaken for mental health issues | 35 - 44 |
| 6. Power differences | 45 - 48 |
| 7. Conforming at school turning people into robots (2) | 49 – 58 |
| 8. Trying not to conform = alone (1) (1) | 59 - 70 |
| 9. Feeling manipulated by school to conform (4) | 71 – 75 |
| 10. Self-talk as a support | 76 - 86 |
| 11. Choosing not to conform (2) | 87 – 103 |
| 12. School making things worse | 103 – 110 |
| 13. Transition to secondary school negative | 111 – 123 |
| 14. Effects of friends arguing | 124 – 137 |
| 15. Feeling alone (2) | 138 – 149 |
| 16. Not wanting to talk about friends | 150 – 158 |
| 17. Power difference between students and schools (2) | 159 - 172 |
| 18. The whole concept of 'school' is negative (2) | 173 – 180 |
| 19. An alternative to 'school' | 181 – 189 |
| 20. Lack of input/impact from professionals | 190 – 198 |
| 21. The whole concept of 'school' is wrong (3) | 199 – 206 |
| 22. A safe space at school | 207 – 219 |
| 23. Pressures of school coursework | 220 – 224 |
| 24. School pressures to conform (5) | 225 - 234 |
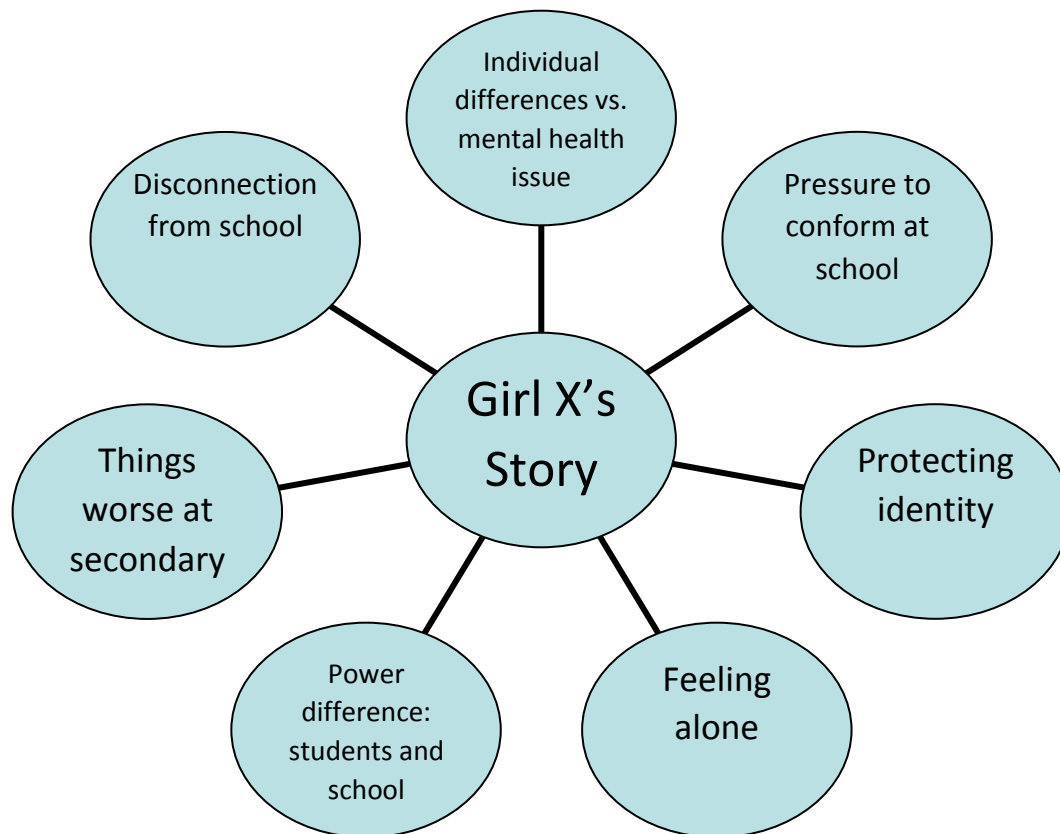
### Education is Manipulation

#### *Individual differences vs. mental health issues*

Girl X spoke frequently about a perceived need to conform to a set criteria of expectations from both society and school in order to fit in. In discussing school, she saw these pressures to conform as being akin to manipulation; manipulating her and other students to all be same by discouraging or even disallowing any significant variance of identity, independent thought or challenges to the systems set by adults.

Girl X felt that if people veered away from what she perceived to be a prescribed set of criteria, displaying too many individual differences, then they would be judged as being mentally ill:

*'No-one is really the same, and because they can't accept it they put everything into categories to make sense of it' (43 – 44)*

Girl X discussed how society as a whole sees being different as a mental illness, yet she does not class her individuality as a mental disorder despite an awareness that society might. She says how professionals *'think they can test everything' (21)* in a way that sounds like she is exacerbated with individual differences needing to be medicalized into a disorder.

Her desire to maintain a sense of her authentic self and not alter her identity features as the main aetiology to her decrease in wellbeing within her narrative. The pressures she felt to change were directly linked to the pressures she felt from school to conform.

### *Pressure to conform at school*

Girl X's narrative repeatedly comes back to feeling oppressed by school to conform; in who she is on the inside and outside as well as how she behaves. She felt that school presented minimal choices in what she could learn and who she could be, which is why she said she felt that *''Education is manipulation''* to me in one of our sessions, which I brought up to discuss in her interview.

Girl X felt that she does not fit into a box and nor does she want to, but that for school this was not an option. Her story repeatedly comes back to struggles around keeping her own identity, which she felt school (and society) was trying to change. She uses the metaphor of being a robot in her collage and in her narrative to describe what she felt conforming meant:

*'When I was writing that I was thinking more of what perfection is, basically. Being a robot.' (Reviewing collage) (26)*

*'…starting to become almost repetitive and robotic.' (How she found herself in Secondary School)*

*'You don't really learn anything whilst you are in school. All the things you learn are just there to manipulate you for life. It's like there is only one right answer in their minds, and if you don't follow it you are wrong.' (74 – 75)*

This phrase she had come up with, 'Education is manipulation', seemed to be an anchor for her narrative. Girl X saw school as being *'over organised' (231)* and this had stifled her ability to be herself, to express herself authentically, and led her to retreat inside herself as a form of self-preservation. Her story involved a strong desire to keep her own identity and that in conforming she would lose herself. For Girl X, school was her main enemy in maintaining her sense of self and a cause of much of her personal difficulties:

*'I just don't like the idea of school' (176)*

*'Just the whole idea seems not right.' (178)*

### Protecting Identity

Throughout Girl X's narrative I got a sense of individual resistance. In her story board she includes a representation of when she quit drama after realising she had only taken the subject to try to appear confident like she perceived everyone else to be, and like she felt she was supposed to be.

*'I realised that I was trying to become someone I'm not.' (Girl X explains why she quit drama- once she realised she was only doing it to try and appear as confident as everyone else). (97)*

By not conforming, Girl X felt that this was a cause of much of her difficulties at school, leading to a sense of isolation. Despite this, remaining authentic was more important for Girl X than simply following the crowds.

Her narrative was one of feeling oppressed and pressured to be a certain way, yet her story is one of continuing to remain the way she is. At various points she told me how she used self-talk to tell herself she was doing the right thing and that *'it will be OK'.*

### Feeling alone

Girl X stories herself as being separate from everyone around her. She rationalises this by her decisions to try to preserve her identity and maintain her individual differences; something which her peers were not doing.

Whilst at school, Girl X felt she was always an observer rather than a part of anything:

*'I was just in the middle, spectating the whole thing' (142)*

*'I am realising now that I'm the only one fighting against it' ('It' meaning pressures to conform at school) (61)*

We can see this sense of isolation throughout her story board and it is picked up on by words in her collage ('reject'; 'a lonely disorder').

There is an undertone in Girl X's narrative that she was alone in this battle and yet even now she refuses to bend to what she perceives to be school's wishes to make her a certain way. The end of her story board is quite negative, as she looks back over her journey and feels that *'It was never OK'* to be faced with a system which tries to manipulate.

This shows me a strength of character to stand up for what she believes in, a resilience to stand alone for the sake of her own authenticity even though this was a harder path.

### Power difference: students and school

The sense of solitude Girl X felt from not conforming was something she could not see an alternative to unless the whole structure and concept of school was completely changed. She felt that people in power within education, such as head-teachers, have an agenda to maintain the image of the school and thus don't care about the individual students but rather care only about the grades that will be produced to represent their school.

*Girl X    when I say "they" I mean people who just see schools and everything as just... numbers.*
*A        Hmm, so people even above teachers and schools – sort of... bigwigs who run education?*
*Girl X    Mmmm, maybe even headteachers some headteachers.*
*A        Right, Ok yeah... so running it more like a business with numbers?*
*Girl X    (nods)*
*A        So have you felt that at school?*
*Girl X    Yes.*
*(160 – 169)*

Girl X felt that she had no sense of agency at school. She described feeling she had no choices and storied herself as being controlled by school.

*A        Right. Do you have much choice what you learn now?*
*Girl X    Well I do have some choice, but that's barely anything.*
(184 – 187)

In discussing the voices saying some of the words on her collage, Girl X told me these voices came from *'people usually in higher power with… less understanding' (48)*

### Things worse at secondary school

Girl X's story board showed the journey from Primary school to Secondary school. In her interview she discussed this transition and how it had featured in her experience. The change in size of setting and going from being the oldest to youngest was a difficult change for Girl X:

*'And just… remembering how it felt to be one of the most vulnerable, apparently.   Just… made you… want to hide more than anything else' (115 – 116)*

*'You went from being the oldest to the youngest' (113)*

*'I just… didn't like the… large crowds' (120)*

### Disconnection from school

Girl X had nothing positive to say about school and clearly storied it as being the precursor and perpetuator of her own personal internal struggles- mainly with her sense of identity. When asked what could be different about school, Girl X told me nothing could change because fundamentally it was founded on a set of concepts which, for her, were essentially counterproductive to the positive development of students:

*Girl X    I just don't like the idea of school.*
*A        Yeah…*
*Girl X    Just the whole idea seems not right.*
**A        Do you think it would be possible to have or to invent a school that was right? How would you design it?**

*Girl X    It wouldn't really be called a school – maybe just more of a gathering place of people*
*(176 – 181)*

Girl X spoke about how school offered too little choice, something which she had previously linked to stifling individual differences and creating a need to conform. This made her feel that school did not represent her needs in learning or self-development.

> **Structural / performative aspects:** I often felt that Girl x was holding back and that there were stories or parts of stories that were hidden. She rarely used the first person in telling me details about events. Instead, she chose to answer questions in a way that told me how she felt school and society operate, telling me by proxy what her own views were. She structured her narrative to protect herself in not giving away too many personal details up front. She gave very few details about how difficulties with school and fighting to maintain her identity had affected her internally. There was one occasion when she indicated that she had had a panic attack, but again this was only in saying that going to the inclusion base was '*better than having a panic attack in class' (219).* It may be that she was conscious of being recorded as I found her to be more closed than in previous sessions which were not recorded.
>
> Girl X storied herself as being separate, individual and not needing or wanting any outside help as she was not the one with the problem.
>
> Girl X constructed mental health issues as something which could be used against you. This may be why she was careful with how much she told me about her personal experiences. Girl X described mental health as something which is constructed as a tool for social control, discouraging individual differences in order to make people easier to manage. In her experience, this was the school system controlling students.

## 4.5. Sarah's Story

Sarah was 15 years old at the time of our meetings. She was attending two different alternative provisions after being excluded from mainstream school. She was living with her Mother at this time following a period in foster care. Sarah's home life was so difficult that despite the bullying, going to school provided a respite in comparison. Her father left when she was eight years old and she felt to blame and abandoned. Her Mum had two other children and she felt jealous of the attention they got.

Sarah had a range of diagnoses including depression, anxiety, a fluctuating eating disorder and autism. She did not feel that she really understood any of her labels and did not find them helpful, most notably because there seemed to be so many of them.

Sarah spoke with a quiet voice and did not maintain a lot of eye contact, but had a lot to say.

*Figure 8: Sarah's collage:*
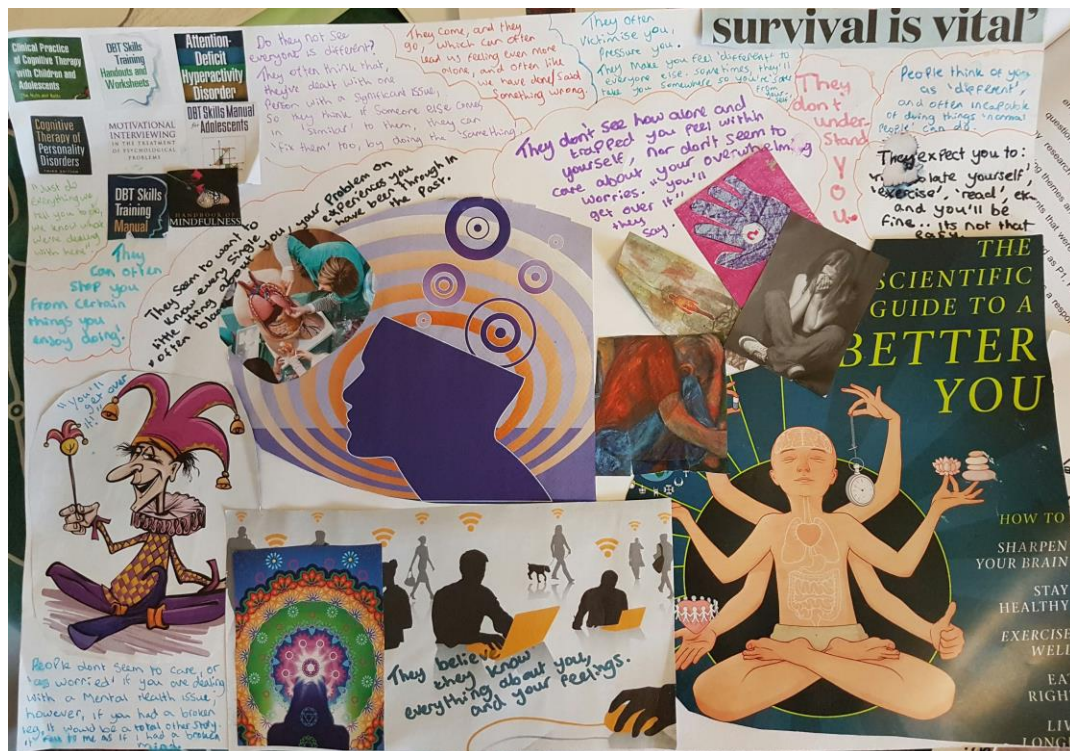


**Reflections:** Sarah left no gaps in this piece of A3 paper, but worked right until the end of the session to express her thoughts and feelings on this. She was

thorough in looking through all of the material I had and was careful and neat in cutting out and choosing where to place things. I got the sense that she cared about this issue and wanted to make sure she got as many of her views down as she could in the time.

**Table 6: Segments of Sarah's narrative (Stage 2, Phase 1 of analysis described in table 2)**

| Segment | Line number |
|---|---|
| 1. Power difference between young person and professionals | 2 - 6 |
| 2. Minimal input/impact from professionals | 7 - 12 |
| 3. Bullying | 13 – 20 |
| 4. Lack of positive action by school | 21 – 22 |
| 5. How mental health affected behaviour | 23 – 33 |
| 6. School viewing her as bad/naughty | 34 - 45 |
| 7. Not attending mainstream school at the moment | 46 - 47 |
| 8. Transition to secondary school | 49 – 53 |
| 9. Bullying (2) | 49 – 53 |
| 10. How mental health affected behaviour (2) | 54 – 60 |
| 11. School viewing her as bad/naughty (2) | 61 – 63 |
| 12. Key adult at school | 64 – 71 |
| 13. How mental health affected behaviour (3) | 72 – 79 |
| 14. Lack of consulting Sarah in her treatment plan- lack of consistency of care | 80 – 95 |
| 15. Professionals presuming to know it all | 96 – 116 |
| 16. Individual differences medicalized as mental health problem by professionals | 117 – 121 |
| 17. How experiences have made her stronger (resilience) | 122 – 125 |
| 18. School giving up on Sarah- feeling that school judged her as naughty/bad (3) | 126 - 160 |
| 19. Schools don't deal with mental health issues | 161 - 165 |
| 20. Bullying- schools don't deal with it well enough (3) | 166 – 173 |
| 21. Alternative provision being positive- key adults (2) and lack of power difference like between students and school teachers (2) | 174 – 201 |
| 22. Individual differences medicalized as mental health problem by professionals (2) | 202 - 219 |
| 23. How experiences have made her stronger (resilience) | 220 - 230 |
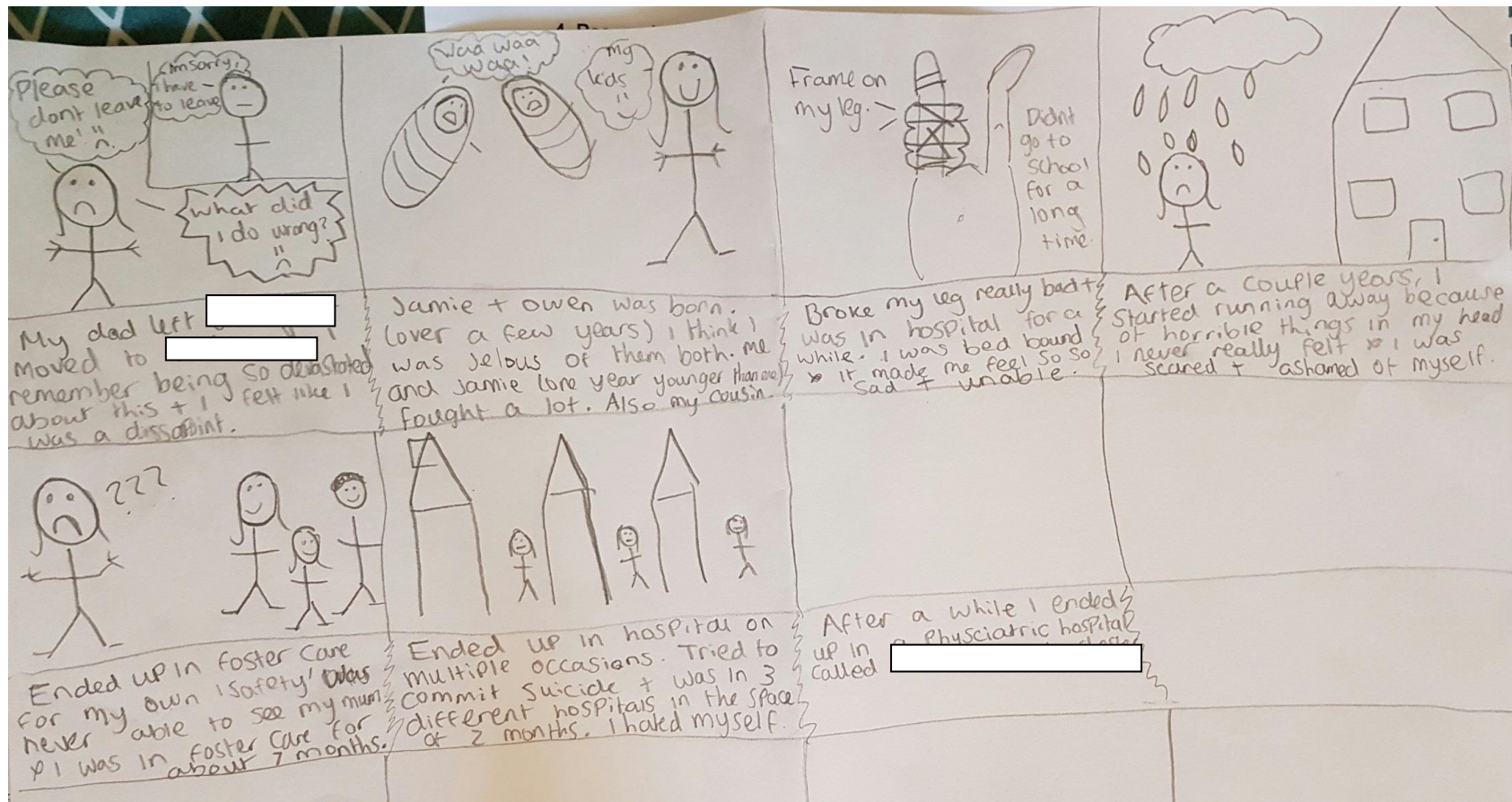
**Reflections:** Sarah wanted to be very detailed in her story board and depict a lot of what was going on in her home life. I understood from this and her interview/collage that Sarah had a combination of factors affecters her both at home and at school.
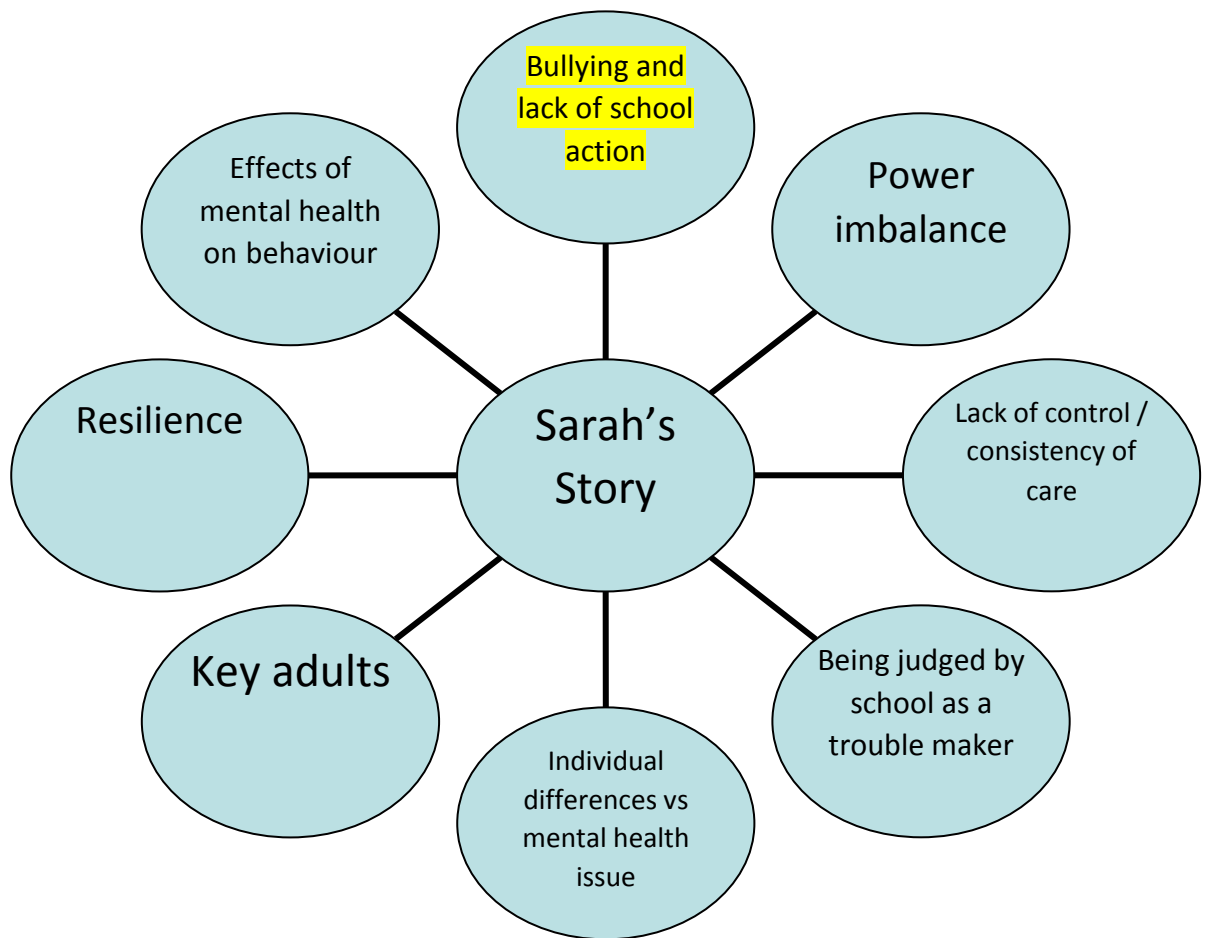
**Where is my say?**

**Reflections:** Sarah's story board contains a lot of events which happened at home, however in the interview she spoke more about what else was going on at the same time alongside these things. Sarah did not discuss a lot of what she had put on the time-line, which she had been told would be confidential. I wondered how her negative experience of professionals affected her willingness to share some of her more personal experiences with me, and reflected on how she viewed me. I tried to remove some of the power imbalance by sharing some of my own experiences during the interview, such as when she spoke about the impact of a key adult at school and I shared a story around one of my positive relationships with a teacher at school.

Sarah gave lengthy answers to my questions and I felt that she had a lot that she wanted to say about what had not worked and what could have been better.

### *Bullying and lack of school action*

Sarah starts the discussion around experiences at school with talk about being bullied in primary school and school's lack of taking action:

*'Well, in primary school, when I was getting bullied and stuff, the school didn't really do anything about it; they just kind of- they just kind of let it go by, go over their heads'* *(16 – 17)*

She later comes back to this topic, emphasising that it continued over a period of some years and how she thinks schools deal with bulling:

*'I think that some schools try not to believe that people are getting bullied in their school, I think that's what happens sometimes'* *(171 – 172)*

As school didn't do anything about it, Sarah tried to learn to cope with the bullying herself:

*'I just ended up getting used to it and just ignoring it and reading a book on my own.'* *(20)*

Sarah told me that she felt bullying is something which is prevalent in schools and which fluctuates:

*'It depends which school you go to, to be honest, but it seems like it's going up and down, up and down, the bullying situations, and then it will go up and then down and then it will go up again'* *(167 – 169)*

### *Power imbalance*

Sarah used the collective term 'They' multiple times in her collage. I asked her about this and about some of her quotes including: 'they think they know it all' and 'they don't always understand'. I felt that she was placing herself at a distance from this 'they'. This sense of collective 'they' was defined by Sarah as '*a lot of the time about professionals'* (6). Sarah storied herself as being a single individual facing a collective group ('they') who judged her without listening or understanding. This included her experiences at school.

In talking about why she liked her current placement more than school, she told me that in her current placement this sense of 'me' vs. 'them' was not so apparent:

R        *When you're at school teachers are like 'top top'.   But when you are at this*
*placement, they are just like same level, do you know what I mean?*
A        ***Yes – so you can relate to them.***
R        *Yes.*
*(198 – 201)*

*'They listen to you there, and it is nothing like school' (181)*

### Lack of control / consistency of care

Sarah felt that her care at home, at school and in her mental health was taken out of her control. In her narrative, Sarah had a theme of not having choices and not being listened to. At home, she was placed in Foster care and didn't understand why she couldn't see her Mum (story board image 5). As her mental health continued to affect her, she tried to commit suicide and ended up in a psychiatric hospital. She storied herself as being confused and lacking a say in where she went to live and which hospital she went to. Consistency of care was an issue for Sarah:

*'…after two weeks they transferred me so… I didn't like- I just got settled in and they moved me.' (89)*

*'Well like a lot of doctors probably wouldn't listen like and… but like they often just kind of talk at you, instead of talking to you about things' (99 – 100)*

She later stated that to improve the system, things would have been better if there had been more consistency around her care.

### Being judged by school as a trouble maker

As a result of her behaviour, Sarah was categorised by school as being a 'naughty' and 'bad' student which further distanced her from school. This is a major theme in Sarah's narrative and runs all the way through:
*'… I didn't understand why I was the one that kept getting into trouble' (37 – 38)*

School labelled Sarah a 'trouble causer':

R    … they were saying they'd already got one trouble-causer and didn't need
another one. They started saying things like that.
A    *So actually you were referred to as a trouble-causer?*
R    Yeah.
(149 – 152)

Throughout Sarah's narrative, she described the way that school saw her outward behaviour was not as a sign of poor mental health and internal struggles, but as a sign that she was naughty or bad and required punishment. Sarah told me that school eventually gave up on her when she started running away.

A    *How do you feel that schools deal with mental health problems?*
R    They don't.
A    *Yes.   Okay.*
R    They just kind of take it over their heads and don't really listen to anyone about
it.  They just,    like, "Oh well, you're doing your school work, this isn't a doctor's, this is
school".
(161 – 165)

### Individual differences vs mental health issues

Sarah felt that professionals needed to find answers and labels to rationalise what was going on for her. She felt that individual differences were not considered, and that doctors felt a need to find a category to fit her into:

 R     Well like, if you are talking to someone [a professional] and saying how you feel
and stuff     like that, and they'll ask you to do something about how your life's been
and what's happened in the past and stuff and then pinpoint things, like that, they will
be like "oh that's what might have like, been a cause to how you are feeling" or
something like that.
A    *Oh, do you think that they sometimes feel they need to find a cause?*
R    Yeah.
A    *Right.*
R     But, like, I don't really know why, because you kind of can't help it because it's
just your brain and it's not really your fault, I guess, I don't know.
A    *Yes – it comes back to all being different doesn't it?   Dealing with things
differently and just having a different outlook.*
R     Yeah.
(208 – 219)

### Key adults

Sarah twice mentioned adults who had had a positive impact on her experiences because of the way they related to her. One was at school and the other at her drama placement. She described these adults as treating her more equally rather than upholding a power imbalance. This made her want to attend the lessons of the teacher at school and likewise her drama placement.

### Resilience

Like Emily, Sarah did not seem to have lost all faith in her future and the topic of resilience came up. Sarah was very self-reflective and throughout her narrative made statements which showed that she had spent time reflecting on where she had been, why and what this meant for her future. Despite enduring difficulties over a number of years, Sarah still maintained an element of strength, showing a sense of reliance:

*'When I look back, I guess it makes me feel a bit disappointed in myself but knowing where I am now in life and hopefully, erm, trying to get to be where I want in the future, it sort of makes me feel stronger and more like I can... cope if anything else were to happen, I guess.' (222 – 224)*

### Effects of mental health on behaviour

For Sarah, her experiences of being bullied continued from Primary school into Secondary school and were a causal factor to much of her mental health issues at school. In an attempt to stand up for herself, Sarah started acting out against others in the same way they had treated her, expressing internal difficulties with physical and verbal aggression just as she had experienced. This began in primary school and continued after she transitioned:

*'I would, like, defend myself the way I did at primary school.' (52 – 53)*

*'...as I get older- got older- I eventually erm thought that it was, right, I guess to hurt the people that hurt me – [...]so I kind of starting hurting people that hurt me with words or physically or something and like start hurting them like – [...] hit them and kick them and stuff, but no-one ever told me it was wrong.' (27 – 33)*

*R      Like I would say something back or do something back, and that obviously weren't very good.*
*A      Right.*
*R      And then... but like erm, I got into a few fights and arguments quite a lot of the times and I used to like get myself into quite a bit of trouble as well /*
*A      / Right /*
*R      / getting myself into isolation and stuff every day.*
*(55 – 61)*

The combination of being bullied and various home-life issues resulted in the deterioration of her mental health.

She eventually began to run away *'because of horrible things in my head'* and that she *was 'scared and ashamed of myself'* (story board image number 4)

**Structural / performative aspects:** Sarah storied herself as being marginalised and rejected by school. She returns to the theme of bullying multiple times and follows this theme with how her behaviour was affected, and how this in turn led her to be judged by school. This places aetiology of the deterioration in her wellbeing with bullying at school. She also returns to power imbalance on a number of occasions and stories herself as being 'done to' by school, in her home life and in her treatment process. Sarah distances herself from professionals by using the term 'they' multiple times; grouping together all the adults who didn't listen to her and who made decisions about her and for her.

### 4.6. Comparing over-arching themes across narratives

As I was interested in finding common themes, after carrying out individual analysis of each narrative I compared major themes between all three (see chapter 3, table 3 for details on this process). Below is a table with the results of this analysis. A full discussion and interpretation of these will be presented in the proceeding chapter.

*Table 7: Common themes across narratives: Stage 3, Phases 1-3*

| Theme | Participants |
|---|---|
|  |  |

| | |
|---|---|
| **Bullying at school** | Rosie; Rachael |
| **Lack of positive action by school** | Rosie; Rachael; Girl X |
| **Being seen as 'naughty' or a 'bad' student** | Rosie; Rachael; Girl X |
| **Transition to secondary school** | Rosie; Rachael; Girl X |
| **Power difference between students and teachers** | Rosie; Rachael; Girl X |
| **Disconnection from school** | Rosie; Rachael; Girl X |
| **Key adults** | Rosie; Rachael |
| **Feeling marginalized and alone** | Rachael; Girl X |
| **Effects of mental health issues on behaviour** | Rosie; Rachael; Girl X |
| **Identity and individual difference** | Rosie; Rachael; Girl X |
| **Pressure to conform at school** | Rachael; Girl X |
| **Individual differences and medicalization** | Rosie; Rachael; Girl X |
| **Professionals as experts** | Rosie; Rachael |
| **Lack of consulting young person on their treatment** | Rosie; Rachael |
| **Minimal input/impact regarding support** | Rosie; Rachael; Girl X |
| **Resilience** | Rosie; Rachael; Girl X |

## Stage 3, phase 4

In comparing themes across the narratives, I noticed that these could be catagorised into over-arching themes meta-themes. These were:

1. **Lack of containment in relationships**

    **1. a. Feeling rejected/ignored by school staff**

    **1. b. School staff/pastoral care as secondary attachment figures**

2. **Resistance to medicalization**

'Lack of containment in relationships' was observed to be the most significant meta-theme, to which 1.a. and 1.b. could both be linked as impacting upon this meta theme. By feeling rejected and ignored and by not having a secure attachment to staff at school or to adults offering support, each of the participants in this study expressed feelings associated with a lack of containment. Meta-theme 2, 'Resistance to medicalization' encompasses themes where participants were concerned that simply by being themselves and expressing their individual differences, or by not conforming, they would be labelled and medicalized which was seen by all three to be something negative and to be avoided at all costs.

For the purpose of this analysis section, I have attempted to evidence how each of these meta-themes was observed below. These meta-themes will be discussed in terms of implications in the chapter that follows.

### 4.6.1. Meta-theme 1: Lack of containment in relationships

**Emily**

Main themes: Bullying and lack of school action; Being seen as a trouble maker; Disconnection from school; Professionals being know it all's; Effects of mental health on behaviour (*note: with a lack of containment from school, rather this theme was juxtaposed with being seen as a trouble maker by school*).

**Girl X**

Main themes: Feeling alone; Power difference: students and school; Things worse at secondary school; Pressure to conform (*note: thus feeling that who she was needed changing);* Disconnection from school.

**Sarah**

Main themes: Bullying and lack of school action; Power imbalance; Lack of control/consistency of care; Being judged by school as a trouble maker; Key adults *(note: Key adults was briefly discussed by Sarah as having been significant, then discussed in terms of a lack of).* Symptoms of mental health *(note: as with Emily, juxtaposed with being judged as a trouble maker and also with having no key adult to open up to).*

### 6.6.2. Meta-theme 2: Resisting medicalization

**<u>Emily</u>**

Main themes: Professionals being know it all's; Resilience.

*Note: The theme 'Professionals being know it all's' was derived from Emily's frequent expression of disliking and having little faith in mental health professionals. In sharing these views, Emily discredits their abilities to know her and therefore discredits their ability to accurately diagnose.*

**<u>Girl X</u>**

Main themes: Individual differences vs mental health issue; Protecting identity

**<u>Sarah</u>**

Main themes: Individual differences vs. mental health issue; Resilience.

*Note: As with Emily, I saw Sarah's storying of her resilience as being at least in part to distance herself from her labels and having been medicalized. Ultimately, she is still a person and this theme drew on that.*

# Chapter 5: Interpretation and discussion of Findings

## 5.1. Introduction

In this chapter, I will begin with a review of the findings presented in the previous chapter followed by discussing each narrative individually. I will consider what the major themes tell us about each participants' experience and how this relates to relevant literature, theory and research.

Next I will look at the three narratives together regarding the main themes and over-arching or 'meta-themes' observed when comparing each participant's main themes. I will look at how these meta-themes can answer the research questions posed in this study and the implications for professional practice.

All themes are reviewed in relation to existing literature explored in chapter two. I will discuss how these may help professionals including Educational Psychologists to better understand some of the issues faced by girls experiencing mental health issues whilst at secondary school, with a view to informing and improving future practice. I have split the discussion of themes into sections depending on whether they related to research questions one or two. They were then critically reflected upon in order to answer research question three which asked what EPs can learn about supporting teenage girls with a mental health issue.

Whilst I do not purport that themes identified are generalizable to other students or schools, I shall be discussing them with a suggestion that they may help add to what we understand of the experiences of teenage girls who have a mental health issue. This in turn could help to inform the work that professionals do with teenage girls, both directly and in addressing environmental or structural factors within schools such as policies, staff training and early interventions.

To clearly identify individual themes, I have used the code 'KRQ' (Key Research Question) plus number 1, 2 or 3 to show which of the three research questions the theme links to. Each theme then has its own individual number. E.g. the first theme for key research question one is labelled as 'KRQ1.1'. The second is 'KRQ1.2' etc. There is no particular ranking or order for themes within each research question.

## 5.2. Review of findings

For all three of my participants, mainstream school did not offer any form of significant support, rather served to perpetuate feelings of marginalisation and a deterioration of emotional wellbeing. There was a general feeling amongst participants that they were not understood by teachers and this in particular led them to begin a process of disconnection from school. Rather than offer a selection of adults able and available to nurture the participants in this study, all three discussed feeling misunderstood and judged, negatively viewed and not being offered the support they needed. As I shall be exploring in this section, a majority of themes arising from all three narratives could be placed under the umbrella concept of 'containment'. Feeling rejected, ignored, judged and with no secure attachment to adults around them, each participant expressed their own versions of a distinct lack of containment at school.

I discussed in the literature review that young people with mental health issues were more likely to become 'NEET' (not in education, employment or training) (Goodman et. al., 2010). In this study, through disconnection with school, two of the three participants had left or been excluded from mainstream school at the time of our meetings (Emily and Sarah) and at the time of sending this thesis to print Girl X was also no longer attending school.

## 5.3. Discussion of individual narratives

### 5.3.1. Emily's story: Beating the Bullies

Emily's experience of having a mental health issue was storied as being interlinked with experiences of bullying at school. Although she discusses having heard voices at a younger age, Emily stories the onset of significant mental health issues as being the result of continuous bullying, starting in primary school and continuing in secondary school.

Emily's narrative appears to go in cycles in the pattern seen in segments 1 – 4, resulting in a gradual disconnection from school:

**Figure 11: Cycle of recurring major themes within Emily's narrative**

1. Bullying

2. A cry for help

3. School take no positive action

4. Effects on her mental health

5. Disconnection from school

6. Being seen as a trouble maker
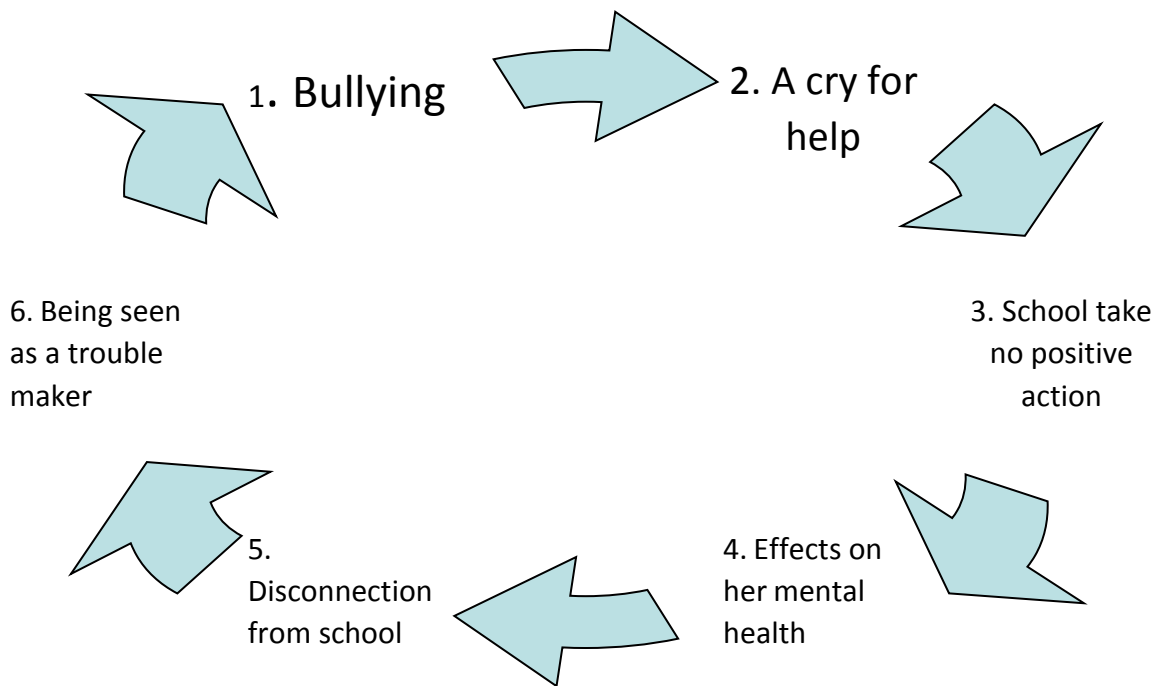
**Link to literature, theory and research: Bullying and implementing anti-bullying policy.**

Bullying has been an issue in schools which has received a lot of attention, as it has been linked to poor mental health including self-harm and suicide, school refusal and personal issues continuing into adulthood. Schools tend to decide on their own strategies for managing bullying, however these are not always effective. In 2008 the Guardian published an online report stating that nearly half of all UK secondary school students (46%) felt that bullying was a problem in their school, making the UK the worst place in Europe for bullying at school. As the guardian is a national newspaper, this figure should be regarded with some consideration for the fact that most media is owned by and supportive of particular groups, which may include specific political allegiances with the potential for bias.

*Discussed further below in KRQ1.1.*

Emily's narrative develops around this cycle as she talks about how it impacted upon her connection with school, her ability to study and a gradual deterioration

in her behaviour. As this continued, Emily also discusses being seen as a trouble maker at school, which she counters by telling me that she felt she used to be a good student. This tells us that Emily has changed significantly in her outward presentation, in response to adverse situations of bullying. She gives detailed descriptions of how her physical appearance changed due to lack of sleep and a lack of self-care as well as detailed accounts of cries for help which got worse in severity as the narrative continued, finally resulting in Emily stopping attending school and being transferred to an alternative provision.

**Link to literature, theory and research: Deterioration in school connectedness**

As presented in chapter 1, literature suggests that school connectedness may be a significant factor in adolescent mental health (Weare, 2015; Millings et. al., 2012; Shochet et. al., 2006; Sheeber et. al., 2007). Sheeber et al. (2007) found school connectedness to result in feelings of value, respect and belonging which acted as a protective factor against depression. In a document for the National Children's Beureau, Weare (2015) reviews recent research in proposing that school connectedness supports students in feeling accepted, respected and bonded to the school environment, citing it as being a key factor in determining well-being and mental health.

Weare (2015) suggests that secondary schools in particular may need to do more to target school connectedness, citing suggestions from Ofsted's 'Healthy Minds' report (2005). Secondary schools are often very large in size and in the number of students and teachers, with students having different teachers for different lessons and spending no significant amount of time with any individual adult or in any one space. Secondary schools are thus often more fragmented settings than primary schools, making whole school approaches difficult to implement (Weare, 2015) and potentially reducing the ease in which significant adult relations school connectedness are likely to occur.

School connectedness has been found to be a protective factor against low mood in adolescent girl specifically, presented in the research of Millings et. al. (2012) discussed in chapter two. Geenberg and Jennings (2009) that found

school connectedness leads to low levels of conflict and disruptive behaviour, smooth transition from one type of activity to another, appropriate expression of emotion, respectful communication and problem solving, a sense of warmth, supportiveness and responsiveness to individual students and needs.

Performativey, Emily did not appear ashamed or apologetic for her actions and I do not suggest that she should be. She structured her narrative to show clear cause and effect of being gradually more and more disconnected from school with no mention of anyone acting as a significant source of support. Emily stories herself as being very much alone in trying to seek support, first for bullying and then for feelings that she was going to hurt herself due to escalating mental health issues.

As presented in the analysis, Emily spoke with confidence, self-assurance and reflective insight regarding her experiences. She did not appear embarrassed or uncomfortable to go into details with me about difficult times and crises. In the telling of her story, Emily performed a role of someone who has accepted the things that have happened and as such was able to give suggestions of what could have been better in terms of school and support. She does not suggest that she attributes blame on herself, if anything blame in Emily's story is on not being taken seriously on disclosing bullying to school and asking for help but not receiving it. Instead, Emily had to try to manage her difficulties regarding bullying and deterioration of mental health on her own with no significant support until she reached crisis point.

**Link to literature, theory and research: No support put in place until crisis point.**

In chapter two, I discussed findings from a study by Monkman (2013) which included feelings amongst teachers that they did not possess the skills to deal with mental health issues and that they were often keen to pass the problem on. It may be that lack of positive action is due to gaps in teacher confidence for supporting students, despite initiatives such as TaMHs, SEAL and Future in Mind.

In addition, a recent study by the National Union of Teachers (NUT, 2013) found that over 80 per cent of teachers report experiencing stress, anxiety and depression at work and over 50 per cent have reported feeling 'severely' stressed. Being able to notice changes in behaviour and respond sensitively and with empathy to students who may need support will naturally be affected by an individual's own available time and head-space.

I am conscious that I was only presented with the version of Emily's narrative that she held at the time of our sessions mediated by the structure, details and performative elements she chose to give to me. Emily clearly had a lack of faith in professionals based on her experiences of being misunderstood, judged negatively and of being unsupported. As touched upon in the analysis section, this may have affected Emily's relational choices with me, based on theories of transference first discussed by Freud (1910). If Emily had experienced needing to fight her own battles in the past and to defend herself against adults judging her unfavourably, she may have unconsciously felt that she had to defend herself against me and project a lack of vulnerability. This made me wonder if part of being misunderstood by teachers was due to Emily's transference of a lack of trust in adults. To me she demonstrated an air of bravado in her 'laissez-faire' attitude to what looked on paper like quite distressing experiences. I reflected upon whether teachers took this at face value, preventing them from seeing actual feelings and internal struggles going on inside of Emily. Weiss (2002) discusses the impact of transference within school settings and I shall explore this in section 5.4.

However, whether Emily is fully at peace with her experience or not, the fact that she chose to be so open and frank with me and was able to give advice for schools working with other young people demonstrated, at least to some extent, that Emily has resilience.

Emily concluded by discussing positive plans for the future in studying for her GCSE's at an alternative provision. The final part of Emily's narrative was Emily using her experience to suggest ways to improve schools and support from

professionals, ending with Emily confirming that she would class herself as resilient.

### 5.3.2. Girl X's story: Education is Manipulation

The pressures of school and related issues were the most dominant themes within Girl X's narrative. Her entire narrative was storied within a framework of total disconnection from school; from peers and adults, from the work and from the school system as a whole. Girl X cited this largely as being due to feeling that school did not allow her to express her individualism due to the highly organised structure and lack of choice. She also spoke of feeling a large power difference between herself (and students as a whole) and adults at school, feeling that they did not have her interests at heart but instead operated in accordance with protocol from a higher level, suggesting senior leadership and head teachers, who's agenda was to maintain a positive reputation for their school via grades and student behaviour.

From the beginning of her narrative, Girl X expressed her feelings about individual differences being seen as something negative by school as well as by society in general. She felt that school did not support her individual growth, rather was designed by people in power to control and manipulate young people into developing in a way that fits in with societal ideals of making everyone the same.

Girl X suggested that she felt different to this prescribed desirable set of criteria for who she should be. This created rather a significant dislike for school which ran from its immediate environment right to the systems on which it operated. It also suggests that Girl X experienced a discrepancy between the person she felt she was with what she perceived school and society was saying she should be. She did not seek support because she perceived there to be a risk in being seen to be different, based on her perceptions of individual differences being seen as mental health issues and mental health issues carrying negative stigma.

and continuous, identity can offer a frame of reference for people in the context of social relations and support autonomy in life (Erikson, 1959).

Establishing a stable identity is a major development task in adolescence. Experiencing uncertainties around identity is a normal part of adolescence and is usually temporary (Jung et. al., 2013). According to Kernberg (1978), difficulties arise when there is an ongoing discrepancy between an individual's sense of self and the self which they perceive others to believe about them. Kernberg discusses how this can lead to an 'identity crisis' which he stated is at the root of mental health difficulties such as personality disorders (Kernberg, 1978). Similarly, Erikson emphasizes the need for resolution of identity crises in adolescence in order to maintain a healthy mental state (Erikson, 1959).

Girl X storied a constant battle between her sense of identity and how she perceived school wanted her to conform. Performance wise, she storied herself as being a solo fighter against school as an organisation; slowly watching her peers conform and feeling more and more alone and different yet still determined not to do the same. There did not appear to be a particular beginning, middle and end structure to this or any of Girl X's narrative as she described her experience and feelings as being the same earlier on in her schooling as they were at the time of this research. What I could deduce however was that as time passed by, Girl X had been fighting this internal battle alone for longer and longer, feeling different, feeling alone and actively isolating herself and hiding her feelings from those around her. If anything, things appeared to be getting worse for Girl X.

**Link to literature, theory and research: Feeling alone.**

This may come about from hiding feelings and hiding important parts of the authentic self in order to try not to stand out and to try to fit in with the perceived ideal. This leads to a mismatch between the inner self and presentation of self. Concealing important thoughts and feelings suggests to the brain that who you are is something unacceptable which needs hiding. This may lead to feelings of marginalisation and isolation from peers and adults in school which, drawing on

identity theory (Erikson, 1959). This may have a negative impact upon self-image due to a lack of positive social feedback.

### 5.3.3. Sarah's story: Where is my say?

Sarah had a busy narrative containing within it many smaller stories and anecdotes across the settings of school, home, psychiatric hospital and alternative provision. She followed a linear trajectory in storying her experience, which began with bullying in primary school. Sarah came back to the topic of bullying at the end of her narrative in stating that she felt schools do not deal with bullying well enough and citing it as an area that needs addressing in offering suggestions for improving schools.

Although this section is not a comparison between the three participants, Sarah's narrative had a quality similar to Emily's in relation to the circular pattern depicted in figure 11, but with some slight variation as Emily did not story actively seeking for help as being a significant theme:

**Figure 12: Cycle of recurring major themes within Sarah's narrative**



1. Bullying
2. Negative impact on mental health
3. Negative impact on behaviour
4. Being judged on negative behaviour
5. Disconnection from school
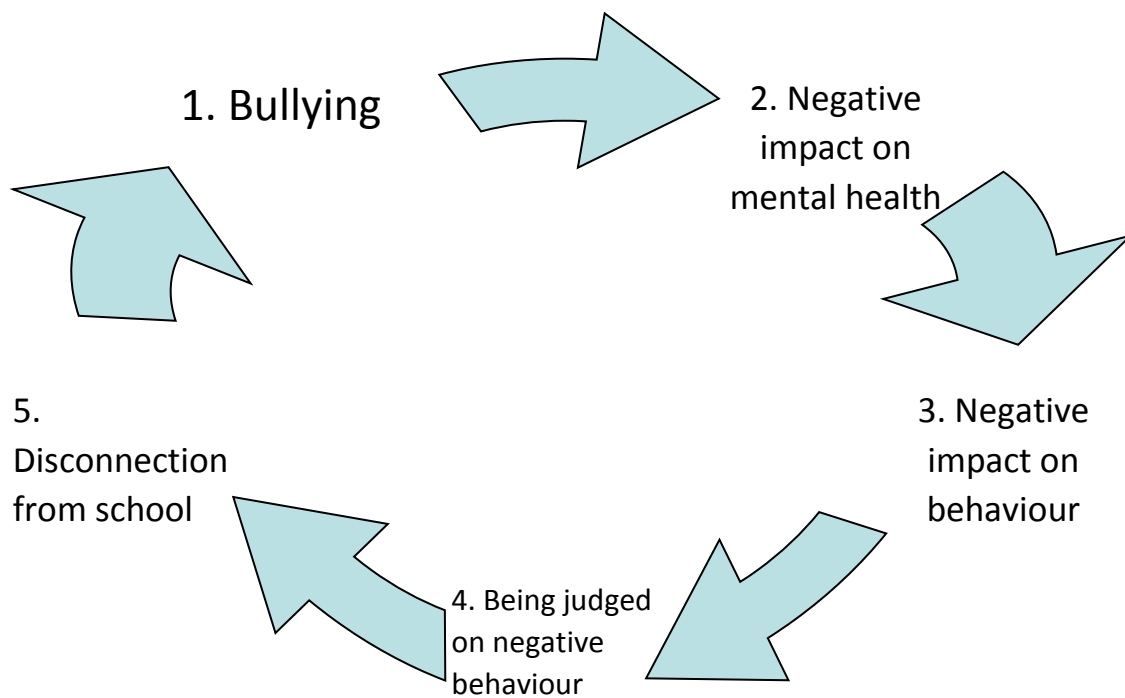
**Link to literature, theory and research: Bullying and implementing anti-bullying policy.**

(Discussed above in section 5.1.1.) /*Discussed further below in KRQ1.1.*

Sarah storied this cycle as continuing until she felt she was at crisis point regarding her mental health, at which time she started running away and was eventually sectioned in a psychiatric unit. Up until this point, Sarah storied how her mental health was affecting her behaviour and how school responded to this with punishments. Sarah expressed being 'scared' of herself, suggesting confusions over her identity and a lack of control over her behaviour.

**Link to literature, theory and research: Behaviour judged as being 'naughty'**

As human beings, our inner emotional state has a tendency to find a way into external expression (e.g. Rogers, 1993). If we try to hide our true feelings or repress them, it is common for them to become displaced and come out in a

way that can at first appear to have no correlation with the original feelings. For example, the bully who appears insensitive and cruel, but who bullies as a way of trying to validate themselves as having some sort of control and power, having been bullied themselves or come from a difficult home life. This example may be a cliché but psychological theories such as those used in conflict resolution and relationship therapy describe anger as being a secondary emotion driven by fear, which in itself may have come from negative past experiences and a lack of self-confidence (such as restorative practice and non-violent communication, Rosenberg 2015).

*Discussed in KRQ1.3.*

Sarah storied not being given a voice at school to discuss what was going on and why some of her behaviours were happening.

**Link to literature, theory and research: Not having a voice at school.**

According to the 1989 UN Convention on the rights of the child, children and young people have the right to express an opinion and to have that opinion taken into account in any matter affecting them (Harding and Atkinson, 2009). It is acknowledged in research that this is not a straightforward task (Hartas, 2011). As such, the process has often been carried out unsuccessfully, with 'distortions and misperceptions' taking place by the adult (Ingram, 2013 p.336).

Educational professionals are often under stringent time constraints, and it has been reported that the voice of the child has, at times, been merely tokenistic (Woolfson, Bryce, Mooney, Harker, Lowe and Ferguson 2008).

Ongoing bullying and a lack of voice within school and with staff led Sarah to become more and more disconnected from school.

**Link to literature, theory and research: Disconnection from school.**

(Discussed above in section 5.2.1.)

The second part of Sarah's narrative was around her experiences with mental health professionals as she went to two different psychiatric units. Again, Sarah storied herself as not being given a voice or the opportunity to be consulted before decisions were made which affected her. As a result, Sarah felt that assumptions were made about her and diagnoses given (she shared with me a collection of labels off the record) which she felt had not considered the experiences she had been through or her own individual differences. Rather, Sarah storied being judged and medicalized.

**Link to literature, theory and research: Labelling and Medicalization**

The DSM is an ever growing manual listing an increasing number of diagnosable disorders. However there is debate about the accuracy of which people can be diagnosed. This is even more so in the case of young people who still have developing brains and, by nature of their stage in life, a less stable sense of self and identity (Lee et. al., 2014). This brings us back to the debate about what mental health is, i.e. whether mental health disorders are social constrictions defined by what is the norm or whether they are objective, biological differences. This frequently discussed debate of 'mad, bad or sad' (e.g. Appignanesi, 2009; Nunn, 2011) is a controversial topic and beyond the scope of this thesis.

**Link to literature, theory and research: Lack of consultation over treatment**

What is meaningful and poignant for a child or young person cannot be implicitly known by anyone except the young person themselves, as it is the unique product of a multitude of factors including past experiences, moral worth, internal beliefs and sense of purpose (Gersch, Dowling, Panagiotaki and Potton, 2008). To assume these is an act of disempowerment, as it discounts the insight a young person has and inhibits the chance for the young person to develop self-awareness and agency as an autonomous human being (Gersch et al, 2008).

## 5.4. Discussion of themes common across narratives

### 5.4.1. Key Research Question 1

*Table 8: Themes for key research question 1*

| Key research question 1: How do teenage girls who have had a mental health issue perceive their experiences at school? | Code |
|---|---|
| **Over-arching theme: A lack of containment** | |
| **Meta-theme 1: Feeling rejected/ignored by school staff** | **KRQ1.1** |
| Bullying and a lack of action by school | KRQ1.2.1 |
| Being seen as a 'naughty' or 'bad' student | KRQ1.2.2 |
| Identity, Individual Difference and Pressure to Conform | KRQ1.2.3 |
| Feeling marginalized and alone | KRQ1.2.4 |
| Disconnection from school | KRQ1.2.5 |
| **Meta theme 2: School staff/pastoral care as secondary attachment figures: an absence of.** | **KRQ1.2** |
| Transition to secondary school | KRQ1.2.1 |
| Power difference between | KRQ1.2.2 |
| Key adults | KRQ1.2.3 |

## KRQ1.1. Feeling rejected/ignored by school staff

### KRQ1.1.1. Bullying and a lack of action by school

Being bullied and feeling that school did not support them in doing anything about it was one of the main themes identified for both Emily and Sarah. For both of these participants, bullying was a theme which underpinned much of their narratives throughout. Emily used up half of her story board (figure 1) describing bullying from ages 10 to 12.5 years old and how it had impacted on her at the time. The rest of her story board expressed what happened to her mental health as a result of this ongoing bullying. In her interview, Emily said the word 'bullying' three times and 'picking on me' twice.

In analysing Sarah's transcripts, the theme of bullying was pulled out six times also at various points.

*I was looking forward to going to secondary school, and then I went and it was just kind of like... around the same thing and no-one seems to like me (Sarah, line 49-50)*

For both Emily and Sarah, they felt that nothing was done about the bullying, which continued over a number of years, gradually effecting their mental wellbeing more and more (linking to themes K1.2 and also K1.3). None of the participants felt that they received adequate or appropriate support from school until they were at crisis point. They were ignored and their stories were rejected.

Schools may say that they do not have bullying in their school in order to uphold their reputation, a sentiment echoed by Sarah in her narrative whilst Girl X emphasised feelings that her school's number one priority was their own reputation. Girl X storied herself as displaying a need for support in talking about panic attacks and needing to go to the inclusion base as an alternative to class.

### KRQ1.1.2. Being seen as a 'naughty' or 'bad' student

Emily and Sarah both storied a process whereby as their self-image became worse and more confused, they acted out more extreme behaviours. Emily and Sarah both described extreme behaviours which they displayed at school including being physically aggressive and running away (Sarah) and attempting self-harm and showing major changes in physical appearance (Emily). The

result was that what teachers and peers saw led them to being judged, as discussed in theme KRQ1.2 (Being seen as a 'naughty' or 'bad' student), leading to a break down in school placements for both of these young people.

Girl X storied herself as withdrawing from school mentally and we know that she would take herself away from the classroom into the designated supported space, but it is not clear how much of this withdrawal could be seen in observable behaviour. I have therefore not included Girl X in this theme, although I feel it is important to note that introverted changes in behaviour are just as important to note as extroverted changes in identifying internal difficulties.

Emily describes herself as being unable to be a good student due to her mental health deteriorating.

*'So, basically I started like not listening in lessons as much I was sat there, er, sat there zoning out, I was looking absolutely rubbish – getting hardly any sleep,   I was walking out of lessons' (60-61)*

Which led to:

*'…the teachers just thought a bit it was me being a trouble-maker.' (72)*

Sarah was eventually excluded as her behaviour changed. She tells us in her story board that she was running away due to the 'horrible things in my head':

*A       **Mmm – so at what point on here did school sort of give up on you**?*
*R       Erm – when I started running away and stuff.*
*(135-136)*

As explored in her individual narrative analysis in the previous section, Sarah in fact saw school as a place which was safer than her home environment. She did not want to be excluded but storied how school had already made up their minds about her:

*A       **… is there anything at school that could have been better or different?**
R       Well, to be honest, I think quite recently they should have given me another chance to go back to school.*
*A       **Right.**
R       Erm, instead of just kind of, like, erm, giving up on me, I guess.   I mean, I have tried another school before but that didn't go very well but, like, they just won't let me*

*back and I just kind of wish they would give me another chance to prove that I've changed/*
*(125-131)*

### KRQ1.1.3. Identity, Individual Difference and Pressure to Conform

Issues of confused and conflicting identities and feelings of individual difference appeared in all three narratives. Each of the participants described times where they were actively trying to conceal what was going on inside and to manage issues on their own, suggesting that they felt who they were inside or what they were feeling was something to hide. All participants described how they felt a discordance or mismatch between how they felt inside with how they were presenting on the outside, fearing they would be rejected by peers and by adults if who they really were could be seen.

The participants all described feeling misunderstood or not understood by others at school. Sarah discussed how this led to confusion about who she was, including elements of shame and guilt, which she attributed to being part of the cause of her running away ('*I was scared and ashamed of myself*' – storyboard image #3).

Emily described how these led to 'dissociative episodes' in which she blacked out and had seemingly violent outbursts *('I stabbed the wall and washing machine a big load of times and almost stabbed my Mum'* (82 – 83); *'I was scared I was going to black out and hurt someone'* (95 – 96)). For Girl X, she saw herself as a complete outsider at school, feeling that if people knew what was going on in her head she would be medicalized and stigmatized.

Drawing on theories of identity discussed above, such a discrepancy between how these young people felt inside with how they felt they were perceived could perpetuate mental health difficulties.

The theme of individual differences being seen as something negative occurred in relation to school as well as in relation to mental health professionals viewing these as indicative of mental health issues and leading to medicalization (discussed further below in theme KRQ2).

**KRQ1.2.4. Feeling marginalized and alone**

Although this was only identified as a major theme for Girl X, I noted in my reflections for all three participants that they appeared to be storying themselves as very alone along most of their journeys.

**KRQ1.2.5. Disconnection from school**

Disconnection from school was identified for all participants as a secondary theme, a consequence of themes being discussed within each narrative and from drawing on performative aspects and my own reflections. Although it did not directly appear in the segments, I felt it was an important and significant theme to include as all three participants disconnected from school mentally and physically following difficulties such as being labelled a naughty student, feeling a power difference with adults, not being supported when asking for help and feelings that they were different and that these differences were not acceptable to school.

For Girl X this was a conscious decision made early on due to her dislike of the way she felt school was structured; over-organized, oppressing individual differences and restricting her identity. Girl X appeared to have disconnected from school altogether which could have been a reason why she didn't seek help from school at any point in her narrative, from primary through to secondary school. Girl X did not speak of any key adults and had a very low opinion of school being able to do anything positive for her. Girl X had a strong sense of feeling that she was different from how she perceived school wanted students to be and could not align herself to this, feeling it would compromise her identity (discussed above).

**KRQ1.2. School staff/pastoral care as secondary attachment figures**

*KRQ1.2.1. Transition to secondary school*

Transitions can be difficult times for children and young people, just as they are for adults. In leaving one place there may be a natural sense of loss, whilst the notion of a new unknown place can be both exciting and terrifying. The resulting

stress can have far-reaching effects on children's emotional wellbeing and academic achievements (Young Minds, 2017). However, young people who have and have had positive relationships with significant adults may be more able to accommodate their new environment, having a positive self-concept and thus feeling more able to explore and take risks.

Certain groups of young people may be more vulnerable to difficulties in managing during times of transition. Those children who have experienced an insecure attachment where sensitivity to their needs has not been met or understood may have less confidence in themselves to manage potential adversity (Bowlby, 1988). Although I am not suggesting the participants in this study did have insecure attachments growing up, it could have been something for me to attend to. The ability to manage change is essential to maintain positive wellbeing; however, those children who have experienced an insecure attachment arrive into the education system less equipped to manage changes than others (Young Minds, 2017).

For Emily and Sarah, it had not been the transition per se that caused the difficulties, but rather a sense of despair that the new starts they both hoped for in going to a new school did not happen as they had wished. Instead, the bullying they each experienced at primary school continued but even worse.


Sarah entered Secondary school quite vulnerable due to issues in her home life and having been subject to bullying. In her story this had not been accounted for by her new school and thus she faced the same issues in Y7:

*'I was looking forward to going to secondary school, and then I went and it was just kind of like… around the same thing and no-one seems to like me because of the way I have been brought up, I guess – I don't know; but, like, when I got to school, the people who tried to start arguments with me, I would, like, defend myself the way I did at primary school' (49-53)*


### KRQ1.2.2. Power difference between teachers and young people

All three narratives spoke about issues around power and how they felt that this prevented them from feeling listened to or understood. A major barrier to supporting young people with mental health issues is if they do not come

forward for support, even more so if they actively try to hide what is going on from key school staff. As we saw in theme K1.3, this can result in teachers assigning challenging behaviour to being 'naughty' rather than being indicative of deeper mental health issues.

Returning to the work by Kendall et. al. (2011), they found that young people did not perceive teachers as fitting their desired criteria for someone they would seek help from. In my research, all three participants positioned themselves far away from teachers, drawing on experiences of feeling talked down to and not being given the chance to explain what was going on for them.

On the reverse side, both Emily and Sarah described the positive impact on their wellbeing when they found staff at their alternative provisions did not appear to uphold such a notable power imbalance.

### KRQ1.2.3. Key adults

Emily and Sarah both spoke positively about the impact of feeling understood by key adults. Although this was not a major theme for Emily, it did appear in one of her segments.

For Sarah, she first spoke about one teacher at school whose lessons she would look forward to, compared to an otherwise negative experience of school and teaching staff. However, other than seeing this teacher in lessons Sarah did not spend any time with this teacher.

Sarah spoke much more positively about adults at her alternative provision, where they seemed to offer more than just support for learning. She said that the reason she liked her alternative provision was because of the way the adults there treated her; giving her space to be talk and be herself without feeling that they were judging (Sarah spoke about feeling that she felt less of a power difference between herself and the adults there compared with at school).

Although Emily did not have key adults as a significant theme, she spoke positively about two school staff who came to visit her in her alternative provision. She said that they were nice to her. She storied them as treating her

without judgement and taking the time to be with her, similar to Sarah's description of supportive adults.

**Resilience**

Emily and Sarah had this as a major theme and to some extent this was also identified from Girl X's narrative in the way that she continued to hold on to what she saw as her authentic self. Resilience is now somewhat of a 'buzz word' in child development as it has been cited in research as providing a positive tool for combatting negative life events (e.g. Weare, 2015).

The field would benefit from more research as to how resilience is acquired and any risk factors suggesting a child may have less resilience. A number of programs are now running in schools which have strong evidence bases, such as the FRIENDS program by Barrett (2012) which teacher young people strategies from cognitive behavioural therapy.

### 5.4.2. Implications for schools and EP practice

#### 5.4.2i. Whole school level

To feel connected with school, students need to feel connected to people there, feel valued and feel accepted. When they have a problem, they need to trust that adults will be compassionate and empathic, that they will contain their feelings and help them in overcoming the problem in the same was that the primary attachment figure is trusted to do the same. This may include; encouraging a relationship with a key adult; encouraging student voice to be expressed, accepted and if necessary acted upon; enabling students to express individual differences and for these to be accepted and valued; and for teachers to respond with unconditional positive regard even in some of the most challenging of circumstances.

Sarah's school did not have the time or resources to fully understand what was going on for her. All three participants said that they felt that school is not the place to deal with mental health issues. As discussed in the literature review, school staff may benefit from more training and support in offering front line

support to young people who need it, since school is where teenagers spend the majority of their waking life and the place where they experience the majority of their social interactions. However, the type of training may not be what has traditionally been offered.

Weiss (2002) discusses how the psychodynamic concept of transference is something that teachers could benefit from being aware of, suggesting the concept should even be part of initial teacher training. Transference occurs when thoughts, feelings and reactions from the past are triggered by a current person in a situation (Weiss, 2002). Traditionally discussed in relation to psychotherapy, it involves a person unconsciously assuming the person who was the catalyst for this memory possesses the same characteristics as the person responsible for the original experience (Weiss, 2002). It is often spoken about as something to be cautious of due to the potential for confusions, misjudgements and misunderstandings.

In discussing relationships between students and teachers, Wess (2002) cautions about counter-transference. This is the unconscious reaction to having transference placed upon us by someone else; the response to being transferred upon by transferring back. As already discussed, pupil-staff attachments can be powerful and teachers are vulnerable to feeling hurt if a student they care significantly about suddenly treats them with what they perceive to be a personal vendetta. In response, without time and space to process their feelings the teacher may activate defence mechanisms and react as if the student were genuinely trying to attack them, thus worsening the relationship (Jackson, 2002). While a student may unfairly judge a new teacher because they, for example, remind them of an estranged parent, a teacher who feels belittled by a student they wish only to nurture may respond by publicly shaming this student or by sending them away.

Weiss (2002) and Jackson (2002) emphasise that teachers have been trained to maintain professionalism in their relationships with students. This is of course sound advice, however Weiss (2002) argues that transference and indeed

counter-transference are particularly active in schools due to the nature of relationships between students and teachers, involving high-stake emotions such as trust, admiration, reliance and hope. As such, Weiss proponents of psychodynamic training for teachers stress that school staff are not just *allowed to* but rather *encouraged* to have the space to reflect with a psychodynamic lens upon their own feelings towards students, from where these feelings may have come and how they are impacting upon the relationship (e.g. Jackson, 2002, Weiss, 2002). Only then will teachers be to contain the feelings of students, regardless of the student's efforts to reject the teacher. For this rejection may well be due to transference and/or a belief that the teacher will reject them anyway, as psychodynamic theory may state.

As noted by Greig, MacKay, Roffey and Williams (2016), there is 'potentially an Educational Psychologist attached to every school in the UK' (p7) and these EPs are in an ideal position to support school in facilitating systemic changes. They are also in an ideal position for conducting research such as that of Jackson (2002) to demonstrate the benefits of prioritising key relationships drawing on theories of attachment and containment, which can then be used for impacting upon policy changes and guidelines in the education system.

With regards to the frequent storying of bullying in this study, in the narratives of Emily and Sarah, bullying began at primary school and was a precursor to and catalyst for a decline in their mental health. They both felt that little was done. The national curriculum covers bullying and relationships, however much of this is at secondary school. It may be that in order to uphold early intervention, younger children at primary school could be engaged in more work around being a bully, being bullied and seeking support. To support students in sharing their experiences with teachers, students are helped when they are confident they will be taken seriously, that what is happening is wrong and that something will be done about the situation, which was not the case for Sarah or Emily.

To support schools in all of the above, they may benefit from regular conversations with outside professionals such as Educational Psychologists regarding their individual policies and how effective these are.

I have already discussed a variety of challenges teachers face in addressing mental health issues in school. Lack of teacher confidence, training and support combined with a lack of time, performance related pressures for academic learning and emotional stress of their own do not create a conducive environment in which teachers can tackle student mental health. Research has shown that whole school approaches work the best, further are most successful when senior leadership teams are supportive and committed offer the best chances of success, as well as those which engage in long-term interventions (Weare, 2015). This suggests whole school training will be necessary as well as follow-up sessions to help monitor success, evaluate effectiveness and provide ongoing support.

The new mental health agenda proposed by Theresa May (2017) is aimed at making schools and teachers more equipped and ready to identify and support mental health issues, including training for staff particularly in secondary schools (this will be discussed later on in this chapter). Although May does not discuss the role of Educational Psychologists, EPs could offer support to school staff who may be required to deal with mental health for the first time or who are finding it difficult to identify young people who need support before a crisis point is reached.

The Locality Partnership Group for Hinckley and Bosworth asked Young Minds, a UK charity committed to improving the emotional wellbeing and mental health of children and young people, to consult children and young people locally to learn more about their experience of transition (Young Minds, 2007), a time when young people already perhaps less resilient or facing additional challenges may be particularly vulnerable. This document discusses the importance of having a child-centred focus meeting where each young person's individual situation should be considered including their family situations, home life, community and everything else that makes them who they are. By being child centred, schools may be better able to identify young people who may need extra support during transition and indeed throughout the school system. Obviously this will be a time consuming process and impossible to carry out for

all children, suggesting the importance of accurately identifying those who may need it the most.

### 5.4.2ii. Group level

Any significant changes in behaviour indicate a change in thoughts and feelings. If the changes in behaviour are negative, it seems appropriate to consider that this is also the case for thoughts and feelings, suggesting the young person may be in need of support. When teachers have the space to reflect upon themselves and the behaviour (and meanings of this) of students, as discussed above this can allow for connected relationships to students. With this connection, relationships are more likely to include open dialogues and it may be easier for teachers to recognise when a young person needs support.

Jackson (2002) presents a study in which school staff were encouraged to engage in psychoanalytical reflection in small groups of challenging teenagers including their own responses to these young people and how these may be impacting upon the situation (or how their new insights could be used to do so for the good). With the stress teachers are under, they have little time or space to consider how their own responses- conscious or unconscious, may be affecting their relationships with and the feelings (and therefore behaviour) of the young people they teach. The school EP could is in a good position to encourage and initially facilitate such reflective groups for school staff, supporting them in embedding such practice into the school as a whole.

### 5.4.2iii. Individual level

Students benefit from building a supportive, 'contained' relationship with at least one key adult so that they can trust them enough to share any difficulties they are having. At an individual level, time needs to be set aside for each student to build this relationship with at least one key member of staff, who in turn understands the value of this for the student. This individual time may allow young people the space to raise any concerns before they become too big to manage, offering a preventative as well as a reactive strategy. Met with

acceptance, young people may grow confident in sharing their feelings without fear of being ridiculed or judged, as would be the ideal scenario in a secure attachment with the primary care-giver. Because not all young people experience this secure attachment, it is important that teachers persevere and model unconditional positive regard in a safe environment such as one to one.

With heavy work-loads and pressures from above, teachers may often have little time to spend listening to individuals and exploring who they are. However, research has shown that attendance and wellbeing at school improves when young people feel heard by adults at school and when they have the opportunity to establish supportive relationships with adults both in and out of the classroom (Bryant et. al., 2013). Schools often designate one key adult to young people who need support, something which research has shown can be an effective strategy. Perhaps if staffing would allow, designating all children with a key adult with whom they could build a relationship would be useful as a preventative measure.

Teachers are 'role models who continuously induce and respond to the reactions of their students' (Greenberg and Jenning, 2009, p.500). How teachers present themselves and how they relate to students could have a large impact on students' feelings of being valued, accepted and connected to school. Greenberg and Jennings (2009) draw on attachment theory in suggesting that when teachers are warm and supportive, it creates a relationship involving trust, responsiveness and the promotion of positive internal working models in the same way as attachment theory describes as happening with the primary caregiver. The sense of security students may feel by having such a connection to school staff may promote positive social and emotional development. It may also provide students with the self-confidence to explore new ideas and take risks, both of which are fundamental to learning (Greenberg and Jennings, 2009).

Greenberg and Jenning (2009) point out that it is not always so simple for teachers to perform such model roles nor spend the time needed to create such connected relationships. It is acknowledged the daily pressures teachers face,

including student provocation, managing difficult emotions in the classroom, school cultures which promote punitive and authoritarian measures and high expectations of their own performance and efficacy.

At an individual level, EPs could offer supervision to teachers who need to discuss specific students; their behaviour and relationship with them. By engaging in a model of supervision presented by the EP, teachers could learn to offer peer support to each other thus enhancing the self-sufficiency of the school as a whole.

## *5.5. Key Research Question 2*

*Table 9: Common themes for key research question 2*

| Key research question 2: How do teenage girls who have had a mental health issue experience receiving support from adults? | Theme code |
|---|---|
| **Meta theme 1:Resistance to medicalization** | **KRQ2.1.** |
| Individual differences vs. mental health issue (medicalization) | **KRQ2.1.1.** |
| **Meta theme 2: Not being listened to** | **KRQ2.2.** |
| Professionals acting as experts | **KRQ2.2.1.** |
| Lack of consulting young person on their treatment. | **KRQ2.2.2.** |
| Minimal input/impact. | **KRQ2.2.3.** |

## KRQ2.1. Resistance to medicalization

### *KRQ2.1.1. Individual differences vs. mental health issue (medicalization)*

The topic of individual differences featured heavily in all three narratives with the participants all saying that they felt professionals often assume people are the same if they display similar behaviours, meaning they can then diagnose, categorise and decide on the best treatment. For the participants of this study,

they were not interested in the labels they may be diagnosed with but rather felt strongly that they were being stigmatized for having differences.

Thompson et. al. (2012) discussed how patterns of thought and behaviour are mediated by developmental context including the nature of a young person's upbringing. Sarah spoke about a very difficult childhood and home life. Whether her resultant diagnosed mental health issues were simply a response to environmental stressors rather than a biological basis needing a medical label should be considered. One can only wonder how many individuals would react similarly, in which case making the case one of natural cause and effect rather than mental health disorders.

**KRQ2.2. Not being listened to**

*KRQ2.2.1. Professionals acting as experts*

Similarly to KRQ1.5 (power difference between students and teachers), the young people in this research experienced professionals as being 'know it all's' and presuming to know all about them. Emily felt particularly strongly about this, stating 'I'm not a fan of therapists' (113) having had so many negative experiences of being talked down to as if they knew more about her life than she did.

*KRQ2.2.2. Lack of consulting young people on their treatment*

Emily and Sarah had experiences of not being consulted in their treatment. Emily told me that she had shared her personal life with so many adults she would find no difficulties in telling me anything I needed to know. She storied herself as having been passed from person to person without much say or knowledge of what was happening. Sarah said that she would have liked more say and more control over her treatment. Emily and Sarah suggested being consulted and listened to more could have helped them better at difficult times.

*KRQ2.2.3.Minimal input/impact*

All three participants storied themselves as having endured difficulties at school and in their mental wellbeing over a prolonged period of time. The participants

in this study were not identified as needing support until crisis point was reached.

## 5.4.2. Implications for professional and EP practice

### 5.4.2i. Systemic level

By working together, different agencies may help to clarify who is doing what in a case, reducing the risk of missing something significant and helping to better recognise and identify a cause for concern (Atkinson, Doherty and Kidger, 2005). By creating avenues for shared access to records and on-going communication, gaps in information or anomalies can be better identified, and failures to spot escalating problems can hopefully be prevented (Mukherjee, 2000).

In addition to joint working, the findings of this study suggest that we could benefit from listening more to the voice of young people who have been through the process of experiencing a mental health issue at school. If interventions and policies are to be effective at targeting young people, what young people feel they need must be at the centre of these.

If we want to encourage help seeking by removing the stigma attached to mental health then it may be helpful to try to reframe how we construct it (Foucault, 1972). Being medicalized and discourse around fixed labels may not be the best way forward for this. From the findings of this research, particularly drawing on the collages of the participants it is clear that they felt mental health issues are generally medicalized into 'disorders'. Sarah had a collection of labels and diagnoses, Emily had at least one and Girl X did not have any. None of the participants were keen on discussing these.


### 5.4.2ii. Group level

Girl X storied herself as being highly resistant to medicalization and labelling or 'putting into a box' of any kind. She described how there was a lack of choice at her school which exacerbated feeling unable to develop her own identity, feeling that she would be judged and labelled defective if she expressed her dislike for

the rules of school and society in general. Perhaps this links back to giving young people more of a voice in deciding some of the options and pathways available at school. This also links to the theme of key adults whereby students can feel valued for who they are. It may also be that discussing individual differences at school may be useful, including discussions around how the media presents young women and how rarely real women actually meet these standards of 'perfection'.

Drawing on the biopsychosocial model presented in chapter 2, by being supported to understand how their bodies and minds may be growing and changing in different ways and at different speeds to their peers may help young people feel less like they are all alone, like they are 'wrong' or at risk of being labelled 'mentally ill'. In overtly acknowledging the changing demands placed upon them by the world around them, perhaps young people could be supported by groups of adults in positions of care, such as health professionals and school staff, to feel that they are not alone in going through these internal uncertainties.

### 5.4.2iii. Individual level

By making decisions for a young person without effectively consulting them is basing plans on the opinions, thoughts and feelings of the adult, not necessarily the young person. These decisions may therefore not serve the young person as best they could. It may be beneficial to use a variety of methods for gathering the voices of young people, such as through art-making as was used in this study. Offering creative, non-traditional ways to share their thoughts and feelings may support young people in feeling more able to express themselves without being limited to the words they have in their vocabularies and without having to speak directly to an adult which could be intimidating (Jennings, 2011).

In acting as an expert, professionals may disempower young people and make it more difficult to form a trusting relationship. In this study, Emily discussed her dislike of therapists and all participants expressed in some was a resistance to

medicalization, largely due to mistrust in the adults who were around them. Upholding a large power imbalance may be counter-productive to forming trusting relationships and make it difficult for young people not to feel judged. The way mental health professionals explain mental health conditions could benefit from being reviewed as in the case of this study, the young people either did not understand their labels or were fearful of receiving any. Thought around language used, attire and listening skills could be useful to consider here.

### 5.4.3. Key research question 3

In order to answer this question I have drawn on emergent themes from participants in answering the first two key research questions. By listening to the voices of young people who have themselves experienced having a mental health issue, we may be able to gain a more accurate sense of how to move forward. In answering the third research question, findings from this study have been considered in relation to current literature, policies and agendas.

*Table 10: Interpretation of data for answering key research question 3*

| Key research question 3: What can EPs learn about supporting teenage girls with a mental health issue?<br><br>    a. How can they help schools create an environment which fosters help-seeking?<br><br>    b. How can they work directly with young people in a way that best supports them? | |
|---|---|
| Look at what alternative provisions do for fostering key relationships between adults and young people. | **K3.1** |
| Ensure all students have opportunities to be listened to with what is said being valued. | **K3.2** |
| For schools to more actively deal with mental health issues in a way that does not threaten medicalization or alienation. | **K3.3** |

| | |
|---|---|
| Encourage resilience building from a young age and particularly in vulnerable groups. | **K3.4** |

## KRQ3.1. Look at what alternative provisions for fostering key relationships between adults and young people.

Emily and Sarah both eventually left mainstream school as a result of personal difficulties which could not be catered. For both young people, the alternative provisions they went to offered much of what school could not and enabled them to reengage in education.

Reasons stated by these participates include staff treating them more like individuals with less of a perceived power imbalance and giving them space to talk about their feelings. The provisions also offered time to build on their strengths including drama and art alongside essential maths and English work. The small size and enhanced one to one time eliminated the likelihood of bullying and gave these girls a sense of containment whereby they could build a relationship with staff.

As an EP in training, I have very rarely had the opportunity to visit alternative provisions to review the strategies they use to engage young people. Perhaps collaboration would be something which mainstream teachers as well as EPs could encourage in order to explore the factors which help young people to feel more supported and understood in alternative provisions.

## KRQ3.2. Ensure all students have opportunities to be listened to with what is said being valued

The findings of this study suggest that a major issue for the participants, in particular Emily and Sarah, was that when they tried to raise issues (e.g. of being bullied) they did not feel that the matter was taken seriously. Eventually they stopped seeking help and tried to deal with things on their own, which led to counterproductive behaviour and eventually school exclusion.

For Girl X, she felt from the onset that she could not disclose how she was feeling as she did not perceive any teachers to be able or willing to listen and

understand. Girl X discussed in her narrative how she felt teachers and school management saw students not as individuals but as numbers who impacted on the school's standing in comparison to other schools. She felt that individual differences were discouraged in place of social control and as such did not feel school was a place for disclosing inner struggles, reinforcing the national CAMHS report 2008 (DCSF, 2008) which noted that children and young people (CYP) felt that schools still stigmatized mental health problems rather than promoting acceptance. When a difference becomes a mental health issue is something which may be difficult to accurately assess; subject to what is typical for the individual, the extent to which their lack of wellbeing is impacting upon their ability to carry out regular every-day tasks, and ultimately their ability to thrive

Drawing on attachment theory, Bomber (2007) discussed the importance of children and young people having key adults at school with whom they can build a trusting relationship whereby they feel valued and understood (as already discussed above). In her book 'Inside I'm hurting', Bomber discusses the need for knowing who the troubled pupils are in schools and prioritising employing and supporting key adults to build special relationships with troubled pupils (Bomber, 2007).

By feeling listened to and valued, issues of shame and guilt arising from a hidden or confused identity may be reduced as young people feel validated. In the case of the three participants in this study, they did not feel that they had a key adult in their mainstream schools who could offer them a space of containment or reassurance.

Bomber discusses the need for a whole school approach whereby schools are 'attachment aware'. This would include training for staff to engage in a careful balance of both nurture and gentle challenge to support troubled pupils into learned security. Bomber also suggests that schools work closely with the family to develop a shared understanding of the pupil, reflecting on possible stressors and calmers (Bomber, 2007). As Educational Psychologists work with both schools and families, they could provide a practical link between these two systems, as well as supporting in staff training.

Bomber also discusses the need for staff retention so as to provide consistency of care for young people. This came up as a theme for Sarah and Emily in particular, although linked more to mental health professionals. Building a relationship takes time and if a young person's key adult keeps changing the effects may be lost. In supporting staff retention, it may be that more emotional as well as practical support for teachers is necessary such as in the form of supervision.

## KRQ3.3. For schools to more actively deal with mental health issues in a way that does not threaten medicalization or alienation.

It was felt by all three participants that school is not a place to deal with mental health issues, a sentiment which stands in direct opposition to the school-wide agendas to make teachers and schools the first port of call for students needing support:

*A        How do you feel that schools deal with mental health problems?*
*R        They don't.*
(Emily, 161-162)

The stated purpose of education is not only to promote academic prowess, but to enable the spiritual, moral, cultural, mental and physical development of all pupils (The Education Reform Act, 1988). This denotes that teachers are required to attend to a child's internal workings, i.e. to elicit their voice, in order to provide individually appropriate opportunities (Gersch et al, 2008).

From the literature and the findings of this research, it appears that young people still feel a heavy stigma surrounding mental health within schools. As discussed in the literature review, it is suggested that stigma has been and continues to be a clear barrier to young people seeking help for mental health issues (Leavey, Rothi and Paul, 2010).

In chapter two I discussed the 'socio-cognitive model' in regards to help seeking behaviour (e.g. Wilson and Deane, 2012). This model states that in order to seek help, students must believe that seeking help is socially acceptable. This theory denoted that cognitive processes are mediated by the perception of one's immediate social environment. Therefore if a school clearly displays how

and where to seek help, normalising the need for help and encouraging it for all students, those who need support may be more likely to deem help-seeking as socially acceptable and therefore engage in the process.

In making a school one which does not stigmatize mental health but discusses it openly, young people may view mental health less negatively, rather something which many people will experience at some point in their lives. This could support a proactive strategy rather than only reacting to issues as they arise.

Monkman (2013) discussed the lack of self-confidence teachers had in dealing with mental health issues. Teacher confidence and support from senior leadership teams will be important if young people are themselves to feel confident in seeking help at school.

Lack of signposting is also an issue. I myself have rarely seen any visual signposting in schools around how to seek support for mental health issues. Sarah said that she thought schools want to believe and promote that there is no bullying going on in their school, which could be a reason for not putting up visual signposting. Kendal, Keeley and Callery (2014) found this to be the case for some of their schools and that when a school does not make clear when and where help can be sought, help-seeking reduces. If young people can see clear signs encouraging help-seeking and showing how to do so then they may be more inclined and more able to ask for support.

## KRQ3.4: Encourage resilience building from a young age and particularly in vulnerable groups.

Although overall evaluation was shaky, there were positive outcomes noticed regarding an increase in resilience in the TaMHS project (Greening, 2011). Future in mind, discussed in chapter two, named promoting resilience as one of its five main areas of focus (DFES, 2015). This paper also highlighted the importance of identifying and targeting vulnerable groups who may be more susceptible to the development of mental health issues.

In identifying vulnerable groups it will be important to review psychological theory and theories of development. In his book 'Attachment and Loss', Bowlby discussed the impacts of secure and insecure attachment on later ability to

cope with adversity and change. He explains that children who have experienced a secure attachment:

*'Are more likely to possess a representational model of attachment figure(s) as being available, responsive and helpful and a complimentary model of himself as…a potentially lovable person."* (Bowlby, 1980, p242).

Bowlby went on to discuss how this in turn leads to young people who are more likely to:

*'Approach the world with confidence and, when faced with potentially alarming situations, is likely to tackle them effectively or to seek help'* (Bowlby, 1973, p208).

As discussed in KR1.4 (transition to secondary school), identifying vulnerable groups will need to include those whose life experience may not have provided the foundations for resilience against change and adversity. In order to do this, teachers and school staff will need to be attuned to students as individuals and engage outside professionals, such as EPs, for support. Working in a multi-agency fashion with effective information sharing pathways will be important for improving accuracy in identifying vulnerable young people.

Educational Psychologists would be well placed to offer training and support around how to identify vulnerable individuals. Going back to chapter two, in defining the role of the EP Thompson et. al. (2012) included 'To help children and young people develop emotional wellbeing and resilience, in addition to the more formal aspects of academic learning' (p.15).

## 5.5. Current political climate and potential barriers face by EPs

The issue of mental health amongst children and young people has recently been discussed frequently in government papers as well as current research. As discussed in chapter two, Theresa May (2017) has named mental health in schools as a high priority. Her agenda outlines a number of strategies including multi-agency working and early identification. These include:

- Piloting new approaches such as offering mental health first aid training for teachers and staff to help them identify and assist children experiencing mental health problems

- Trialling approaches to ensure schools and colleges work closer together with local NHS services to provide dedicated children and young people's mental health services

- The Care Quality Commission and OFSTED leading a thematic review looking at services for children and teenagers across the county to find out what is working, and what is not

- Publishing a Green Paper on Children and Young People's Mental Health to transform services in education and for families

- Ensuring that by 2021, no child will be sent away from their local area to be treated for a general mental health condition

- Capitalising on the crucial role that civil society has to play in helping young people build resilience

However, although mentioning external agencies such as CAMHS and the NHS, EPs were not discussed. Following the delivery of her speech, Educational Psychologists expressed concern on social media such as Twitter and Facebook as well as EPNET. This appears to be a continuation of the sentiment that EPs are well placed to support the social, emotional and mental wellbeing of teachers, families, children and young people, will be required to do so in their work, yet have little formal recognition in policies for doing so.

It has been observed that in the latest SEN code of practice (2015), Educational Psychologists are mentioned only a handful of times over 292 pages. Even more concerning, in the March 2016 DfE guidance 'Mental Health and Behaviour in Schools', Educational Psychologists are mentioned once (O'Hare, 2017). In his discussion 'Where are the EPs? Theresa May, mental health and schools', Dan O'Hare, Educational Psychologist and founder of edpsy.org.uk, discusses the seeming lack of recognition of EPs.

In responding to Theresa May's speech, whilst welcoming the sentiment and attention to mental health provision in schools, Professor Kinderman, president of the British Psychological Society (BPS) raised some concerns:

*"The focus on schools and the workplace is much needed, as is the attention to addressing stigma and the transformation of attitudes to mental health conditions. However, we are extremely disappointed that no detail was*

*provided as to how the Government intends to deliver on this commitment. The long-term consequences of stigma are complex and far reaching and require a clearly defined multi-agency strategy. There is no quick fix"* (Kinderman, 2017)

Further, in accordance with the response by O'Hare, Kinderman also noted how the suitable position EPs are in for offering front-line support to this agenda conflicted with the pragmatics of EP numbers:

*"Educational psychologists are best placed to assist the government in delivering its aspirations in this regard. But over recent years, many educational psychology services have been significantly eroded to the detriment of effective support for children and young people, their parents and families and others responsible for their wellbeing. The forthcoming green paper provides an opportunity for the government to address this.'* (Kinderman, 2017).

Clearly there is some debate and lack of clarity around the role of the EP, a topic too large to discuss in the remit of this thesis but one which has received a lot of attention in the form of research. Gaskell and Leadbetter (2009) found that EPs often felt unclear as to what their unique contribution is, leading to the questioning of professional identity and challenging their perceptions of their role and use of psychology. Without clearly defining roles and responsibilities, expectations of schools and of EPs themselves may be unclear, and the aspect of accountability could become an issue. For example, it may need to be clarified who is responsible for what in supporting a young person to ensure there are no gaps in necessary provision. This could be a particular issue for newly qualified educational psychologists, who may not yet have consolidated their professional identity construct system (Ellis, 2000)

What does seem to be clearer is that EPs are in a unique position to offer systemic change and to support schools to embed this change and maintain it. In working with young people directly with a focus on child voice, EPs may be able to help ensure interventions are child-focused and child-led, informed by the thoughts, feelings and voiced experiences of those whom the interventions are to target.

## 5.6. Personal reflections on the research process

Throughout this research process I feel I have been constantly developing my skills in being critical. Being critical is something I have previously found very difficult as I had a tendency to take what I see or read at face value without considering bias of the author or other limitations of a study. Practicing doing this has helped me to be critical in my own study, trying to be aware of any of my own bias and in analysing the date produced.

This was the first research I have done which was solely qualitative and it has encouraged me to be deeply reflective. This has included reflecting on myself as a practitioner including how I and my role may affect young people in my presence. I have also reflected on how I manage large volumes of work and the strategies I use to put many pieces together. I feel I have got better at holding a sense of discomfort at having so many unfamiliar tasks to undertake regarding research methods and the process of data analysis. My confidence in being able to conduct a research project has certainly increased.

It is interesting to see from my research diary that my enjoyment of the process was mostly quite high. From the start I knew it was important to choose a topic and also a research method that I would connect with. By including art making as part of the process I feel it was enjoyable for myself as well as the participants involved, something which was important for me. I feel that I carried out a research project which was quite representative of me as a person as I connect well with teenage girls, am interested in people's stories and am naturally very reflective, making narrative a suitable methodology.

As discussed in the introduction, mental health is a personal interest of mine and something that I feel needs more attention regarding young people. I felt that gathering and reflecting on what young people had to say about their experiences was a worthwhile project which I hope to see more of in other research. I have learnt about some of the factors which may play a significant role in the wellbeing and mental health of adolescent girls at school, in particular how these may impact upon 'school connectedness', and how this in turn

further impact upon wellbeing. I was interested to see how individual differences featured so much in the narratives, specifically feelings that school does not always allow these to be expressed and feelings that society sees being different as a bad thing.

## 5.7. Strengths, limitations and recommendations for further studies

*General strengths*

One of the aims of this research was to make the process enjoyable and empowering for the participants. In my planning, this was a high priority for choosing the research method and procedure. By having two sessions before the actual interviews in which participants became familiar with me and with exploring their journeys, I hoped that by session three they may feel more comfortable during the interview and have reflected upon key memories. In using art-making I offered a vehicle for participants to begin their exploration without having to tell me directly, offering a gradual approach to eliciting their narratives. Participants reported to me and/or fed back to the adult who had helped arrange their participation that they had enjoyed the art-making process. One addition to improve this study could have been designing a feedback form or extra session to assess their experiences during this research process.

Based on literature discussing the positives of semi-structured interviews, such as Curtis, Roberts, Copperman, Downie and Liabo, 2004, I assumed that their flexible nature would empower participants as they had the chance to guide what they wanted to share. The participants all told a key worker or told me directly that they enjoyed the process and each week were willing to come back.

As already discussed in chapter three, semi-structured interviews and the qualitative process allows participants to help guide and shape the research by offering more freedom in what is discussed. Rather than needing to select from a limited number of answers as decided by the researcher, participants were able to explore and explain their stories as they wished. The results may be that the information gathered was more authentic, having empowered participants to impart detailed and in depth stories from their experiences. This level of depth has offered insight into the lived experiences of adolescent girls who have a mental health issue whilst at secondary school, which could be said to make a small contribution to existing literature.

*Limitations*

Qualitative research has many limitations as well as strengths. The subjective nature of the analysis process meant that I had to rely on my own reflections and judgement about meaning and emerging themes. Hammersley (1998) discussed how the researcher cannot completely remove themselves from research and as such there will always remain some research bias. I attempted to minimise this by checking back with participants when I felt something was emerging as a theme as well as keeping my reflective journal. I also tried to include my reflections in the analysis process by using a guiding framework which encompassed these. I hoped that by remaining transparent in my thought processes and reflexive approach to the research may have helped in overcoming some of these limitations. However, I am aware that the extent to which the participants' stories became linked to my own thoughts, feelings and past experiences cannot be fully known (Reissman, 2008).

Because of the subjective, interpretive nature of narrative research, the extent to which findings from qualitative research can be generalised is often questioned. This study only involved three participants which is a small number for deducing theories. Further, the questions I was asking were reliant on participants' memories and thus subject to difficulties with recalling event after

time has lapsed. I hoped that by spending two sessions exploring participants'
memories before the interviews would improve credibility around this to some
extent. The art-making was aimed at supporting participants in accessing
memories; offering creative, expressive activities to reflect and note down
memories without having to rely on words or having to straight away talk to an
unfamiliar person. I hoped that blocks to accessing memory brought about by
discomfort or anxiety around the research situation may be reduced by the art-
making process. Further, meeting more than once may have enhanced the
depth and details of stories shared (Hollway and Jefferson, 2000).

Another limitation is that there were only three participants in this study. This
was a time consuming process in needing three sessions with each participant
plus the various levels of analysis. Including more participants could perhaps
have increased the credibility of this study, particularly in strengthening the case
for significant themes if common themes could be seen across a larger number
of narratives. I attempted to enhance the credibility of my research despite the
small sample size by spending three sessions with each participant and
following a framework of analysis which allowed for multiple layers of analysis,
thus providing a deeper level of engagement and analysis than if I had only
carried out single interviews with only thematic analysis.

Finally, I feel it is important to acknowledge that the participants in this study all
had quite negative views of professionals. I made attempts to counter the power
imbalance by sharing some of my own experiences where appropriate and to
use language which was jargon free. I also made it explicit that I was not aiming
to judge the young people and that they were the experts in this study.
However, prior experiences of professionals could have impacted upon
participants (Bruner, 1990; Hollway and Jefferson, 2000).

In reviewing the criteria for credible qualitative research such as that proposed
by Yardley (2000), I feel I have attempted to address issues of rigour and
transparency as well as acknowledging my own limitations as a researcher. As
there are no fixed methods for exploring 'knowledge', 'truth' I attempted to follow
criteria which would at minimum allow the reader to see what I did, the

reasoning behind this and the way I arrived at some of my tentative conclusions. Below is a summary of how I addressed the criteria for credible qualitative research as suggested by Yardley (2000):

*Sensitivity to context:* Conducting an extensive literature review looking at the topic from different angles with consideration of different theories and models; being reflexive to individual participants' with consideration to their backgrounds and unique perspectives; documenting a thorough consideration of ethical issues.

*Commitment and rigour:* Having in an in-depth engagement with the topic throughout the research process, including reading articles and other studies and keeping my reflective journal; Choosing a guiding process of analysis which offered multiple layers and levels of analysis to increase rigout

*Transparency and coherence:* Referring back to earlier stages, tables and literature to remind the reader of how theory, method and analysis fitted together coherently; Transparency throughout each stage so that the study could be replicated.

*Impact and importance:* This was discussed in the chapter 3 where I attended to the issue of pragmatic usefulness. This area is in need of more attention due to the high levels of mental health issues in adolescent girls. In exploring this area I attempted to directly link findings to ways in which professional practice could be enhanced in order to better support this group of young people. Whilst acknowledging that conclusions drawn from this research are only tentative suggestions based on subjective responses and experiences, I have endeavoured to ensure the potential usefulness of this study has been clearly presented.

*Recommendations for further research*

Overall I feel that eliciting the voice of young people in such a flexible way as this does have value in supporting positive changes to better support other young people. As already discussed above, a larger sample size could have

offered more credibility in doing this. To further increase reliability, specifically rigour as discussed in chapter 3, it would have been useful to return to participants after the full analysis had been carried out. Although I checked back with participants about my initial thoughts on emerging themes in session 3, this was not done after the full analysis process.

I was interested in how the participants constructed their identities when being labelled and diagnosed. This was initially something which I wanted to include as a research question, however I quickly realised that this made the breadth too wide and risked confusing the focus. I assumed that issues of identity and self-image would arise anyway during the process, as they did, and I found it interesting to see how much each participant struggled with feeling misjudged and misunderstood, leading them to question their identities. I feel it would be a useful piece of research to focus on the extent to which young people with a mental health problem feel a conflict between what they feel inside and what they present externally, further how this affects their self-image.

A lot of interesting insights were gained from the processes of collage making and story-boarding, however the primary use of this process was to help participants reflect on their journeys in a safe, non-threatening way. I included images of these in this thesis and referred to them in parts of the analysis as participants had these in front of them during the interview process and there were times when these were referred to by either myself or the participants. At times these were linked to what was being said; informing what was being said or a reflection of what was being said. However, I felt that I wanted to analyse these in more depth and felt a sense of frustration that not everything from these went into the interviews and thus information from them was lost. Further research could make more use of visual methods as part of data collection by analysing art work on a deeper level in looking at the experiences adolescents and mental health issues or how they feel mental health is viewed by society- expanding upon the collage making work I did in this study.

# Chapter 6: Conclusions and implications

## 6.1. Summary of findings

This research project aimed to explore the challenges and supportive factors young people experience when having a mental health issue. In doing so, the stories the young people shared provided valuable insight into what they felt could have been different or better.

In this study, a number of themes emerged from individual narratives. From these, a selection were common across the narratives of the participants. Perhaps the most dominant issues discussed by the participants were feelings that they were not listened to and were misjudged and misunderstood- that they did not experience feelings of containment at school. This was the case at school and also in experiences of receiving support from other professionals. Factors leading to these feelings included the following:

- Disclosures of bullying not being taken seriously / not acted upon.
- External displays of inner difficulties leading to being judged as a bad student.
- No key adult with whom a supportive relationship was established.
- Power imbalances including adults acting as experts preventing them from feeling heard.
- Not being consulted in decisions involving them such as treatment plans.
- Feeling that mental health is not dealt with at school and so trying to conceal their issues until crisis point was reached.
- Feeling that their individual differences were not valued but seen as defects needing medicalising and labelling.
- A lack of school connectedness as a result of the above points.

From these themes, I was able to make some tentative suggestions about how these findings could be used to inform the future practice of Educational Psychologists in supporting schools and young people. The following were identified as key areas to explore:

- Identify what alternative provisions do and explore what is different and what works.

- Address school connectedness: ensure all students have opportunities to be listened to with what is said being valued.

- For schools to more actively deal with mental health issues in both their response strategies and in their preventative strategies.

- Support the development of resiliency from a young age and particularly in vulnerable groups. This will include more accurate identification young people who may be vulnerable to developing a mental health issue. Multi-agency work, teacher's awareness and strategies for encouraging talking about feelings may all support identification.

Considerations were also given to the value of multi-agency working in helping to identify young people who may need support, deliver early intervention and deliver effective intervention. The literature shows that young people often try to hide mental health issues for fear of being stigmatised which provides an argument for agencies to information share and work together to still be able to identify young people in need. This issue also offers a strong argument for continuing to work on reducing the stigma young people feel is present in schools regarding mental health by promoting help-seeking and making young people aware that mental health issues are a part of many people's lives.

It may be that we need to challenge dominant theories of what constitutes a mental health issue and consider individual differences and life circumstances. As discussed in the literature review in chapter two, Crowe (2000) described how the criteria for mental health disorders in the DSM were all based on a lack of productivity, unity, moderation and rationality. Theories of adolescence suggest that these elements may be particularly unstable during adolescence, as the brain is undergoing a unique period of development (Lee et. al., 2014) and sudden and rapid changes to social situations may result in adolescents' self-concepts and behaviour to be changeable (Coleman, 2011). It could therefore be argued that adolescents may by nature of their developmental period present has having mental health issues according to some of the criteria used in the west.

Perhaps by looking at the systems around young people and considering their environmental experiences we could also better understand when behaviour may be a sign of a condition needing diagnosing and labelling and when it may be a natural response to difficult experiences. Also discussed in chapter two, Thompson et al. (2012) describes how an adolescent's self-concept is mediated by their developmental context, whereby certain upbringings may result in particular ways of thinking and behaving (Thompson et. al., 2012). In order to understand the aetiology of changes in behaviour and mood, perhaps we need to empower young people to voice their experiences.

Empowering students may require targeted strategies to provide young people with teachers who have the time, empathy and mental space of their own to listen to students and build relationships with them. Strategies may also need to be made clear to students so that they feel confident that in sharing their experiences positive action will be taken; that they will be believed and supported in a process of joint effort where the young person maintains some agency and choice over ways forward.

## 6.2. Implications for practice around young people and mental health

There is good evidence that children and young people's mental, emotional, physical, psychological and social wellbeing are intimately interrelated and that good mental health substantially underpins capacity for learning (Young Minds, 2017). The barriers which a child faces to learning can be many, and as it is the child themselves experiencing these, they are best placed to help teachers and other professionals to understand what these are (Harding and Atkinson, 2009). Indeed, showing an understanding of these barriers by listening to young people may in itself act as an intervention, enhancing their self-awareness and serving as a therapeutic process for the young person (Ingram, 2013).

All three participants felt that they were 'done to' rather than consulted, in a variety of issues including types of support offered, decisions about their behaviour and how much they were able to control their educational experience (such as through choices and options as discussed by Girl X). It could be that encouraging young people to have more of a voice in school-wide decisions, such as via a student counsel, young people may feel more valued in schools.

Although the role of the Educational Psychologist is often difficult to assess and understand, as discussed above, it is certainly part of the role of the EP to investigate the extent to which the young person's voice is being heard by decision makers, and to use their professional skills to explore what the young person wants and what their core needs are. The use of creative arts in this study offered the participants a non-threatening vehicle for exploring and expressing memories, thoughts and feelings. This person centred approach is one I have personal and professional experience in using, however I do not feel EP's would need extended additional training to use the arts as a tool for eliciting young people's voices. The principles of those which already make up all formal EP training, specifically creating a space where all expression is valued, there is no right or wrong and where the young person can use a vehicle for expression which they feel is safe and enjoyable. In essence, a space of containment drawing on humanistic principles. There is no pre-requisite for either the young person or the facilitator to be 'good at art', rather that they are willing to engage in a creative process to see what comes out of it.

The themes of feeling alone and feeling that being different was something seen to be negative were prominent and significant in the findings of this study. As children grow into adolescents, they are frequently forming their identities based on how they feel they compare with the rest of their environment. This social comparison makes them potentially more vulnerable to ideas that who they are does not fit with what they perceive to be 'the norm', and as a result may conclude themselves to be 'abnormal' (Lee et. al., 2014; Livingston and Boyd, 2010). Drawing on the work of Foucault (1980), the anxiety of being different may become a self-fulfilling prophecy as the young person then marginalizes themselves, becomes medicalized and labelled by themselves and others.

Experiences at school may serve to enhance or negate the development of a positive sense of self and self-esteem. As expanded upon in chapter 5, children and young people are still forming their self-image as they progress through school. During the school years, teachers are the adults young people see the most in their daily lives and as such have the power to continue influencing self-

concept. In this sense, teachers may be taking on the role of a specific attachment figure, carrying with them the power to significantly impact upon a young person's self-worth, self-confidence and necessary skills for being a successful learner. However, with over 80 per cent of teachers report experiencing stress, anxiety and depression at work and over 50 per cent have reported feeling 'severely' stressed (NUT, 201. If we are to address any of the school based issues faced by teenagers with mental health issues then surely we need to start by identifying the needs of teachers and also consider what support they may need in order to support the young people with whom they work.

# References

Acoff, L. M. (1992). The problem of speaking for others. In Salmon, A. (2007). Walking the Talk: How Participatory Interview Methods Can Democratize Research. Qualitative Health Research, 17 (7). *www.sagepub.com. Accessed on 09/07/15.*

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: APA.

Appignanesi, L. (2009). *Mad, Bad And Sad: A History of Women and the Mind Doctors from 1800 to the Present (reprint edition).* London: Virago

Atkinson, R. (1998). The Life Story Interview (Qualitative Research Methods). London: Sage.

Atkinson, M., Doherty, P and Kinder, K. (2005). Multi-agency working: models, challenges and key factors for success. *Journal of Early Childhood Research. 3 (7).*

Barret, P. (2012). *Friends for Life.* Aus: Paula Barrett Resources Pty Ltd.

Bion, W. (1967). A Theory of Thinking in Second Thoughts: Selected Papers in Psychoanalysis

Bomber, L. (2007). *Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools.* UK: Worth Publishing.

Bomber, L. (2007). *Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools.* UK: Worth Publishing.

Bowlby, J. (1988). The Secure Base: Clinical Applications of Attachment Theory. In Chown, A. (2014), Play Therapy in the Outdoors, London: Jessica Kingsley

Bruner, J. (1990). *Acts of Meaning.* Cambridge, MA: Harvard University Press.

Burman, E. (1994). *Deconstructing Developmental Psychology.* London and New York: Routledge.

Burr, V. (2003). *Social Constructionism (second edition).* London: Routledge.

Butler-Kisber, L. and Poldma, T. (2009). The power of visual approaches in qualitative inquiry: The use of collage making and concept mapping in experiential research. *Journal of research and practice, 6 (2), Article M18 2010. Accessed online 04/11/16.*

Butler-Kisber, L. (2010). *Qualitative Inquiry, Thematic, Narrative and Arts-Informed Perspectives.* London: Sage Publications.

Callaghan, J., Young, B., Richards, M. and Vostanis, P. *Adoption & Fostering, 2003, 27(4), pp.51-63.*

Cane, F. E. and Oland, L. (2015). Evaluating the outcomes and implementation of a TaMHS project in four West Midlands (UK) schools using activity theory. *Educational Pyschology in Practice, 31 (1), 1-20.*

Cetina, K. K. (1999). *Epistemic Cultures: How the Sciences Make Knowledge.* Harvard University Press: USA.

Charmaz, K. (2014). *Constructing grounded theory.* London: Sage.

Children's Society (2008) *The Good Childhood Inquiry: health research evidence.* London: Children's Society

Coleman, J. C. (2011). *The nature of adolescents.* Sussex: Routledge.

Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five traditions (2nd ed).* London: Sage.

Crowe, M. (2000). Constructing normality: a discourse analysis of the DSM-IV. *Journal of Psychiatric and Mental Health Nursing, 7, p.69 – 77.*

Curtis, K., Roberts, H., Copperman, J., Downie, A. and Liabo, K. (2004). 'How come I don't get asked no questions?' Reaching 'hard to reach' children and teenagers. *Child and Family Social Work, 9 (2), 167 – 175.*

Czarniawska, B. (2004). *Narratives in social science research.* London: Sage Publications.

Davis, D. (2008a). Memoir, fantasy, media analysis: A collage-informed body of experience. In Butler-Kisber, L. and Poldma, T. (2009). The power of visual approaches in qualitative inquiry: The use of collage making and concept mapping in experiential research. *Journal of research and practice, 6 (2), Article M18 2010. Accessed online 04/11/16.*

Denzin, N. (1970). The Research Act. In Shipman, M. (1997). *The Limitations of Social Research (fourth edition).* London: Longman.

Department for Children, Schools and Families (DCSF). (2007a). *The Children's Plan: building brighter futures.* London: DCSF Publications.

Department for Children, Schools and Families (2007b). *Social and emotional aspects of learning for secondary schools.* Nottingham: DCSF Publications.

Department for Children, Schools and Families (DCSF). (2008) *Children and young people in mind: the final report of the national CAMHS review.* London: DCSF Publications.

Department for Education (DfE). (2006). Mental health and behaviour in schools: departmental advice for school staff.

Department for Education (DfE). (2010). Social and emotional aspects of learning (SEAL) programme in secondary schools: national evaluation. Accessed on 23/11/15 *https://www.gov.uk/government/publications/social-and-emotional-aspects-of-learning-seal-programme-in-secondary-schools-national-evaluation*

Department for Education (DfE). (2011). Findings from the national evaluation of targeted mental health in schools 2008 to 2011. Accessed on 23/11/15 *https://www.gov.uk/government/publications/findings-from-the-national-evaluation-of-targeted-mental-health-in-schools-2008-to-2011#downloadableparts*

Department for Education (DfE) and Department of Health (DoE). (2014). Special educational needs and disability code of practice: 0 to 25 years, Ref: DFE-00205-2013. London: DfE.

Department for Education (DfE). (2015). Statistical first release. Special educational needs in England, January 2015. London: DfE.

Department for Education (DfE). (2016). Longitudinal Study of Young People in England cohort 2: health and wellbeing at wave 2. *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/599871/LSYPE2_w2-research_report.pdf accessed on 12/05/17.*

Department of Health (DoH). (2007). Mental Health Act 1983 code of practice. London: TSO.

Department of Health (DoH). (2009). *New Horizons: towards a shared vision of mental health*. London: HMSO.

Department of Health (DoH), 2011. *Mental health promotion and mental illness prevention: the economic case*. Department of Health: London.

Department of Health (DoH). (2011). No health without mental health: a cross government mental health strategy for people of all ages. Accessed on 23/11/15. *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215808/ dh_123993.pdf*

Department of Health. (2015). *Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing.* London: Department of Health.

Department of Health (DoH) (2015). Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing. Accessed on 22/11/15: *https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people*

Dogra, N., Parkin, A., Gale, F. and Frake, C. (2002). A Multi-disciplinary handbook of child and adolescent mental health for front line professionals. Jessica Kingsley: London.

Ellis, J. (2000). The professional identity of nurses: An empirical investigation of personal constructions using the Reportory Grid Technique. In Hymans, M. (2008). How personal constructs about 'professional identity' might act as a barrier to multi-agency working. *Educational Psychology in Practice, 24 (4), 279-288.*

Emerson, P. and Frosh, S. (2004). *Critical narrative analysis in psychology: A guide to practice*. Basingstoke: Palgrave Macmillan.

Erikson, E. H. (1959). *The theory of infantile sexuality: Childhood and Society*. New York: W. W. Norton

Ermann, M. (2011) Identität, Identitätsdiffusion, Identitätsstörung. Psychotherapeut. (2011), 56: 135-141. In http://capmh.biomedcentral.com/articles/10.1186/1753-2000-7-26

Faller, K. C. (1999). Is the child victim of sexual abuse telling the truth? *http://www.secasa.com.au/pages/is-the-child-victim-of-sexual-abuse-telling-the-truth/* Accessed on 04.11.16.

Farrell, P., Woods, K., Lewis, S., S., Rooney, Squires, G. (2006). *A review of the functions and contribution of educational psychologists in England and Wales in light of "Every Child Matters: Change for Children" (RR792).* Nottingham: Department for Education and Skills (DfES) Publications.

Foard, N., Henn, M. and Weinstein, M. (2009). *A critical introduction to social research.* London: Sage.

Fobart, L. and Henderson, J. (2005). Theoretical and practical refelctions on sharing transcripts with participants. *Qualitative Health Research, 15, 1114-1128.*

Foucault, M (1972). *The Archaeology or Knowledge.* London: Tavistock Publications.

Foucault, M (1980). *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*, edited by Colin Gordon. Harvester: London.

Freeman, D. and Freeman, J. (2013). The Stressed Sex: Uncovering the Truth About Men, Women, and Mental Health. Oxford: OUP Oxford.

Freud, S, 1923. *The Ego and the Id.* In Malchiodi, C.A. 2007. *The Art Therapy Sourcebook.* USA: McGraw-Hill, 2007.

Gaskell, S. and Leadbetter, J. (2009). Educational psychologists and multi-agency working: exploring professional identity. Educational Psychology in Practice, 25 (2), 97-111.

Gergen, K. J. (1999). *An invitation to social constructionism.* London: Sage.

Gersch, I., Dowling, F., Panagiotaki, G. and Potton, A. (2008). Listening to children's views on spiritual and metaphysical concepts: A new dimension to educational psychology practice? Educational Psychology in Practice, 24 (3), 225-236, Routledge: London.

Gilchrist, S. (Producer). (2014). *Panorama: Britain's Mental Health Crisis* (television series episode). London: BBC Worldwide.

Gilligan, C. (1982). In a Different Voice. In Shipman, M. (1997). *The Limitations of Social Research (fourth edition).* London: Longman.

Given, L. (2008). *Participants as co-researchers.* The Sage Encyclopedia of Qualitative Research Methods. London: Sage.

Gladding, S. T, 1992. *Counseling as an art: The Creative Arts in Counseling.* USA: American Association for Counseling and Development

Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. In Goffman, E. (1990). Stigma: Notes on the management of spoiled identity (new edition). London: Penguin.

Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ.* London: Bloomsbury.

Goodman, A., Joyce, R. and Smith JP (2011). The long shadow cast by childhood physical and mental health problems on adult life. *Proc Natl Acad Sci 108(15): 6032-6037*

Green, H., McGinnity, A., Meltzer H., Ford T., and Goodman, R (2005). *Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive.* Basingstoke: Palgrave Macmillan

Greenberg, M. and Jennings, T. (2009). The prosocial classroom: teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research, 79 (1), 491-525.*

Greening, M. (2011). Targeted Mental Health in Schools (TaMHS): West Sussex Targeted Mental Health in Schools (TaMHS) pathfinder: Final report. Retrieved from *http://www.chimat.org.uk/camhs/tamhs/eval* Accessed on 05/03/17.

Greig, A., MacKay, T., Roffey, S. and Williams, A. (2016). *The changing context for mental health and wellbeing in schools. Educational and Child Psychology, 33 (2).*

The Guardian Online (2008). *https://www.theguardian.com/education/2008/feb/29/schools.uk4 Accessed on 05/03/17.*

Hall, G. S. (1904). *Adolescence: its psychology and relations to physiology, anthropology, sociology, sex, crime, religion and education*. New York: Appleton.

Hammersley, M. (2008). *Questioning Qualitative Enquiry: Critical Essays*. London: Sage.

Harding, E. and Atkinson, C. (2009). How EPs record the voice of the child. Educational Psychology in Practice, 25 (2) p125-137. Routledge: London.

Harraway, D. J. (1988). Situated knowledges: the science question in feminism and the privilege of partial perspective. In Willig, C. (2008). *Introducing Qualitative Research in Psychology*. London: McGraw-Hill.

Hartas, D. (2011). Young people's participation: is disaffection another way of having a voice. *Educational Psychology in Practice, 27 (2), p103-115*. Routledge: London.

Heisenberg, W. (1959). Physics and philosophy: the revolution in modern science. In Reissman, C. K. (2008). *Narrative Methods for the Human Sciences.* London: Sage Publications.

Hollway, W. and Jefferson, T. (2000). *Doing qualitative research differently: Free association narrative and the interview method.* London: Sage.

Ingram, R. (2013). Interpretation of children's views by educational psychologists: dilemmas and solutions. *Educational Psychology in Practice, 29 (4), p335-346.* Routledge: London.

Jackson, E. (2002). Mental health and schools: what about the staff? *Journal of Child Psychotherapy, 28 (2), p129-146.*

Jefferson, G. (2004). Glossary of transcript symbols with an introduction. In G. H. Lerner (Ed.), Conversation Analysis: Studies from the first generation (pp. 13-31). Amsterdam/Philadelphia: John Benjamins.

Jennings, S. (2011). *Healthy Attachments and Neuro-Dramatic-Play*. London: Jessica Kingsley.

Jung, E. Pick, O., Schlüter-Müller, S., Schmeck, K. and Goth, K. (2013). Identity development in adolescents with mental problems. *Child and Adolescent Psychiatry and Mental Health, 7:26.* Accessed online on 09/03/17.

Kelly, D. M. (2000). *Pregnant with meaning: Teen mothers and the politics of inclusive schooling.* New York: Peter Lang.

Kelly, D. M. (2000). *Pregnant with meaning: Teen mothers and the politics of inclusive schooling.* New York: Peter Lang.

Kendal, S., Callery, P and Keeley, P. (2011a). Evaluation of the feasibility and acceptability of an approach to emotional wellbeing support for high school students. *Child and Adolescent Mental Health, 16 (4), p193 – 200.*

Kendal, S., Keeley, P. and Callery, P. (2011b). *Young people's preference for emotional wellbeing support in high school- a focus group study. Journal of Child and Adolescent Psychiatric Nursing, 24, 254 – 253.*

Kendal, S., Keely, P. and Callery, P. (2014). Student help seeking from pastoral care in UK high schools: a qualitative study. *Child and Adolescent Mental Health, 19 (3), 178 – 184.*

Kernberg, O. (1978). *The diagnosis of borderline conditions in adolescence. Adolescent Psychiatry.* Edited by: Feinstein S, Giovacchini P. Chicago: University of Chicago Press, Volume 6, 298-319.

Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Cited in Mental Health Foundation https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people accessed on 18/04/17.

Kidger, J., Araya, R., Donovan, J and Gunnell, D. (2012). The effect of the school environment on the emotional health of adolescents: a systematic review. *Paediatrics, 129(5), p.925-49*

Kim-Cohen, J., Caspi, A., Moffitt, TE., *et al* (2003): *Prior juvenile diagnoses in adults with mental disorder.* Archives of general psychiatry, Vol 60, pp.709-717.

Kinderman, P. (2017). BPS response to Theresa May's speech on mental health. *https://beta.bps.org.uk/news-and-policy/bps-response-theresa-mays-speech-mental-health.* Accessed on 06/03/17

Knowles, J. G. and Cole, A. L. (2008). Handbook of the arts in qualitative research. Accessed online at sagepub.com on 18/04/17

Leavey, Rothi and Paul. (2011). Trust, autonomy and relationships: The help-seeking preferences of young people in secondary level schools in London (UK). *Journal of Adolescence, 34, p.685 – 693.*

Lee, F. S., Heimer, H., Giedd, J. N., Lein, E. S., Sestan, N., Weinberger, D. R. and Casey, B. J.  (2014). Adolescent mental health- Opportunity and obligation. Mental Health, 346 (6209), p.547 – 549*. Downloaded from www.sciencemag.org* Accessed on 30/09/15

Livingston, J. D. and Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science and Medicine, 71, p.2150 – 2161.*

Lozano, R. et al. (2012) Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010. A systematic analysis for the global burden of disease study 2010. *The Lancet.* 380(9859), pp. 2095–2128.

Lynch, R. T., Chosa, D., 1996. Group-Oriented Community-Based Expressive Arts Programming for Individuals with Disabilities: Participant Satisfaction and Perceptions of Psychosocial Impact: *The Journal of Rehabilitation, 62(3), p75+*: National Rehabilitation Association. Available through: Questia [Accessed 2010]

Martin, H. (2010). *Children's perceptions of the therapeutic relationship and outcomes in school-based Educational Psychology Interventions: implications for practice* (Masters Thesis). Sheffield: University of Sheffield.

Maxwell, J. A. (2012). *A Realist Approach for Qualitative Research.* Sage Publications: UK.

May, T. (2017). Full text: Theresa May's 'shared society' speech. Accessed on 04/03/17. *http://blogs.spectator.co.uk/2017/01/full-text-theresa-mays-shared-society-speech/*

McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital. Available at: http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-full-rpt.pdf [Accesed 5 October 2016]

Meltzer, H., Gatward, R., Corbin, T., Goodman, R., Ford, T. (2003) *Persistence, onset, risk factors and outcomes of childhood mental diosorders* London: TSO

Mental Health Foundation. (2004). *Lifetime Impacts: Childhood and Adolescent Mental Health: Understanding the Lifetime Impacts.* London: Mental Health Foundation.

Mental Health Foundation. (2015). Accessed on 29/11/15. *http://www.mentalhealth.org.uk/help-information/an-introduction-to-mental-health/what-is-mental-health/*

Millings, A.,Buck, R., Montgomery, A., Spears, M. and Stallard, P. (2012). School connectedness, peer attachment, and self-esteem as predictors of adolescent depression. *Journal of Adolescence, 35, p.1061 – 1067.*

Monkman, H. (2013). *The teacher's role in supporting student mental health and wellbeing- a disourse study (Doctoral Thesis).* Sheffield: University of Sheffield.

Mukherjee, M. (2000). In Peake, W. (2005). *Multi Agency Working: A Case Study of an Early Years Professional Group.* University of Sheffield: UK

Murphy M and Fonagy P (2012). Mental health problems in children and young people. In: *Annual Report of the Chief Medical Officer 2012*. London: Department of Health

NHS Health Advisory Service (1995). *Thematic review. Together we stand. The commissioning, role and management of child and adolescent mental health services.* London: HMSO.

Nightingale, D. J. and Crombie, J. (2002*). Social Constructionism as Ontology. Theory and Psychology, 12 (5), 701 – 713.* Sage publications: UK.

Noble, H. and Smith, J. (2015). Issues of validity and reliability in qualitative research. Evidence based nursing, 18 (2). *www.ebn.bmj.com. Accessed on 09/07/15.*

Nunn, K. (2011). Bad, mad and sad: Rethinking the human condition in childhood with special relevance to moral development. *Journal of Paediatrics and Child Health. 47 (9), 624-627.*

NUT (National Union of Teachers). (2013). Tackling Teacher Stress. *http://www.teachers.org.uk/node/12562* Accessed on 20/08/16.

Oakley, A. (2000). *Experiments in Knowing: gender and method in the social sciences.* Cambridge: Polity Press.

OFSTED (2005). Healthy Minds: promoting emotional health and wellbeing in schools. *http://lx.iriss.org.uk/sites/default/files/resources/Healthy%20minds.pdf Accessed on 20/05/17*

OFSTED (2007). Developing social, emotional and behavioural skills in secondary schools. HMI 070048. London: OFSTED.

O'Hare, D. (2007). Where are the EPs? Theresa May, mental health and schools. https://edpsy.org.uk/blog/2017/eps-theresa-may-mental-health-schools/ Accessed on 07/03/17.

Parker, I. (1994). In Banister, P. Burman, E., Parker, I., Taylor, M. and Tindell, M. (1994). *Qualitative Methods in Psychology: A research Guide.* London: McGraw-Hill.

Patel, S. (2005). *The Role of the Educational Psychologist in Child and Adolescent Mental Health (Masters Thesis).* Sheffield: The University of Sheffield.

Polkinghorne, D. E. (1998). *Narrative knowing and the human sciences.* Albany, NY: State University of New York Press.

Potter, J. (1996). *Representing reality: discourse, rhetoric and social construction.* London: Sage.

Potter, J. and Wetherall, M. (1987). *Discourse and Social Psychology: Beyond attitudes and behaviour.* London: Sage.

Reissman, C. K. (2008). *Narrative Methods for the Human Sciences.* London: Sage Publications.

Rogers, C. R. (1951). *Client-Centred Therapy.* Boston: Houghton Mifflin.

Rogers, N., 1993. The Creative Connection: Expressive Arts as Healing. CA, USA: Science and Behaviour Books Inc.

Rose, G. (2001). *Visual Methodologies: An Introduction to the Interpretation of Visual Materials.* London: Sage

Rosenberg, M. L. (2015). *Nonviolent Communication -- A Language of Life (Nonviolent Communication Guides).* USA: Puddle dance press.

Rosenthal, S. (2008). *Sick and Sicker: Essays on Class, Health, and Health Care*. USA: Remarx Publishing.

Rutter, M. (1987).Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*,57, 316–331

Salmon, A. (2007). Walking the Talk: How Participatory Interview Methods Can Democratize Research. Qualitative Health Research, 17 (7), 982-992. *www.sagepub.com. Accessed on 09/07/15.*

Salter, E. C. (2010). *The Promotion of Emotional Well Being in Secondary Schools (Doctoral thesis)*: Sheffield: Sheffield University.

Schafer, R. (1992). *Retelling a Life: Narration and Dialogue in Psychoanalysis*. New York: Basic Books.

Seale, C. (1999). *The Quality in Qualitative Research*. London: Sage.

Shaverin, L. (2012). *Stories in Scars.* Doctoral thesis: Sheffield: University of Sheffield.

Sheeber, L. B., Davis, B., Leve, C., Hops, H. and Tildesley, E. (2007). Adolescent's relationships with their mothers and fathers: associations with depressive disorder and subdiagnostic symptomology. *Journal of Abnormal Psychology, 116 (1), 144-154.*

Sheffield, E. L. and Morgan, G. (2017). The perceptions and experiences of young people with a BESD/SEMH classification. *Educational Psychology in Practice, 33 (1), 50 – 64.*

Shipman, M. (1997). *The Limitations of Social Research (fourth edition).* London: Longman.

Shochet, I. M., Dadds, M. R., Ham, D. and Montague, R. (2006). School connectedness is an underemphasised parameter in adolescent mental health: results of a community prediction study. *Journal of Clinical Child and Adolescent Psychology, 35 (2). 170-179.*

Smith, B. and Sparkes, A. C. (2009). Contrasting Perspectives on Narrating Selves and Identities: an Invitation to Dialogue. *Qualitative Research, 8 (1), 5-36.*

Stern, R. (2005). Self-Absorbed, Dangerous, and Disengaged: What Popular Films Tell Us About Teenagers. *Mass Communication and Society, 8 (1).*

Stout, P. A., Villegas, J. and Jennings, N. A. Images of Mental Illness in the Media: Identifying Gaps in the Research. *Schizophrenia Bulletin, 2004, Vol.30 (3), pp.543-561*

Thompson, M., Hooper, C., Laver-Bradbury, C. and Gale, C. (2012). *Child and Adolescent Mental Health: Theory and Practice (second edition).* London: Hodder and Stroughton Limited.

Vostanis, P., Taylor, H., Day, C., Edwards, R., Street, C., Weare, K. and Wolpert, M. (2010). *Clinical Child Psychology and Psychiatry, 16 (3), 385 – 405.*

Vygotsky, L. S. (1925). 'The Psychology of Art' in Vygotsky, L. S. 'The Psychology of Art' (1974). UK: MIT Press.

Wadeson, H., Durkin, J., & Perach, D. (1989). Advances in art therapy. New York: John Wiley & Sons

Weare, K. (2009). Placing social and emotional learning at the heart of schools. *Curriculum briefing, 7, 307.*

Weare, K. (2015). *What works in promoting social and emotional well-being and responding to mental health problems in schools?* London: National Children's Bureau.

Weare, K. and Nind, M. (2010). Identifying evidence-based work on mental health promotion in schools in Europe: An interim report on the DataPrev project. *Advances in School Mental Health Promotion, 3, 36-44.*

Weiss, S. (2002). How teachers' autobiographies influence their responses to children's behaviours. Emotional and Behavioural Difficulties. USA: New York Universities.

Weist, M. D., Paskewitz, D. A., Warner, B. S. and Flaherty, L. T. (1996). Treatment Outcomes of School Based Mental Health Services for Urban Teenagers. Community *Mental Health Journal, 32 (2), p.149 – 157.*

Willig, C. (2008). *Introducing Qualitative Research in Psychology.* London: McGraw-Hill.

Wilson, C. J. and Deane, F. P. (2012). Brief report: Need for autonomy and other perceived barriers relating to adolescents' intentions to seek professional mental health care. *Journal of Adolescence, 35, p. 233 – 237.*

Woolfson, R., Bryce, D., Mooney, L., Harker, M., Lowe, D., Ferguson, E. (2008). Improving methods of consulting with young people: Piloting a new model of consultation. *Educational Psychology in Practice, 24 (1), p55-67*. Routledge: London.

World Health Organizatio (WHO). (2001). The World Health Report: new understanding, new hope. *http://www.who.int/whr/2001/en/whr01_en.pdf?ua=1* Accessed on 04/11/16.

World Health Organization (WHO). (2017). Gender and women's mental health. *http://www.who.int/mental_health/prevention/genderwomen/en/* accessed on 12/05/17.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health, 15:2, 215-228.*

Young Minds. (2000). Memorandum by Young Minds: PROVISION OF NHS MENTAL HEALTH SERVICES (MH 41). Accessed in *https://www.publications.parliament.uk/pa/cm199900/cmselect/cmhealth/373/0033006. htm* Accessed on 27/04/17.

Young Minds, 2007. The Transition from Primary to Secondary School: How an understanding of mental health and emotional wellbeing can help children, schools and families.*https://www.youngminds.org.uk/assets/0000/1303/Transitionfromprimarytosec ondary.pdf* Accessed on 06/03/17

**Appendix A: Screening Questionnaire**

# Pre-participation questionnaire

Thank you for considering taking part in this study. It would be helpful for me if you could fill out this preliminary questionnaire to aid decisions around possible participation. Please include as much detail as you feel able to share. Your response on this questionnaire will be anonymised and possibly discussed with my supervisor, Dr Lorraine Campbell. The questionnaire will be stored securely and destroyed once this study has been completed.

Name:

Age:

Gender:

When do you feel you first began to have difficulties with your mental health? How would you best describe these difficulties?


When did you first receive treatment?


Are you still receiving treatment? If so what are the details of this?


On a scale of 1 to 10, 1 being the lowest and 10 being the best, how would you rate your mental health at the moment?


Do you have a support network of friends/family/professionals that can/do continue to offer you support if you need it?


GP name and contact details:


Thank you, I shall be in touch shortly regarding your participation.

**Appendix B: Thank you letter to participants who did not meet the criteria**

Dear X

Thank you for taking the time to consider participating in the study **'What are the experiences of young people who receive support for a mental health issue whilst at secondary school? The good, the bad and the impacts on identity'** conducted as part of my doctoral studies at Sheffield University.

You have **not been selected** to participate in this study, which could be for a number of practical reasons including the age-range that was decided upon or just that there were too many volunteers.

**If you would like to receive information about the findings of this study** please let me know and I will ensure that you do.

Thanks again for your time,

Kind regards,


Abigail Barragry

# Participant Information Sheet

**Study Title: 'How do teenage girls experience having a mental health issue whilst at secondary school? A narrative study using creative arts'**

Sub-questions:

1. **How do teenage girls who have had a mental health issue perceive their experiences at school?**

2. **How do teenage girls who have had a mental health issue experience receiving support from adults?**

I would like to invite you to take part in my research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. I can offer to meet with you to discuss the study further if this has not already been arranged.

**What is the purpose of the study?**
The purpose of this study is to gain first-hand information from teenagers about their experiences of having a mental health issue whilst still in education. By listening to you as the expert and comparing different stories and experiences I am hoping that the analysis of the study may help professionals to better understand what helps/doesn't help and how other young people going through similar issues can be better supported. These professionals will include Educational Psychologists, which is the role I am training for, and may also include school staff, child and adolescent mental health workers (CAMHS) and any other agency that I feel may benefit.

**Why have I been invited?**
You have been invited because someone who has worked with you felt that you would be a good candidate for this study; would have something to offer and may enjoy the experience of taking part in the sessions. Also, you are between the ages of 14 and 20 and have had experience of a mental health issue for which you received support at a time when you were studying at high school. At the present moment you need to feel and be medically deemed to be in a place whereby you can reflect on your past experiences and are not currently in a place of crisis.

**Do I have to take part?**
No, taking part is completely voluntary.

**What will happen to me if I take part?**

*X2 Art making sessions*
This study will be a series of x2 creative workshops lasting for one hour each. These will collage-making and creating a story-board of your own journey. At the end of the last session I will ask you to discuss your journey by drawing on the what you have created, which I shall record.

*Collecting data and confidentiality*
At the end of each session there will be a discussion that I will record using a voice recorder where we will discuss what was created and why. This will be used later for me to transcribe and then analysed whereby I will be looking for things that really stood out for people and any common themes between participants. Ultimately this is the data that I will be using to try and address the title and questions of this research project. All names will be changed (if this is what you wish) and I shall destroy the recording as soon as it has been transcribed. You will not be identifiable in the write up of this study in line with participant confidentiality. All participants must sign the agreement that whatever happens in the sessions remains confidential and participants do not discuss anything about other participants outside of the sessions.

**What will I have to do?**
The main thing required is that participants come with an open mind and a willingness to explore their personal experiences in the hope that this information may go on to help others.

**What are the possible disadvantages and risks of taking part?**
We will be exploring a period of your life that may have been difficult and/or distressing. The nature of what we are looking at means that personal feelings will be shared and this may bring up some strong emotions.

If you consent, I can also discuss your participation in this study with an adult who may have provided you with help or support in the past (or at present) and discuss options to speak to them during the study if you would prefer this.

**What are the possible benefits of taking part?**
I cannot promise that this study will help you but I am hoping that by giving you the chance to explore your experiences of mental health in a safe and supportive environment it may enhance your insight into this experience, increase self-awareness and be a positive outlet for giving voice to your thoughts, feelings and personal journey.

The other benefit I am hoping for is that the information you give me may be used to help other young people going through similar things as you.

**What if there is a problem?**
You can talk to me privately at any point in the process. You can also withdraw from the process at any point without giving a reason, although I hope you will feel comfortable to discuss any issues with me to see if they can be resolved. If

you wish to speak to someone else you can contact my university supervisor whose contact I shall provide you with.

**Will my taking part in the study be kept confidential?**
All information which is collected about you during the course of the research will be kept strictly confidential, names and places will be changed and this will be discussed with you on the first session.

**What will happen if I don't carry on with the study?**
If you withdraw from the study all the information and data collected from you will be destroyed removed from all the study files.

**What will happen to the results of the research study?**
They will be used to write my thesis and create presentations which will be delivered to an Educational Psychology service, interested schools staff and CAMHS practitioners.

**Who is organising or sponsoring the research?**
This study is being overseen by the University of Sheffield.


**Further information and contact details:**

My contact: abarragry1@sheffield.ac.uk / 07807011184
My University Supervisor's contact: Lorraine Campbell; l.n.campbell@sheffield.ac.uk

Please don't hesitate to get in touch before signing the consent form if you have any questions not covered in this information sheet.

**Appendix D: Consent form**

# PARTICIPANT CONSENT FORM

To be completed by the participant. If the participant is under 18, to be completed by the parent / guardian / person acting *in loco parentis*.

<table>
<tr><td colspan="2">

- I have read the information sheet about this study
- I have had an opportunity to ask questions and discuss this study
- I have received satisfactory answers to all my questions
- I have received enough information about this study
- I understand that I am / the participant is free to withdraw from this study:
    - At any time (until such date as this will no longer be possible, which I have been told)
    - Without giving a reason for withdrawing
- I understand that my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish
- I agree to take part in this study

</td></tr>
<tr><td>Signed (participant)</td><td>Date</td></tr>
<tr><td colspan="2">Name in block letters</td></tr>
<tr><td>Signed (parent / guardian / other) (if under 18)</td><td>Date</td></tr>
<tr><td colspan="2">Name in block letters</td></tr>
<tr><td>Signature of researcher</td><td>Date</td></tr>
<tr><td colspan="2">This project is supervised by:<br>Dr. Lorraine Campbell, Sheffield University</td></tr>
<tr><td colspan="2">Researcher's contact details (including telephone number and e-mail address):<br>Abigail Barragry / abarragry1@sheffield.ac.uk / 07807011184</td></tr>
</table>

**Please return this form to the person who gave it to you if you wish to take part in the study.**

Thank you! ☺

## Appendix E: Code for transcribing interviews

| Symbol | Meaning |
|---|---|
| … | Prolonged pause of three seconds or more |
| / | Overlap of speech between myself and participant |
| (  ) e.g. (laughs); (coughs) | Non-linguistic element |
| *Italics* | Word emphasis |

## Appendix F: Raw Transcripts

### Emily's Transcript

So – looking at your storyboard, you are going to do most of the talking for this one, not me. Can you just explain to me, starting at the beginning, and give me an overview of your journey/

Emily   Errrr…

A        /and I will probably interrupt you and ask questions along the way.

Emily   Ah k.

A        Ah k.  So, what was the first one?

Emily   Err… the first one was when I was 10 years old and… Mum started to realise that, I was, getting picked on and stuff because we'd have fights about me going to school and, she always had a big trouble getting me into school, but this was a lot worse.

A        Mmhm… Okay, and did you tell her what was going on at school?  Not at that point?

Emily   Not really, I mean I always kind of gave her clues but didn't point blank tell her.

A        Okay.  So it started with some bullying at school, and then what was the next one?

Emily   Umm… The next one was when I was in secondary school and, I suppose secondary school was alright at first, but then it got a lot worse because like people were picking on me and stuff a lot worse than they did in primary school and,  I couldn't even like, walk down the corridor.

A        Hmm – that's quite extreme… and did there not seem to be any policies in school?   I remember that we spoke about bullying and you said that they were supposed to have 'zero tolerance?'

Emily   Ha… huh huh huh huh… (Laughing)

A        …but they don't…

Emily   That is a big load of…. Yeah…


A        Okay, and is this the point where you said there was some bullying going on? Did you tell somebody?

Emily   Yeh, but they wouldn't do anything about it.

A        Right – was anything done about it, can you remember?

Emily   Errr not really- the talk… they said they would talk to, er, that they would talk to a couple of people for picking on me, but nothing was really done.

A        OK..

Emily   It didn't stop.

A        Okay, so it continued and then you've got the next one at 12 ½ years old - Year 8?

Emily   Yeah.

A        And what happened in Year 8?

Emily   Errr, well, basically there was like… (coughs) I don't know how to explain it – at the beginning of Year 8, erm, we were in this English class and it was the first lesson of English class, and they gave us like this sheet to write down about ourselves, and, like, asked questions and we had to answer, and because of the bullying had like made me quite depressed and stuff, I…  answered it and they sent a copy to my Mum because they thought I was going to kill myself.

A        Right.

Emily   So, they finally let me change form.

A        Right, and did you, did you know that that would happen from doing that?

Emily   No.

A        Okay, so you were just being honest?

Emily   Yep.

A        OK… so they got a bit concerned with what they saw?

Emily   Yes.   I can't even remember most of the questions on it.

(Emily starts eating a piece of toast)

A        Mmmm… Okay – so you asked for help and you didn't receive it? There's a bit of a theme of that.

Emily   Hm hm.

A        So next, you were almost 13 and this one is a bit different.

Emily   Mmhmm (chewing).  Basically like, the way I think of it is, mmm… like… (chewing) all the bullying er and stuff like finally hit me mentally.

A        Yeah.

Emily   So, basically I started like not listening in lessons as much I was sat there, er, sat there zoning out, I was looking absolutely rubbish – getting hardly any sleep,   I was walking out of lessons, and then there was this one time I think I was in – oh I can't remember, it was either R.E. or Spanish… but (coughs)… like I started hearing voices in my head and stuff… like   I'd always heard them, but this was a lot lot worse.   I ran to- I ran to t' toilet and… they were getting worse and worse and  I had a sharpener in my hand and… I had to message my Mum and tell her to come and get me from school because I was scared I was going to kill myself.

A        Hmmmm… and did she come?

Emily   Yeh, they had to do that a couple of times.

A        OK. And you said you were going in and out of school and/

Emily   /Yeah/

A        /not looking the same as normal – did people notice so did any friends or teachers notice?

Emily   No-one really noticed and the teachers just thought a bit it was me being a trouble-maker.

A        Okay. So that is quite a big thing to deal with.  Then, at the same age – still 13 – almost 13 so not long afterwards.

Emily   Yes, that was the day aft- that one (points to story board) is the day after my thirteenth birthday.

A        Right, okay.  So this was your first experience of a dis- (pause and look to Emily for confirmation of how she had previously labelled this episode)

Emily    Dissociative episode.

A        Dissociative episode. (Describing the drawing) You had big pupils, a knife, and that was at home wasn't it?

Emily   Yeah. In the kitchen – I stabbed the wall and the washing machine a big load of times and almost stabbed my Mum!

A         Right – so what happened after that?

Emily   Errr I… I don't know. Apparently I was laughing, and the next thing I remembered I was in the corner crying.

A        Right – it must have been quite scary?

Emily   Yeh

A        The first time…

Emily   I can imagine myself psychotically joker-laughing (smiling).

A        Can you?

Emily   (Laughs) Haha yeah!

A        Um…  That's a big thing to happen.  So, did anything change after that?  I mean there's nothing/

Emily   /No, that was when I stopped going into school because I was scared I was going to black out and hurt someone.

A        Right.   When we did the timeline, I don't think- did you add anything about getting any support, seeing CAMHS or anything?

Emily   Mmmm don't think so.

A        I don't think you actually …

Emily   I don't think it made much of a difference.

A        Right – I actually noted that to ask you/

Emily   (Laughs)

A        /and how it was interesting that you didn't put it on there.  You didn't put CAMHS on there and you didn't put teachers on there/

Emily   /Yeah/

A        /although you did put a bit on the poster.

Emily   Hm.

A        So what was your experience of… professional support?

Emily   Er – a rubbish experience (laughs).

A        Yeh – so, not including here, obviously.

Emily   Yeah.

A        Er – a couple of things I quoted you saying: 'I'm are not a fan of therapists'

Emily   (laughs)

A        Erm… We pulled out a few themes and I will check with you again/

Emily   /Yeah/

A         /a theme of professionals being "know it alls".

Emily   Mmm hm!

A        Can you tell me anything about that?

Emily   Err… I don't really know how to explain that – they just… they just automatically assumed without, like, getting to know me/

A        /Yeah/

Emily   /and then when I tried to like, let them get to know me they said that I wasn't, like, opening myself up enough but I was giving it my all.

A        Right – so there's a bit of an assumption that they know more than you about whether you are being open or not.

Emily   Yeah.

A        Yeah.

Emily   Which is kind of annoying cus, they were making it sound like there was some-er- something there/

A        /Yeah/

Emily   / 'n like, that I didn't know about, which really annoyed me because act- er-actually I do have like, this thing where I can't remember like, most- er- most of my childhood that's like...   I don't know how to explain it, I can like, remember vague memories and stuff but there still feels like there's a big gap I am missing out and that/

A        /Right/

Emily   /and I don't know where it is.

A        Right – and have you ever tried to sort of explore that?   Do you want to find that out?

Emily   I do want to… recover… I do want to find out what the hell that is.

A        Yeah because often things get stored in the back of our mind/

Emily   /Yeah/

A        /don't they?

Emily   Yes, and I don't want to be asking other people because that would be their memories of it/

A        /Yeah/

Emily   /not like…/

A        /Yeah right/

Emily   /Cos everyone remembers things differently.

A        Yeah, exactly… Okay, so – in this process, this journey, we had a bit of a theme of asking for help but not receiving it;/

Emily   /Yeah/

A        /of not being understood; people saying 'just get over it', (pointing out on Emily's visual pieces) 'get over it', 'get over it', 'get over it', we have that a couple of times.

Emily   Hehe-yeah.

A        'You seem fine on the outside' – we have that here.

Emily   Yeah

A        So then what happens here? (Pointing to storyboard)- The last one you've got says "I'm coping".   What is different about now, or what was is that's… helped/

Emily   /I don't know I mean, it feels like I've been, er, been through it all and I'm basically prepared for anything else and nothing will really shock me anymore.

A        Okay… and is there anybody who has helped you get there or do you feel you have sort of done that yourself?

Emily   Like… I don't know… friends being there…/

A        /Yeah/

Emily   /and stuff.

A        Okay. So friends have played a bit of a role.

Emily   Yeah – Mum doesn't like- er- doesn't like the fact that I rely on my friends more than her.

A        Okay, hmmm…  and do you feel that your Mum has an understanding of mental health? Your mental health?

Emily    (Takes a bite of toast) A bit.

A        Yeah.  (Pause) What role would you say school played in this journey?

Emily   (Long pause) Erm… nothing really…

A        Hmmm.

Emily   I mean, there was Mr Gillese and Rory that comes here [Furnival centre] – erm, they were like partners in LS, which is like the place where naughty kids are supposed to go, but/

A        Ah OK

Emily   /I used to go there for like time out and stuff when lessons were getting stressful.

A        Oh right.

Emily    And they were nice to me and stuff so...

A        Did you class yourself as a naughty kid?

Emily   No. No. I was the proper- most of the time I was the proper teacher's pet.

A        Right.

Emily   (Laughs)

A        So why did you go to somewhere for naughty kids?

Emily   Because that was also a bit like a time out kind of place and you could go there to like talk and stuff.

A        Right.   Was it helpful?

Emily   Yeah.

A        Okay, and is there anything that you think could have been different and would have been better for you along this road?   Is there any point at which you wish someone could have done something differently?

Emily   Erm… (chewing) In secondary school, I wish that the teachers had… classed what was happening to me as bullying and taken it seriously.

A        Right.   Yeah. Instead of it being like it was your issue/

Emily   /Mmm/

A        /like it's your doing.

Emily   Hm hm.

A        And what is your plan now – are you gonna go back to mainstream school?

Emily   Erm… (coughs) I'm gonna start going to this placement called Endeavour-

A        Right.

Emily   -and they are supposed to help me get my Maths and English GCSE's and maybe my History GCSE.

A        Mm hm.

Emily   And luckily, going to that, the teachers won't pester me to go into lessons any more.

A       Mmmm...   How do you feel about going there?

Emily   Well I don't feel that much.

A       When are you going?

Emily   I think it is supposed to be about September.

A       Ok. And If you had any advice for teachers about sort of managing teenagers who are having some mental health issues, what would you want teachers to know, or what would you want them to do differently? Or is there any part of teacher training that you think should be different?

Emily   (Pause) That they need to treat it seriously and not like it's something that's going to pass.

A       Mmm. Yeah.  You said- I wrote down one quote from you on the first day that teachers could do with 'sensitivity training'?.

Emily   Yes.

A       So that's sort of similar isn't it?

Emily   My Mum could do with sensitivity training!  (laughs).

A       And I guess you have mentioned bullying a couple of times in that schools say they are anti-bullying but are not?

Emily   Yes.

A       Okay.   I think that might be about it.   Is there anything else you feel you might like to share from these things?

Emily   Err, I don't know.

A       What role did your friends play? Along this?

Emily   Well… it was round about halfway between 13 and 14 (coughing) – ah no it was round about… yeah I would have been about when I was 13 ½ - that I had these friends from America and they were absolutely amazing.  Like, cos when I used to have blackouts I had to go into hospital and stuff/

A       /Oh right/

Emily   /so that they could like observe me and make sure I wasn't going to do it again anytime soon, erm… and I had this friend Stephen.  We met on… what was it called… 'Uknowhow(?) which was like a live broadcasting thing. (laughs) cos I convinced him to do his first live broadcast.

A       Wow!

Emily   And then I made him popular because he got, bout…

A       Did he get lots of views?

Emily   He got about a thousand fans!

A      Wow!

Emily   (Laughs) I know! So basically he would call me when I was messing up and stuff.   I can remember, after I had a blackout, Mum called the ambulance cos I was refusing to go into hospital.

A      Mmm.

Emily   I was sat there on the phone with Stephen eating a bag of Doritos and he was trying to make me laugh.

A      Mmmm… Yes – sometimes having just one key person can make a difference if they can make you laugh.

Emily   Mmm.

A      Okay, so last thing, so like I asked you about teachers, if there was one thing about mental health professions that could have been better, what do you think they could have done or something about the way they were with you or, is there anything that you think that could have been different for the way that professionals worked with you?

Emily   I have no idea.

A      Hm.   You mentioned one thing earlier about there being an inconsistency so you were just 'dropped' quite quickly after sharing a lot.

Emily   Yeah basically.

A      So you shared a lot of personal stuff, and then…

Emily   With a lot of people so now I'm just used to it.   That's why most o't' time when I meet people I end up telling them basically all about me within the first day.

A      Right.   Because you're just used to that.

Emily   Yeah.

A      Okay. So moving forward from here (looking at story board), how do you feel when you look at this journey?

Emily   I don't know (laughs).

A      You have come quite a long way.

Emily   Yeah

A       In quite a short period of time.

Emily   Yeah.

A      We spoke a bit about resilience last week, and about how sometimes having this sort of experience can make someone more resilient.

Emily   Mmm.

A      Do you feel like you are a resilient person?

Emily   Yeah (chuckles).

A        Amazing. I think we will leave it there! Thank you.

**Girl X's Transcript**

A    Right, I never saw the end result of this before, did I? [collage]

Girl X    I was just adding a few things here last minute. When I say last minute I mean after coming back from school…

A    Okay, well you did pretty well then.   So, from both this and this (pointing to collage), I can see that I spoke last time about contradictions, like a lot of things I'm seeing is on the one hand it will be okay and on the other it is the total opposite.   There are a lot of opposite type things.

Girl X    This was more of how people see….

A    Mental health?

Girl X Yeah

A    This was how people see mental health.   'Smile?' – what is that smile about?

Girl X    That people think when you smile everything is totally fine. That there's no problems apparently.

A    Okay

Girl X    It's kind of like that strange myth or belief.   If you smile you're happy, and if you're happy then there's are no problems apparently.

A    Hmm – 'changing behaviours' – 'happiness' in quotation marks again.   'Why it is a mistake to seek control of your life through solitude…'   And you have a 'lonely disorder' there as well, two things about solitude and loneliness.... What about this – 'exam'.

Girl X    I think for some reason people think you can test everything.

A    Oh right! Do you mean like doctors would test?

Girl X    And this exit is pointing to…

A    '…Happiness' – okay.   'Be perfect';  so that is what you think society is trying to make us or is that what you are saying we need to be – perfect?

Girl X    When I was writing that I was thinking more of what perfection is, basically.   Being a robot.

A    Yes – you have got machines and cogs there.   I know we have spoken about that before – that being like everyone else is being just like a robot and if you are different, it means that you have mental health problems but actually you are maybe just being yourself – that is pretty much what you have said isn't it?

Girl X    Last time, yes.

A    Okay.   What about these words- these are quite negative ones – and this one – 'evil', 'ill', 'monster', 'reject'.

Girl X    That's how some illnesses are seen (nervous laugh).

A   Yes.  You said something really interesting last time which I wanted to bring up again –
    when you said that you feel that you would not class, erm,  the way that you think as a
    sort of mental… mental disorder;  you are just being you and not fitting into what
    society is trying to say is, like, normal.

Girl X   Yeah.

A   Can you say a bit more about that… (long pause).. about how you feel society tries to
    put people into boxes and how if you don't fit into that box then there must be
    something wrong.

Girl X   No one is really the same, and because they can't accept it they put everything into
    categories to make sense of everything [quiet laugh].

A   Hmm, and who do you mean by "they".

Girl X   Just… people (quiet laugh).

A   Yes, and are there any groups in particular that make up "they"?

Girl X   People usually in higher power and with… less understanding.

A   Hmmm… Okay.  Let's go onto this (story board), because I have not seen this before,
    so tell me where you started; we did a timeline first and then you sort of, used that to
    help you to create some images.   So.. where did you start on here?

Girl X   That's SATS, and that is me moving to… secondary is it secondary school? And then it's
    quitting drama… and then work I did before, starting to become almost repetitive and
    robotic.

A   Is that what all these are, all the same again and again and again.

Girl X   It's how people were becoming, sadly.

A   People around you – your peers?

Girl X   Mmmm.

A   And… were you becoming like that? (she shakes head)  No.   Okay, so that one is you [I
    point to person alone on story board] but you are under a raincloud.

Girl X   Because I am realising now that I'm the only one fighting against it.

A   Yes – not conforming?   And that is difficult because you feel alone?   What is it – what
    is the rain about?

Girl X   It is like – like trying to catch a whole… it's like trying to catch flying confetti and you
    know you don't have enough hands for every single piece.

A   Right!

Girl X   You can't save everyone from school.

A   Right. And would you want to… was there a time when you wanted to save other
    people from school?

Girl X   I still want to [quiet laugh].

186

A          Yeah – you have said some things like that recently.   What was it you said – "Education is manipulation"; can you just explain that a bit more?  I understand it but just for the tape.

Girl X    You don't really learn anything whilst you are in school.   All the things you learn are just there to manipulate you for life.   It's like there is only one right answer in their minds, and if you don't follow it you are wrong.

A          Mmm hmm.   We will continue on afterwards [along the story board] but I will just pause at this point.   So over here when you had your SATS, there's these words saying "it will be okay", whose words are they?

Girl X    That's what I kept saying in year 6.

A          Okay, so it was like your self-talk.

Girl X  Yeah

A          And then again, when you went to secondary school, "it will be okay".   Was it okay at that point?

Girl X    It wasn't, but I kept saying it will be better from this point on.

A          Okay.

Girl X    But it just kept going on (laughs quietly).

A          Right, and then you have what looks like a path.   Oh – is this a microphone with a big spotlight shining on it?   What does that signify for you?

Girl X    When I quit Drama.

A          Oh okay, so you used to be there and then you're not.

Girl X    I realised that wasn't my place.

A          Mm hmm. It looks quite daunting – it's like a pedestal with a bright light on a microphone – was that how it felt in drama?

Girl X    Yes

A          And why was it a big thing when you quit drama, why would you choose to represent that there?

Girl X    It was because I realised that I was trying to become someone I'm not.

A          Oh Ok. Yeah.

Girl X  I chose drama because I wanted to be confident and stand in the spotlight like everyone else.

A          Mmm hmm. So there is a definite theme about: 1. how society and school try to make everyone the same; and there is another theme about how you, actively, have wanted to not follow that.   You have wanted to keep your own identity.

Girl X    Yeah.

A        Okay.   Now this "it will be okay" looks a bit shaky.

Girl X    Because the longer… well the further I got from school, the more difficult it was becoming and this was… slowly became more unbelievable.

A        Right – yes, they are sort of less solid aren't they?  Less strong.  Was anyone else saying to you "it will be okay" at this time or was it pretty much just you telling yourself?

Girl X    People were saying that as well and I was saying that more often to myself.

A        Yep… And was there anything in particular about secondary school that you think… made it like that?  You mentioned before about there being a lot of people, making it worse than primary school.

Girl X    Mmm. You went from being the oldest to the youngest.

A        Oh yeah. Of course.

Girl X    And just… remembering how it felt to be one of the most vulnerable, apparently. Just… made you… want to hide more than anything else.

A        Did you feel vulnerable?

Girl X    Vulnerable isn't the right word for me (laughs).

A        Yeah, I had a feeling you would say that!

Girl X     I just… didn't like the… large crowds.

A        Mm Hm. So this you have drawn here looks to me like a crowd and people all looking exactly the same, identical, and does it progress up here?

Girl X    Yes

A        So then we have a very very shaky "it will be okay" and do you want to describe to me what else is here?

Girl X    That's when the people that I knew… started to… slowly started to fall apart as well.

A        Mm hm… What do you mean by that?

Girl X    They started arguing.

A        Mm hm... Your friends around you started arguing?

Girl X    (nods)

A        Yes. And why was that such a negative thing for you?  How did it impact on you?

Girl X    Because even though they were just people that I knew, I tried to stop them but it didn't really work out.  They just kept going on.

A        Okay, and did that affect your ability to be friends with them or was it just the feeling of arguments around you that made you feel uncomfortable?

Girl X    Just arguments in general.   I mean people just started hating and blaming each other for no reason sometimes.

A         Okay, and this ……….. here I'm assuming this is the people around you, what about this one [point to the bat]?

Girl X    That represents me (quiet laugh).

A         Okay – you are quite different and separated.   Did you join in with any of the arguments?

Girl X    No I was just in the middle, spectating the whole thing (quiet laugh).

A         Okay, and it carries on with something major here, "it was never okay" it says in big red, and then this?

Girl X    It is kind of me now, looking over the whole event, and the red writing stands for even though I kept saying it will be okay, I realised that what happened until now was never, in fact, okay.

A         Right.   So you mean if you looked back, you realise things weren't actually okay.

Girl X    Yes.

A         Okay.   So we have got some things about friends here…   On your journey, I am going to ask a couple of questions about how significant were, perhaps friends and teachers and perhaps a couple of others.   So how significant a role did friends play when you were starting to feel that some things were not okay – any positives or negatives? You mentioned the arguments.

Girl X    That group of friends… didn't really play a big role … [long pause- something more is being unsaid that Girl X does not want to be recorded or written about].

A         We can leave it there if you want to leave that there..

Girl X    Yeah (quiet laugh)

A         Yeah, that's fine.   What about teachers because you haven't actually put anything in there but I am interested because you have used "they" a lot and people in power, and I was wondering if you included teachers in that.

Girl X    Not all teachers, just… some (exacerbated laugh).   But when I say "they" I mean people who just see schools and everything as just… numbers.

A         Hmm, so people even above teachers and schools – sort of… bigwigs who run education?

Girl X    Mmmm, maybe even headteachers some headteachers.

A         Right, Ok yeah… so running it more like a business with numbers?

Girl X    (nods)

A         So have you felt that at school?

Girl X    Yes.

A        That is really interesting.

Girl X    They keep saying that you should do just for *yourself,* but… not really.   Sometimes I feel that they only want me to get good grades for the better reputation of the school.

A        Mmmm…. And on this journey, can you give me a couple of things that you think school could have done a bit better or a bit different – how you would have liked it to be or what would have helped you more.

Girl X    I just don't like the idea of school.

A        Yeah…

Girl X    Just the whole idea seems not right.

A        Do you think it would be possible to have or to invent a school that was right?  How would you design it?

Girl X    It wouldn't really be called a school – maybe just more of a gathering place of people.

A        Hm – that sounds really oldy worldy (both laugh) – would it be in a forest?

Girl X    Nods (both laugh).

A        And what sort of things would you learn?

Girl X    You would choose to learn what you want to (quiet laugh).

A        Right. Do you have much choice what you learn now?

Girl X    Well I do have some choice, but that's barely anything.

A        Yeah – it's the subject, not the content isn't it?   I mean, English is so broad and you could learn about this or this or this within it.   Okay, and what about… any health professionals – did you ever go to see a doctor or did you ever go to CAMHS?

Girl X    No not CAMHS

A        You decided not to didn't you?

Girl X    I did see a doctor but the doctor… didn't really do anything (laughs) but not in a bad way but not a good way.

A        Yes, that's alright.   Did you feel listened to and understood?

Girl X    Not entirely (laughs).

A        Okay.   Is there anything that could have made you more listened to or understood?

Girl X    Not really (laughs).

A        Yeah… okay.   I was wondering whether you would have any advice because you have had quite a journey and have quite a good insight into thoughts and feelings and schools.   Have you any advice to schools - and remember this is anonymous and people won't know it is you – I mean and advise about changes to the system- did you know where to go when you were feeling not very good and are there any signposts at school about where to go if you are feeling low?

190

Girl X    No… but now I know where to go it does help but… still doesn't change the fact that it's… school.

A    Yeah.   Tell me about what has helped – you spoke about the inclusion base – no it is called Arc isn't it?

Girl X    Yes it is called Arc.   It is basically a room with teachers who help you with things. The teachers don't really have a role apart from to help students with anything;  so if there is a fight or if… someone isn't feeling too well they go there and the teachers… can sort it out.

A    Yes.   Do they talk to you – people call it a pastoral role – which means wellbeing.

Girl X    I think… Yeah.

A    Yeah? And do you generally feel that you can go there if you need to and talk to people?

Girl X    Yeah but I go there if it's… like an emergency (laughs).

A    Okay – you only go in emergencies?

Girl X    Not like serious-serious emergencies but… things that… can't do anything else.

Abi    Yes – personal emergencies – that is what I understand it to be.

Girl X    It's better to go there than go to class and have a panic attack.

A    Yeah, and it is quite positive that you feel you are able to do that.   What about the workload – how do you find that?   Is there anything about school that adds to the stress or pressure – can you think of some things?

Girl X    There is a lot of coursework right now and I can't handle that.   If I explain, if I tried hard with every subject then I would have no spare time.

A     Right.   You have spoken quite a bit about art and obviously you have created a very creative artistic piece here.   You have decided not to go on the traditional storyboard route. You have done- typical you- gone a bit renegade – which I love – but you have mentioned about art not being expressive at school when it is taught.

Girl X    It's not – you have to follow a certain pattern.

A    Mm hmm – so does that link into this again about it being regimented?

Girl X    It's over organised.

A    Right.  Okay.  I think that is just about it, unless there's anything else you can think of or want to say?

Girl X    No.

A    Okay then we'll end there.

A        Amazing. I think we will leave it there! Thank you.

**Sarah's Transcript**

A      Right, so some of the themes that I have picked out so far, from what you have chosen… erm… and I will check them with you first.   On your collage there are a couple of times you wrote, about erm  'they, and 'they' think they know it all and 'they' don't always understand.   Who do you mean by 'they'?

R      Like, mostly other people in general, but like a lot of the time about the professionals.

A      Yes.   So on your storyboard and your timeline – there are some professional people listed because you have got things about hospitals, but you haven't listed any positive experiences with professionals on here?

R      Nope (laughs).

A      Why is that – is it because you didn't have any or because they weren't significant?

R      I didn't really have any, I suppose.

A      Okay.   So – looking at this journey, erm, what role do you feel school played?

R      Erm – in primary or secondary?

A      In general.   Well it starts- we start in primary school don't we? (I point to story board)

R      Well, in primary school, when I was getting bullied and stuff, the school didn't really do anything about it; they just kind of- they juts kind of let it go by, go over their heads

A      Mmm Hmmm…. And did you feel that that was quite a cause of your problems at primary school – bullying?

R      Yes.   I just ended up getting used to it and just ignoring it and reading a book on my own.

A      Right – so you dealt with it by yourself?

R      Mmmm. But I have never really actually dealt with it.

A      Yeah – so it was that bad experience getting stored inside you?

R      Mmmm.

A      And do you think that affected you later – you know you said that you didn't really deal with it, so did that come out in a different way?

R      I think so, yeah, but also as I get older- got older- I eventually erm thought that it was, right, I guess to hurt the people that hurt me –

A      OK…

R      -so I kind of starting hurting people that hurt me with words or physically or something and like start hurting them like –

A      Mmmm….

R      -hit them and kick them and stuff, but no-one ever told me it was wrong.

A      Mmmmmmm…. And were there any consequences for you/

R     Yeah

A     /doing that to them?

R     And I didn't- I didn't understand why I was the one that kept getting into trouble when they never got into trouble for anything.

A     Right… okay. And did you ever get the chance to explain… why you were doing that – to try to like/

R     No.

A     /try and stand up for yourself?

R     (Shakes head).

A     No? Ok so that must have made it quite tricky at school.

R     Yeah.

A     So you don't go to school at the moment?

R     No.

A     And what would you say is the reason or that?

R     Erm, well when I went to secondary school, erm, I was looking forward to going to secondary school, and then I went and it was just kind of like… around the same thing and no-one seems to like me because of the way I have been brought up, I guess – I don't know;  but, like, when I got to school, the people who tried to start arguments with me, I would, like, defend myself the way I did at primary school.

A     Okay.

R     Like I would say something back or do something back, and that obviously weren't very good.

A     Right.

R     And then… but like erm, I got into a few fights and arguments quite a lot of the times and I used to like get myself into quite a bit of trouble as well /

A     / Right /

R     / getting myself into isolation and stuff every day.

A     Ah, okay.

R     Just not really listening properly, and eventually… erm just got excluded from school.

A     And did you have any positive relationships with teachers?

R     Yeah, there was one teacher that were my favourite teacher /

A     / Mmmm…/

R     /and I really liked her.

| A | Mmm, and was she able to be helpful when all this was going on – did she make a difference? |
|---|---|
| R | Not really, but she were just really nice like when I had her lesson I would look forward to it. |
| A | Mmm – yes, I can remember having teachers like that.   And… so then after school- were you still attending school here when you were 14 and you went- you have a box here where you ended up going to the psychiatric hospital. |
| R | No.  Like when I started running away that's when school started to drop and I was going to school less and less and then I ended up in… hospital that's when like it all just kinda… stopped altogether. |
| A | Right, and do you think that was sort of at peak of crisis point at that time, or was there another time when things were worse? |
| R | Erm, that was just about it, really. |
| A | Yeah? And what were the people like in hospital, because you've put that it was for about two weeks, but it felt like it was forever. |
| R | Well, er, I was in two different hospitals. |
| A | OK. |
| R | So in PLACEX… like erm, er, the people in PLACEX were from all over the place but they were really nice and like… there were a couple of people there that I really liked talking to and stuff/ |
| A | /Mmmm / |
| R | / and then… so that was alright.   But then after I'd just got used to being in PLACEX, in Cheadle hospital, err, after two weeks they transferred me so… I didn't like- I just got settled in and they moved me. |
| A | Yes, I think we spoke at some point about consistency of care and you open up a lot to somebody and suddenly they are gone and you are with a new person / |
| R | / Mm / |
| A | / Do you think that things would be better if that didn't happen? |
| R | *Yeah*. |
| A | Okay.   So, then you moved.   If you had any messages for professionals – like you just said that consistency was good for young people – is there anything else that you think could have been better for you or for other people? |
| R | Erm… Well like a lot of doctors probably wouldn't listen like and… but like they often just kind of talk *at* you, instead of talking *to* you about things and they kinda just… don't listen to *you* and they are just like "you have to do this" or "this is going to happen" and they kinda just like… don't really care – like yeah they may be looking out for your safety or whatever but they are just like "do this" or "do that" and "you can't do this" and "you can't do that" and they don't actually liaise with you I guess, or talk to you. |

A       Yeah.   In your collage, you wrote a couple of times about them being a bit of a 'know it all'? Or that because you have the same problem as somebody else had/

R       Yeah

A       / you are the same as that person.

R       Like they think they know everything and like- everyone's got a different brain like they can't know how *every single person in the world* works/

A       Mmmm.

R       / and they think that they do.

A       Mmmm.

R       Like, if someone goes to like *them* for help, then they think that they can like *fix* them straight away and like talk to them and think that they know everything and know how to help 'em, well… they might know a bit of what to do but like… they can't know everything because everyone is different to be honest.

A       Yeah- yeah, that's another thing that you've put actually [referring to collage] – "Don't they understand that everyone is different".   So from your experience and journey, what do you think about people being different?   We spoke about this a bit last week; do you think there are any positives to… having experienced something like this?

R       Yeah, I guess.   Everyone goes through their own things, really, and it makes you stronger really and makes you the person that you are to be honest.

A       Yes.   We spoke a bit about resilience last week, and I think, yeah, the more things you deal with, you can either sink or swim can't you?   So what about school and teachers – is there anything at school that could have been better or different?

R       Well, to be honest, I think quite recently they should have given me another chance to go back to school.

A       Right.

R       Erm, instead of just kind or of, like, erm, giving up on me, I guess.   I mean, I have tried another school before but that didn't go very well but, like, they just won't let me back and I just kind of wish they would give me another chance to prove that I've changed/

A       / Mmmm!

R       /and things were different.

A       Mmm – so at what point on here did school sort of give up on you?

R       Erm – when I started running away and stuff.

A       Right – okay.

R       [Points to time-line] So about there.

A       So when you were about 14?

R       Yeah. And like I'd run away and sometimes I'd- cos  I liked to go to school every day to get away from home, to be honest, because it would be more distraction for me, but

school would be like, just slowly giving up on me and, like, like it doesn't really make sense.

A       Mmm… Yeah, and we spoke also about not being understood?  It looks like, there [point to time line] that 'not giving up on somebody' you were scared of yourself – it's not that you were being bad or naughty.  What did you conclude about why school was giving up on you?

R       Erm……… I don't really know, because I had a best friend who went to that school as well and like, erm I would talk to her quite a lot, but she would get into trouble sometimes and we would get into trouble together, and they were saying they'd already got one trouble-causer and didn't need another one. They started saying things like that.

A       So actually you were referred to as a trouble-causer?

R       Yeah.

A       And did you feel that you were a trouble-causer?

R       No.

A       Hmm. Yes, it's quite different isn't it, being a trouble-causer and having personal problems.  They are quite different things.

R       Yes.

A       So do you think that school  only had one policy for people that have need and it's about putting them all into the trouble-causing bucket?

R       Mmm.

A       How do you feel that schools deal with mental health problems?

R       They don't.

A       Yes.  Okay.

R       They just kind of take it over their heads and don't really listen to anyone about it. They just, like, "Oh well, you're doing your school work, this isn't a doctor's, this is school".

A       Okay, and what about bullying – how do you feel that schools handle bullying?

R       It depends which school you go to, to be honest, but it seems like it's going up and down, up and down, the bullying situations, and then it will go up and then down and then it will go up again.

A       /Yeah/

R       / And like I think that It depends what school you're at, but I think that some schools try not to believe that people are getting bullied in their school, I think that's what happens sometimes. But sometimes I think that schools do deal with it – it really depends.

A       Yeah – so it's is quite varied.  Okay – so over here on your time line now, obviously there is still a lot going on but I think some things have started getting a bit easier. What do you feel has helped that – what has been helpful to you, basically?  You have

197

said that you quite like coming here so what is it about this that is different to some of your negative experiences?

R       Well, when I go to my placements especially A Mind Apart which I do 3 days a week, people actually talk to you.

A       Your drama placement?

R       Yeah.   They listen to you there, and it is nothing like school.   It is a really nice place and it's different – it distracts you and it's fun.   You meet a lot of, like, similar people to you there.

A       Hmm.

R       And since I've been there, that's helped me quite a lot, and being back home to be honest, having more people around to talk to – not much – but a few more people around to talk to that has helped a bit.  And um,  I don't know –  just going with the flow of life.

A       Yeah – you're letting it just roll a bit more?   So, are you going to be at your drama placement next year and continue it?

R       Yes.

A       Great. And you know when you said that "people just talk to you" do you mean they talk to you more like an equal?

R       Yeah

A       Rather than talking down to you?

R       Yeah I guess.

A       Yes, that makes sense.

R       There's my favourite staff member there she's like more like one of us.

A       Yeh! That's nice.

R       When you're at school teachers are like 'top top'.   But when you are at this placement, they are just like same level, do you know what I mean?

A       Yes – so you can relate to them.

R       Yes.

A       Ok. Well I think that's nearly it, let's see if I had any more questions… [refer to my notes] Well I think that's just about it.   Oh, there was just one thing where you said something about the path …………. The cause.   How have you experienced people trying to find the cause of things because I know we spoke before about how sometimes you just feel things, they just happen.   How do you feel that professionals have tried to define the cause of your difficulties?

R       Well like, if you are talking to someone and saying how you feel and stuff like that, and they'll ask you to do something about how your life's been and what's happened in the past and stuff and then pinpoint things, like that, they will be like "oh that's what might have like, been a cause to how you are feeling" or something like that.

A       Oh, do you think that they sometimes feel they need to find a cause?

198

R       Yeah.

A       Right.

R       But, like, I don't really know why, because you kind of can't help it because it's just your brain and it's not really your fault, I guess, I don't know.

A       Yes – it comes back to all being different doesn't it?   Dealing with things differently and just having a different outlook.

R       Yeah.

A       Okay.   Last question.   When you look at this overall journey, what feelings do you have towards it?   I mean, do you feel more resilient for it or how do you feel?

R       When I look back, I guess it makes me feel a bit disappointed in myself but knowing where I am now in life and hopefully, erm, trying to get to be where I want in the future, it sort of makes me feel stronger and more like I can… cope if anything else were to happen, I guess.

A       Yeah? Some of the things you say you have planned and would like to do in the future, like experiences – a rich experience would help you do that wouldn't it?   Like leading and helping other people.   This drama volunteering that you do – when you have been through things, you can kind of empathise with other people more?

R       Yes.

A       Okay – well that's it!

# Appendix G: Analysed Transcripts

**Example transcript and analysis: Girl X's interview**

| Original transcript | Structural/ performative aspects- how is it storied, who is the narrator being? | Emergent meanings/ themes and stories within the narrative | My reflections and performative aspects within the interview |
|---|---|---|---|
| | | | |
| **GIRL X**<br><br>A          Right, I never saw the end result of this before, did I? [collage]<br><br>Girl X   I was just adding a few things here last minute. When I say last minute I mean after coming back from school…<br><br>A          Okay, well you did pretty well then.   So, from both this and this (pointing to collage), I can see that I spoke last time about contradictions, like a lot of things I'm seeing is on the one hand it will be okay and on the other it is the total opposite.   There are a lot of opposite type things.<br><br>Girl X    This was more of how people see….<br><br>A          Mental health? | | She is telling me she was rushed to finish the collage. Perhaps she is concerned if she has done enough.<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>Contradictions.<br>The negatives in the collage are how she feels people see mental health, the other parts saying it will be OK is her own voice. There is a sense of her **standing alone in the face of** | I understand that she feels exacerbated by having to do school work. I hope it hasn't been an extra chore for her to do this study.<br><br>I'm drawing our focus to the collage to begin with as she had not finished it in the last session. She had taken it home to finish. |

| | | oppression and judgement. | |
|---|---|---|---|
| Girl X Yeah<br><br>A   This was how people see mental health.  'Smile?' – what is that smile about?<br><br>Girl X   That people think when you smile everything is totally fine. That there's no problems apparently.<br><br>A       Okay<br><br>Girl X   It's kind of like that strange myth or belief.   If you smile you're happy, and if you're happy then there's are no problems apparently.<br><br>A       Hmm – 'changing behaviours' – 'happiness' in quotation marks again.  'Why it is a mistake to seek control of your life through solitude…'   And you have a 'lonely disorder' there as well, two things about solitude and loneliness....  What about this – 'exam'.<br><br>Girl X   I think for some reason people think you can test everything.<br><br>A       Oh right! Do you mean like | She feels storied by other people. 'Apparently' indicates that she feels they are incorrect in their rationale for how they decide if someone is happy. Just because they smile on the outside does not indicate what is inside necessarily. | *'That people think when you smile everything is totally fine. That there's no problems **apparently**.'* People on the outside assume what goes on inside is what can be seen. If you smile they think you're OK. The truth is hidden behind a smile. *'It's kind of like that strange myth or belief.  If you smile you're happy, and if you're happy then there's are no problems **apparently**.'*<br><br>Use of '**apparently**' twice reinforces that whilst this is what society believes, she does not agree.<br><br><br><br>**Loneliness and Solitude** feature.<br><br><br><br>**She does not agree that you can know everything about a person through 'tests'**. She feels this is what society tries to do. | I get the impression that she is talking about herself. That when she smiles people assume she is OK.<br><br><br>I'm interested in her use of the word 'apparently' twice. Also 'myth'. She sounds somewhat melancholy as she speaks, like she is saddened by what she is saying.<br><br><br><br>I'm trying to encourage her to elaborate on aspects of the collage.<br><br><br><br>As she has not elaborated I ask a more direct question. |

| | | | |
|---|---|---|---|
| | doctors would test? | | |
| Girl X | And this exit is pointing to… | | |
| A | '…Happiness' – okay. 'Be perfect'; so that is what you think society is trying to make us or is that what you are saying we need to be – perfect? | Reinforcing mismatch between society beliefs and what she feels: 'for some reason'. | I am speaking more than I would like but am trying to assume meaning by being curious, asking for clarification. |
| Girl X | When I was writing that I was thinking more of what perfection is, basically. Being a robot. | Girl X continues to use the collage in a way that speaks about society but in doing so tells us what she feels. What she feels is contrary to what she is depicting here. She is showing where she stands by portraying what she does NOT believe. | To be 'normal' or 'perfect' you need to be a 'robot'- be the same as everyone else. There **is pressure to conform.** |
| A | Yes – you have got machines and cogs there. I know we have spoken about that before – that being like everyone else is being just like a robot and if you are different, it means that you have mental health problems but actually you are maybe just being yourself – that is pretty much what you have said isn't it? | Here she introduces the concept of how you need to be to fit in and be 'perfect'- 'a robot'.<br><br>Girl X links not conforming to being seen as having a mental health problem. | **If you're not a robot the same as everyone else you are judged as having a mental health problem.** | |
| Girl X | Last time, yes. | | I am reflecting back what she had said to me last session as recorded in my notes. This has come up in the collage so I feel it is of significance and I want this point discussed for the purpose of the interview. However I am conscious that I am |
| A | Okay. What about these words- these are quite | | |

| | | | |
|---|---|---|---|
| | negative ones – and this one – 'evil', 'ill', 'monster', 'reject'. | | | leading too much. |
| Girl X | That's how some illnesses are seen (nervous laugh). | | | I'm feeling that Girl X is put off talking due to being recorded. She seems to be censoring her words and holding back, compared to the previous sessions. |
| A | Yes. You said something really interesting last time which I wanted to bring up again – when you said that you feel that you would not class, erm, the way that you think as a sort of mental… mental disorder; you are just being you and not fitting into what society is trying to say is, like, normal. | 'how some illnesses are seen' maintains that this is not her view, but that of society. She still does not use the word 'I' to say how she sees them yet. | She doesn't class her issues as a mental disorder. She is aware others do bit feels she is just being an individual. **Being different = being wrong. Society doesn't allow individuality.** | Her laugh seems nervous. I am keen to encourage her to speak openly. Again I refer to my notes from last time we spoke. |
| Girl X | Yeah. | | | |
| A | Can you say a bit more about that… (long pause).. about how you feel society tries to put people into boxes and how if you don't fit into that box then there must be something wrong. | The structure of conversation is very much being driven by me up until this point. I am drawing on what we discussed last session and linking it to her collage. | | I had been really interested by what she previously said about how she does not classify her difference as being a mental health problem even though she is aware that others may classify her having one. There are long pauses and I continue to press the subject. |
| Girl X | No one is really the same, and because they can't accept it they put everything into categories | | Not fitting into a box means there is | |

| | | | |
|---|---|---|---|
| | to make sense of everything [quiet laugh]. | Girl X has spoken about herself as not feeling like she fits into and box or category as decided by society ('they'). She is storying herself as being different. | something wrong with you. | I feel she is uncomfortable and finding the interview difficult. I try to keep my tone upbeat. I am trying to appear confident and able to hold the space for her to take her time. |
| A | Hmm, and who do you mean by "they". | | 'They' | |
| Girl X | Just… people (quiet laugh). | She is resistant to being storied or classified by others. | | |
| A | Yes, and are there any groups in particular that make up "they"? | | | |
| Girl X | People usually in higher power and with… less understanding. | | Sees those in power as 'they'. These people don't understand individual difference. Linking 'higher power' with 'less understanding' | I'm not sure if I should follow this up anymore as it seems to be difficult for Girl X to elaborate. |
| A | Hmmm… Okay.  Let's go onto this (story board), because I have not seen this before, so tell me where you started; we did a timeline first and then you sort of, used that to help you to create some images. So.. where did you start on here? | | | I change our focus to looking at the story board. I try to start with an open ended question which may allow Girl X to take the lead in explaining her story board. |
| Girl X | That's SATS, and that is me moving to… secondary is it secondary school? And then it's quitting drama… and then work I did before, starting to become almost repetitive and robotic. | Girl X Seperates herself from people in higher power- putting a negative on this group. | *'…starting to become almost repetitive and robotic'* Feeling she almost became **like a robot** to try and fit in. **Changing herself in a way that was not who she really was.**<br><br>**Secondary school** start of major | I am conscious that we are skimming over elements of the story board and am wondering how to get more in depth details about each. She expands more at this point and so I go with this part of the story board to ask follow questions about. |

204

| | | | |
|---|---|---|---|
| A | Is that what all these are, all the same again and again and again. | I drive the move to speaking about storyboard. | problems on the story board. When you don't conform it rains on you. | |
| Girl X | It's how people were becoming, sadly. | | | I am conscious again that I am talking too much and explaining the picture instead of her. I am trying not to add meaning but just say what I see. |
| A | People around you – your peers? | | | |
| Girl X | Mmmm. | | | |
| A | And… were you becoming like that? (she shakes head) No.  Okay, so that one is you [I point to person alone on story board] but you are under a raincloud. | Story board begins with SATS- an exam. Y6.

She goes back to this concept of being a robot but she is **not peaking about herself directly.** Problems started when she began conforming to being 'robotic' on entering secondary school. | Feeling concern for peers.



Feeling she stood up against being forced into a box. This led to feelings of **isolation** and **loneliness.** | |
| Girl X | Because I am realising now that I'm the only one fighting against it. | | | |
| A | Yes – not conforming?   And that is difficult because you feel alone?   What is it – what is the rain about? | | | Girl X is really adept at using metaphors, as gathered from out previous sessions. I feel she finds it easier to express herself through images and abstractions rather than direct back and forth conversation. |
| Girl X | It is like – like trying to catch a whole… it's like trying to catch flying confetti and you know you don't have enough hands for every single piece. | She is concerned with other people- she stories herself in comparison to others. | Fighting against being made to **conform.** | |

205

| | | | | |
|---|---|---|---|---|
| A | Right! | | | |
| Girl X | You can't save everyone from school. | There is a contradiction here. Girl X just said she felt she was becoming robotic- here she says she wasn't. She does not want to story herself as being like everyone else. | Helplessness. Unable to fight against **school's pressures to conform.**<br>The confetti appears to stand for peers at school. She has returned to the issue of her **peers** and feeling like they need help, wanting to help but being unable. | I'm curious about what exactly she wants to save people from. I'm getting the picture that 'school' for Girl X is a major if not the biggest source of difficulties. |
| A | Right. And would you want to… was there a time when you wanted to save other people from school? | | | |
| Girl X | I still want to [quiet laugh]. | | | |
| A | Yeah – you have said some things like that recently. What was it you said – "Education is Manipulation"; can you just explain that a bit more? I understand it but just for the tape. | Continuing to story herself as being separate from others. 'I'm the only one fighting against it'. Even the way she has structured her storyboard is different from the typical structure which I had suggested. It seems important for her that she is not seen as someone who conforms, despite understanding the consequences. | School is something that people need saving from. | I previously noted this phrase that she said- 'Education is Manipulation'. I am intrigued by this strong statement and am keen for Girl X to discuss this on the recording. |
| Girl X | You don't really learn anything whilst you are in school.   All the things you learn are just there to manipulate you for life.   It's like there is only one right answer in their minds, and if you don't follow it you are wrong. | | **Resiliance.** Still wanting to fight and save peers from school.. | Girl X is more animated as she explains this. She seems more confident in what she has to say. I get the sense she feels passionately about this.<br><br>I am aware that we have expanded on the middle part of the story board. I feel we need to go back to the beginning and expand on elements in order. |
| A | Mmm hmm.   We will continue on afterwards [along the story board] but I | | **'Education is** . Learning for her is not about standard school topics. | |

206

| Transcript | Analysis | Analysis | Reflection |
|---|---|---|---|
| will just pause at this point. So over here when you had your SATS, there's these words saying "it will be okay", whose words are they?<br><br>Girl X    That's what I kept saying in year 6.<br><br>A    Okay, so it was like your self-talk.<br><br>Girl X  Yeah<br><br>A    And then again, when you went to secondary school, "it will be okay".   Was it okay at that point?<br><br>Girl X    It wasn't, but I kept saying it will be better from this point on.<br><br>A    Okay.<br><br>Girl X    But it just kept going on (laughs quietly).<br><br>A    Right, and then you have what looks like a path.   Oh – is this a microphone with a big spotlight shining on it? What does that signify for you? | Girl X has emphasised her desire to 'save' her peers. She is shifting the story away from herself and back to her peers and needing to help them.<br><br>Storying herself as wanting to save peers from school. Lone fight against school.<br><br>Again lack of the use of first person in her story. Girl X chooses to place the focus on abstract concepts which she believes- based on her experience. This continues to be around school and how it manipulates young people into being a certain way.<br><br>By default she stories herself as being seen as wrong by school as she has made it clear that she does not conform.<br><br>I return us back to the beginning of the story board to go deeper in light | It's about learning to be who you really are. There is not just one right answer to this but school is the opposite of this. **There is only one right way to be at school. It does not allow for individual difference.** *'All the things you learn are just there to manipulate you for life.   It's like there is only one right answer in their minds, and if you don't follow it you are wrong'*<br><br>**SATS in Y6** begin the story board. At this point she needed to tell herself 'it will be OK'.<br><br>Emphasising self-talk 'It will be OK'. Absence of anyone else telling her it will be OK. Sense of struggling alone.<br><br>Continuing the fight to be 'OK'.<br><br>She didn't like being in the spotlight |  |
|  |  |  | I'm again feeling that I am leading. I am trying to encourage more information with curious questions. |

207

| | | | |
|---|---|---|---|
| Girl X | When I quit Drama. | of what we have discussed so far. | (doing drama). This was just an effort to be confident like everyone else. |  |
| A | Oh okay, so you used to be there and then you're not. | | |  |
| Girl X | I realised that wasn't my place. | | *'I realised it wasn't my place'* indicates that she **felt out of place**, and that there was a right and wrong place for her. Realising something needed to change. Being proactive and quitting drama to follow **authentic self**. She had made a choice based on trying to fit in – **perceiving everyone else to be similar and her being dissimilar.** |  |
| A | Mm hmm. It looks quite daunting – it's like a pedestal with a bright light on a microphone – was that how it felt in drama? | | |  |
| Girl X | Yes | | |  |
| A | And why was it a big thing when you quit drama, why would you choose to represent that there? | Girl X shows me that she tried to stay positive. She is being her own protector- she is being a person with resilience here. | |  |
| Girl X | It was because I realised that I was trying to become someone I'm not. | | |  |
| A | Oh Ok. Yeah. | | |  |
| Girl X | I chose drama because I wanted to be confident and stand in the spotlight like everyone else. | Return to trying to conform. Girl X talks about a specific experience here rather than concepts | Authentic self being lost and then making changes to try and regain this. Trying to fit in. Not feeling able to be like everyone else- **perceiving peers as being confident**. *'It was because I realised* | At this point I feel I can see two clear themes. I want to check back with Girl X to make sure I understood correctly. |
| A | Mmm hmm. So there is a definite theme about: 1. how society and school try to make everyone the same; | | |  |

| | | | |
|---|---|---|---|
| | and there is another theme about how you, actively, have wanted to not follow that.  You have wanted to keep your own identity. | | *that I was trying to become someone I'm not.'* | |
| Girl X | Yeah. | She has chosen to represent something whereby she was proactive in fighting against conforming. She is being a fighter and a follower of what she feels to be her authentic self. | She feels that you need to be able to stand in the spotlight to fit in. Everyone else is confident. **Comparing self to others.** | |
| A | Okay.   Now this "it will be okay" looks a bit shaky. | | *'So there is a definite theme about:* | |
| Girl X | Because the longer… well the further I got from school, the more difficult it was becoming and this was… slowly became more unbelievable. | | *1. how* **society and school try to make everyone the same**; *and there is another theme about how you, actively, have wanted to not follow that.   You have* **wanted to keep your own identity.'** | |
| A | Right – yes, they are sort of less solid aren't they?   Less strong.   Was anyone else saying to you "it will be okay" at this time or was it pretty much just you telling yourself? | | Gradually dissociating from school more and more as time went on. | I am curious as to who's voices these are saying 'it will be OK'. I want clarification. |
| Girl X | People were saying that as well and I was saying that more often to myself. | | | |
| A | Yep… And was there anything in particular about secondary school that you think… made it like that? | 'It was because I realised that I was trying to become someone I'm not' This sentence seems to be central to our discussion so far. | | I am aware of how difficult transition to secondary school can |

209

| | | | be and am interested to hear Girl X expressing this unprompted. |
|---|---|---|---|
| | You mentioned before about there being a lot of people, making it worse than primary school. | 'like everyone else' again distances herself from others. She places herself apart from other peers. | *'You went from being the oldest to the youngest.'* **Transition to secondary school. Going from oldest to youngest. A lot of people.** | |
| Girl X | Mmm. You went from being the oldest to the youngest. | | | I feel sympathetic when I hear this. The image of a young Y7 feeling that they want to hide at school makes me feel sad. |
| A | Oh yeah. Of course. | I check back themes so far. | | |
| Girl X | And just… remembering how it felt to be one of the most vulnerable, apparently.   Just… made you… want to hide more than anything else. | | **Young people in Y7 being vulnerable** due to transition to secondary school. '*Just… made you… want to hide more than anything else.*' | |
| A | Did you feel vulnerable? | | | I picked up on her use of the word 'apparently' in explaining that Y7's are 'the most vulnerable, apparently.' I ask if she felt vulnerable to clarify what she meant here. |
| Girl X | Vulnerable isn't the right word for me (laughs). | As the story board goes on, the writing of 'it will be OK' becomes more fragmented and wonky. | | From what I know of Girl X I do not feel she sees herself as vulnerable. She feels too strongly that individual difference is not necessarily negative. |
| A | Yeah, I had a feeling you would say that! | 'the further I got from school'- Girl X is placing herself even further apart from her peers. As time went on in school she was becoming more and more removed. | | |
| Girl X |  I just… didn't like the… large crowds. | | **Not liking large crowds** at secondary school. '*I just… didn't like the… large crowds.*' | |
| A | Mm Hm. So this you have drawn here looks to me like a crowd and people all looking exactly the same, identical, and does it progress up here? | | Perceiving peers at secondary school as a **mass of identical people and she is the odd one out.** | I am keen to capture more description of the story board on my dicta phone. |

| | | | |
|---|---|---|---|
| Girl X | Yes | | |
| A | So then we have a very very shaky "it will be okay" and do you want to describe to me what else is here? | This is the first indication of anyone else telling her that things will be OK. 'and I was saying that more to myself'- she is still her own main protector. | |
| Girl X | That's when the people that I knew… started to… slowly started to fall apart as well. | | |
| A | Mm hm… What do you mean by that? | | Seeing **changes in peers**. Negative changes as time passed by at secondary school. |
| Girl X | They started arguing. | | |
| A | Mm hm... Your friends around you started arguing? | No use of first person again. Girl X speaks about a concept rather than 'I'. She describes something which affects everyone rather than specific individual experience. Girl X has formed theories which she feels strongly about and which are her truths. | |
| Girl X | (nods) | | |
| A | Yes. And why was that such a negative thing for you? How did it impact on you? | | |
| Girl X | Because even though they were just people that I knew, I tried to stop them but it didn't really work out. They just kept going on. | 'one of the most vulnerable, apparently'- Use of apparently- Girl X indicates that she does not see herself as being vulnerable. She uses a word which describes what happens in general even though this word does not fit her. She deliberately removes herself from being in the same category as her | *'I tried to stop them but it didn't really work out. They just kept going on.'* Tried to stop **friends arguing** but couldn't. Trying to make changes but being **helpless.** |
| A | Okay, and did that affect your ability to be friends with them or was it just the feeling of arguments around you that made you feel | | |

I am not sure how to follow this up so I decide to reflect back what I have heard. This does not lead to any more elaboration and so I ask how it impacted upon her.

I feel that Girl X is finding this difficult to talk about. That there are stories not being told around peers or friendships. Perhaps she is conscious about her identity being exposed if she speaks in too much detail?

| | | | |
|---|---|---|---|
| | uncomfortable? | peers even though her feelings may have been similar. '*Vulnerable isn't the right word for me (laughs)*'. | | |
| Girl X | Just arguments in general. I mean people just started hating and blaming each other for no reason sometimes. | Girl X has drawn herself as being the odd one out. But it is not positive- she has a rain cloud over her head. | Changes in behaviour of peers was unsettling. '*I mean people just started hating and blaming each other for no reason sometimes.*' | |
| A | Okay, and this ……….. here I'm assuming this is the people around you, what about this one [point to the bat]? | | | I really want some specific anecdotes here and am struggling to get any. |
| Girl X | That represents me (quiet laugh). | | | |
| A | Okay – you are quite different and separated. Did you join in with any of the arguments? | '*That's when the people that I knew …slowly started to… fall apart as well*'. This is emotive language. 'as well' indicates that she felt that she was falling apart although again she does not directly say this, rather we learn about her by where she places herself in comparison to others. | | |
| Girl X | No I was just in the middle, spectating the whole thing (quiet laugh). | | '*I was just in the middle, spectating the whole thing*'<br>**On the outside. A 'spectator'.** | |
| A | Okay, and it carries on with something major here, "it was never okay" it says in big red, and then this? | | | |
| Girl X | It is kind of me now, looking over the whole event, and the red writing stands for even though I kept saying it | I try to get Girl X to speak about herself directly. | | I move us along the story board to the final aspect. |

| Transcript | Analysis/Notes | | Reflexive Notes |
|---|---|---|---|
| will be okay, I realised that what happened until now was never, in fact, okay. | | Reflecting back she feels that things were never OK. | |
| A    Right. So you mean if you looked back, you realise things weren't actually okay. | She returns to structuring herself as someone trying to 'save' her peers from perceived negativities. She is portraying herself as being very aware of others and of her surroundings. She is also portraying herself as trying to be an active agent for change, but being unable to make the changes she wanted to. | | |
| Girl X    Yes. | | | |
| A    Okay. So we have got some things about friends here... On your journey, I am going to ask a couple of questions about how significant were, perhaps friends and teachers and perhaps a couple of others. So how significant a role did friends play when you were starting to feel that some things were not okay – any positives or negatives? You mentioned the arguments. | There are stories being implied here but left untold. *'I mean people just started hating and blaming each other for no reason sometimes'.* There are no specifics here in relation to Girl X. Again it is general and abstract. No examples. | | I reflect back what I think I have heard.<br><br>I am curious about what has not been said and what exists behind what she has depicted. School featured heavily but there has been no mention of teachers. |
| Girl X    That group of friends… didn't really play a big role … [long pause- something more is being unsaid that Girl X does not want to be recorded or written about]. | Girl X has represented herself as a grey bat flying whilst everyone else is being hung from the same mobile. | | |
| A    We can leave it there if you | | | |

| | | | |
|---|---|---|---|
| want to leave that there.. | She has wings and is flying next to them. | | I come back to probing about friends which she brought up before. However she closes the conversation route down. I feel that Girl X does not want to discuss something here and I respect this, having already probed a few times on this. I ask if she wants to leave this topic here to which she replied 'yeah'. I move on. |
| Girl X  Yeah (quiet laugh) | | | |
| A      Yeah, that's fine.   What about teachers because you haven't actually put anything in there but I am interested because you have used "they" a lot and people in power, and I was wondering if you included teachers in that. | *'It is kind of me now, looking over the whole event, and the red writing stands for even though I kept saying it will be okay, I realised that what happened until now was never, in fact, okay.'* Looking back, Girl X feels that things were never really OK, despite her positive self-talk. She portrays herself as having more insight now over past events. A greater awareness to see what was wrong. | | |
| Girl X  Not all teachers, just… some (exacerbated laugh).   But when I say "they" I mean people who just see schools and everything as just… numbers. | | | |
| A      Hmm, so people even above teachers and schools – sort of… bigwigs who run education? | | She clarifies that when she says **'they'** she means adults who do not see young people as individuals. She returns to the idea that young people are seen as **'just… numbers'** rather than unique individuals. | |
| Girl X  Mmmm, maybe even headteachers some headteachers. | | *Right, Ok yeah… so running it more like a business with numbers?* | I'm trying to read between the lines and pull out things that have been implied but not yet discussed. I am interested in who she means when she has been referring to 'they'. |
| A      Right, Ok yeah… so running it more like a business with numbers? | | *Girl X   (nods)* | |
| | | *A       So have you felt that at* | |

214

| | | | |
|---|---|---|---|
| Girl X (nods) | | *school?* | |
| A So have you felt that at school? | | *Girl X Yes.* | |
| Girl X Yes. | | | |
| A That is really interesting. | | She sees schools as having their own best interest at heart. A business seeing students as merely numbers. | |
| Girl X They keep saying that you should do just for *yourself,* but… not really. Sometimes I feel that they only want me to get good grades for the better reputation of the school. | *'That group of friends… didn't really play a big role …'* This is contrary to some of the discussion before about the impact of peers falling out with each other. There is an untold personal story here. Girl X prefers to stay away from a first person anecdote. | *'They keep saying that you should do just for yourself, but… not really'* Here she reiterates that **schools don't have student development at heart**, but their own agenda of moving up league tables. *'Sometimes I feel that they only want me to get good grades for the better reputation of the school.'* | I am surprised that Girl X sees/feels this at such a young age. I don't think I was aware that schools have a business side until I had left secondary school. |
| A Mmmm…. And on this journey, can you give me a couple of things that you think school could have done a bit better or a bit different – how you would have liked it to be or what would have helped you more. | Girl X shows that she has critically reflected on 'schools' as a concept. She is presenting herself as having a meta-awareness of what they are about. She is not a robot, not a conformist, but a free-thinker who has realised the other goals of educational establishments- making money and having a good reputation. | | |
| Girl X I just don't like the idea of school. | | She sees 'school' as being against her development. ***'I just don't like the idea of school.'*** ***'Just the whole idea seems not right.'*** | Again this surprises me that she is aware of the school's mission to have a good reputation compared to other schools. |
| A Yeah… | | | |
| Girl X Just the whole idea seems not right. | She distances herself from school. They have a different agenda. | | |
| A Do you think it would be | | | |

| | | | |
|---|---|---|---|
| | possible to have or to invent a school that was right? How would you design it? | | This is part of my research question and I wanted to draw attention to this now. |
| Girl X | It wouldn't really be called a school – maybe just more of a gathering place of people. | 'School' for Girl X does not stand for something which supports her development. She cannot suggest ways to make it better as for her the whole concept is opposed to her values. *'I just don't like the idea of school.'* | | |
| A | Hm – that sounds really oldy worldy (both laugh) – would it be in a forest? | | | |
| Girl X | Nods (both laugh). | | | |
| A | And what sort of things would you learn? | | | |
| Girl X | You would choose to learn what you want to (quiet laugh). | | *'You would choose to learn what you want to'* Choice is important to her at school but is absent. *'Well I do have some choice, but that's barely anything.'* | |
| A | Right. Do you have much choice what you learn now? | | | I try to find a different way to ask the same questions to try and get more information. |
| Girl X | Well I do have some choice, but that's barely anything. | She is storying herself as having little choice at school over what she studies. | | |
| A | Yeah – it's the subject, not the content isn't it? I mean, English is so broad and you could learn about this or this or this within it. Okay, and what about… any health professionals – did you ever go to see a doctor | | | Made me this of the sort of character Girl X is. This is the sort of thing I and some very green, left wing people I know may say. It reminded me of forest schools. My own belief however is that there does need to be some structure and |

216

| | | | |
|---|---|---|---|
| or did you ever go to CAMHS? | | She rejected seeing CAMHS because of what she had heard about them. She has **little faith in healthcare professionals to resolve her issues. Little engagement.** | that sometimes the grass is always greener. Would it be possible to have the same level of learning and development in a forest with a 'gathering of people'? Where you choose what you learn, meaning children may be more enthusiastic? I wondered what the wellbeing would be of these children compared to in our strict, tiered, levelled educational establishments. |
| Girl X  No not CAMHS | | | |
| A  You decided not to didn't you? | | *'I did see a doctor but the doctor… didn't really do anything'* | |
| Girl X  I did see a doctor but the doctor… didn't really do anything (laughs) but not in a bad way but not a good way. | Lack of impact from healthcare professionals. Girl X doesn't seem to have much opinion on them. She cannot think of anything the doctor could have done. She does not see a solution lying with healthcare professionals. She finds it difficult to answer questions around 'what could have been better' both with school and doctor. She is specifically not talking negatively about any individual. | *A  Did you feel listened to and understood?* | |
| A  Yes, that's alright.  Did you feel listened to and understood? | | *Girl X    Not entirely* | I am conscious of asking leading follow up questions which may indicate to girl X that in some ways I agree with her. She seems to be someone already rejected the whole concept of school and I can see her point from looking at her experiences, thoughts and feelings. |
| Girl X  Not entirely (laughs). | | | |
| A  Okay.  Is there anything that could have made you more listened to or understood? | | | It feels to me that we have covered this point and as Girl X is not elaborating further, I feel it safer to move on. |
| Girl X  Not really (laughs). | | | |
| A  Yeah… okay.  I was wondering whether you would have any advice because you have had quite a journey and have quite a good insight into thoughts and feelings and schools. Have you any advice to | I try to probe around advice for 'what could have been better'. This question is still unanswered. Although she knows things weren't right for her, she cannot see how things could be better. | | I already know the answer to this from off record discussions in previous sessions. However I want to discuss this area for interview documentation. |

| | | | |
|---|---|---|---|
| | schools - and remember this is anonymous and people won't know it is you – I mean and advise about changes to the system- did you know where to go when you were feeling not very good and are there any signposts at school about where to go if you are feeling low? | | | I felt like Girl X did not dislike her doctor and so is trying not to completely dismiss them as being no use. I am interested in how Girl X does not tend to place blame on anyone for her difficult times. Rather she internalises them and tries to problem solve for herself. I wonder if she believes it is up to her to solve them and not up to others? She says she can't name anything that would have made her feel more listened to or understood… Is that because she feels this is not their place? |
| Girl X | No… but now I know where to go it does help but… still doesn't change the fact that it's… school. | | She didn't know where to go for help previously. **The inclusion base with staff dedicated to working in there is helpful**. But 'school' stands for such negativity for Girl X that nothing could completely help as long as she is there. | |
| A | Yeah.  Tell me about what has helped – you spoke about the inclusion base – no it is called Arc isn't it? | *'…still doesn't change the fact that it's… school.'* She comes back to her point that the whole concept of 'school' is so fundamentally floored in her view that it is beyond positive change. | | |
| Girl X | Yes it is called Arc.  It is basically a room with teachers who help you with things. The teachers don't really have a role apart from to help students with anything;  so if there is a fight or if… someone isn't feeling too well they go there and the teachers… | | | I am aware that Girl X may find this question difficult and so ask the question in a way that offers multiple prompts. However this makes me go from an open question to worrying and ending by making it closed! |

| | | | |
|---|---|---|---|
| | can sort it out. | | |
| A | Yes.  Do they talk to you – people call it a pastoral role – which means wellbeing. | | |
| Girl X | I think… Yeah. | | |
| A | Yeah? And do you generally feel that you can go there if you need to and talk to people? | | I refer back to notes of conversation from previous sessions and am conscious to now draw on any interesting points made which could be discussed. |
| Girl X | Yeah but I go there if it's… like an emergency (laughs). | This appears to be a positive source of support for students. There is a lack of enthusiasm in her voice however. | | |
| A | Okay – you only go in emergencies? | | | |
| Girl X | Not like serious-serious emergencies but… things that… can't do anything else. | | The inclusion bay is one of the school's strategies for acute stress at school. | I feel this is one of Girl X's most open comments, insinuating that she has had a panic attack in school. |
| Abi | Yes – personal emergencies – that is what I understand it to be. | | Girl X has had a panic attack in school as she talks about the inclusion bay (ARC) It's better to go there than go to class and have a panic attack. | |
| Girl X | It's better to go there than go to class and have a panic attack. | This is the first mention of symptoms of mental health issues. Even here Girl X does not use the first person or say directly that she has had a panic attack. It is implied. She keeps the conversation safe in generalising. | | I am drawing on notes from previous sessions. |
| A | Yeah, and it is quite positive that you feel you are able to do that.  What about the workload – how do you find | | | |

| | | | |
|---|---|---|---|
| | that?   Is there anything about school that adds to the stress or pressure – can you think of some things? | | **Coursework** is described as being a problem specific to Girl X. *'There is a lot of coursework right now and I can't handle that'* |
| Girl X | There is a lot of coursework right now and I can't handle that.   If I explain, if I tried hard with every subject then I would have no spare time. | Here we see the use of 'I'.

Spare time storied as important to her. She shows us that it is important for her to preserve her personal time which is not directed by school- even at the cost of not completing course work. | Being able to complete coursework is in direct competition with her spare time. Conflict around these competing for her time. | This was a major area of discussion in previous sessions and I was keen to discuss how art and creativity is part of her life and how she feels school even tries to stifle these and make these rigid and regimented. you have mentioned about art not being expressive at school when it is taught. |
| A | Right.   You have spoken quite a bit about art and obviously you have created a very creative artistic piece here.   You have decided not to go on the traditional storyboard route. You have done- typical you- gone a bit renegade – which I love – but you have mentioned about art not being expressive at school when it is taught. | | | *Girl X    It's not – you have to follow a certain pattern.*
*A          Mm hmm – so does that link into this again about it being regimented?*
*Girl X    It's over organised.* |
| Girl X | It's not – you have to follow a certain pattern. | She is insistent on coming back to this same point. The narrative returns here many times. | Return to feeling **under pressure to comply at school**. *'…you have to follow a certain pattern'*; **'It's over organised'** | |
| A | Mm hmm – so does that link into this again about it being regimented? | She is emphasising regiment and | | As soon as the recorder is turned off, Girl X becomes much more animated. We discuss her being nervous and conscious of it in conversation. We laugh. I feel I have |

| | | | |
|---|---|---|---|
| Girl X | It's over organised. | organization as being prominent in her dislike of school. | | internalised some of her nerves and feel like I also need a laugh and a cup of tea! We spend some time de-briefing and coming back to the present by having light chit-chat. It is important for me that we both leave having let go of the intense interview feelings. |
| A | Right. Okay. I think that is just about it, unless there's anything else you can think of or want to say? | | | |
| Girl X | No. | | | |
| A | Okay then we'll end there. | | | |