Is an Intervention Fostering the Components of a 'Self-World Capacity' Acceptable and Feasible to Deliver in Primary Schools to Support Students' Mental Health and Well-Being?

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April 2025

Abstract

Mental health problems for children and young people are on the increase, and schools are recognised as being at the forefront of providing support through early interventions in the primary years to offer mental health and well-being interventions as an effective preventative measure. **Aim:** This study investigated whether primary school mental health and well-being interventions fostering the components of 'self-world capacity' are acceptable and feasible to deliver in primary schools to support students' mental health and well-being. **Design and Measure**: A narrative review led to a quasi-experimental design study with a mixed method data collection method. Main outcome measures: pre- and post-intervention, the Positive and Negative Affect Schedule to measure students' balance of positive and negative emotions, providing insights into individual emotional states. To measure students' pro-social behaviour and mental health difficulties, using the Strengths and Difficulties Questionnaire for students with teacher and parent informant reports, and a designed questionnaire 'self-world capacity' to measure acceptability and feasibility of the five components of the 'self-world capacity' intervention, with qualitative data from student focus groups and teacher interviews. **Participants**: Year 5 primary school students, teachers and parents from three schools participated in the study. **Results:** The narrative review identified that UK school mental health and well-being interventions do not target the five components of the 'self-world capacity', yet an evaluation of the 'self-world capacity' intervention encompassing these components suggests that it would be acceptable and feasible in a school intervention to support students' mental health and well-being. **Conclusion**: Despite encouraging outcomes, this research highlights the need for further research to better understand intervention effectiveness, implementation barriers, and cost-effectiveness, facilitating the development of impactful interventions that are acceptable and feasible in supporting young people's mental health.

Graphical Word Cloud of Abstract

Acknowledgements

Firstly, I thank Dr Dusana Dorjee for her endless support, patience, and wisdom. She has encouraged and nudged me to persevere throughout an amazing learning journey. I would also like to thank Professor Louise Tracey for her support and advice at various points throughout my studies.

I would also like to thank the schools for their interest in this research to support students' well-being, without which this study would not have happened. Their work with the students and their feedback on this study has been invaluable. A thank you also goes to George, the volunteer voiceover on the videos, to whom I am indebted, as he had the perfect voice.

I would finally like to thank my dearest husband for putting up with my constant chattering about aspects of the study so I could talk out loud to myself. Consequences, I think of distance learning.

Author's Declaration

I declare that this thesis is a presentation of original work, and I am the sole author. This work has not previously been presented for a degree or other qualification at this University or elsewhere. All sources are acknowledged as references.

Dedications

This study is dedicated to all the children who hope for positive mental health and well-being but find it just out of reach.

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Abbreviations

ACT   Acceptance and Commitment Therapy

ALBOP   A Little Bit of Psychology

ANOVA   Analysis of Variance

BACP   British Association for Counselling and Psychotherapy

CAMHS   Child and Adolescent Mental Health Services

CAQDAS   Computer-assisted qualitative data analysis software

CBT   Cognitive Behavioural Therapy

CDG   Coordination Development Group

DfE   Department of Education

DfES   was the Department for Education and Skills until 2007, became the

                Department for Children, Schools and Families (DCSF) until 2010, and is

                now the Department of Education.

DHSC   Department of Health and Social Care

DoH   Department of Health

ECM   Every Child Matters

EEF   Education Endowment Foundation

ELSA   Emotional and Literacy Support Assistant

HMSO   Her Majesty's Stationery Office

MHWB   Mental Health and Well-Being

MiSP   Mindfulness in School Programme

MYRIAD   My Resilience in Adolescence

NHS	National Health Service
NHSS	National Healthy School Standard
NICE	National Institute for Health and Care Excellence
OCD	Obsessive-Compulsive Disorder
P4C	Philosophy for Children
PANAS-C	Positive and Negative Affect Schedule for Children
PATHS	Promoting Alternative Thinking Strategies
PSHE	Personal, Social, Health and Economic
RSHE	Relationships, Sex and Health Education
RTA	Reflexive Thematic Analysis
S&D	Strengths and Difficulties
SEAL	Social and Emotional Aspects of Learning
SEL	Social and Emotional Learning
SEND	Special Educational Needs and Disability
SPSS	Statistical Package for the Social Sciences
SWC	Self-World Capacity
TA	Thematic analysis
TA	Transactional Analysis
UK	United Kingdom
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

1.   Introduction

Life is a journey where we should have everything we need to lead a happy and successful life, while also understanding that there will be challenges, some harder than others. Young people are finding that their life's journey has increasingly more anxiety and stress, affecting their mental health and well-being (MHWB). In 2017, one in every eight 5- to 19-year-olds (NHS Digital, 2017) identified with a mental disorder. This figure increased to one in six by 2021 (NHS Digital, 2022); by 2023, this had increased again to one in five (NHS Digital, 2023). Mind (2024) estimated that the number of children and young people with a mental disorder will be about one in four in 2024. The trajectory does not look promising.

The World Health Organisation (WHO) found there is an increasing need for access to mental health support for adolescents (WHO, 2013). This is due to increased levels of depression, which can lead to suicide, the third leading cause of death for 15- to 29-year-olds (WHO, 2025). The WHO's comprehensive 'Mental Health Action Plan 2013-2020' (WHO, 2019), now extended to 2030, emphasises that the plan aims to foster students' positive sense of identity, enabling them to manage their thoughts, emotions, and social relationships, ultimately leading to a healthy attitude toward learning during their educational years. The MQ Mental Health Organisation (Whewell, 2021) states that 75% of those with mental health conditions start developing them before the age of 18, and seven out of ten young people with a mental health problem have not had significant help at a young age. Other research has identified the need for students to have greater positive self-control, as childhood self-control predicts, among other societal issues, an adult's physical and mental health (Moffitt et al., 2011). The World Health Organisation (2019a) launched a global community toolkit to identify students' life skills. The first of the twelve identified success criteria states, "Find new

effective ways of thinking." This is required if we want students to understand the complexities of living in today's world.

Whilst services such as Child and Adolescent Mental Health Services(CAMHS)[1] and charitable organisations can support and provide for young people who are referred, schools are often considered still to be the best place to educate young people about what mental health means for them (Ma et al., 2023), how to recognise potential symptoms, and how they can help themselves by understanding what is happening with their mind and body (Bonell et al., 2018; Langford et al., 2014; Ma et al., 2023).

In the UK, the researcher, as a teacher and school counsellor, had experience working with primary school students who were finding life at school challenging due to mental health difficulties; students became worried and anxious and, at times, said they had suffered from depression. According to the Mental Health Foundation (2021), students with good MHWB generally feel positive, manage the challenges of day-to-day life, are optimistic, and understand their own potential. Students, however, with mental health difficulties find personal thoughts disrupt their emotions, which can lead to anxiety and possible depression. Students spend a lot of their time on social media, and the words anxiety and depression, along with autism, dyspraxia, and dyslexia, were frequently used by students in school conversations when discussing how they were feeling. The students wanted to talk about what anxiety and depression meant to them. The researcher in this thesis asks whether we sometimes underestimate what is happening in our students' lives and

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[1] Children and young people's mental health services - NHS

whether internet access has increased very young students' knowledge of mental health, but without developing fundamental skills of discernment.

Following this experience, the researcher began investigating the provision of school interventions and their impact on students. The researcher found that school interventions often addressed only one or two mental health issues, prompting a search to identify a multi-component school intervention for MHWB that could be integrated into the UK's Personal, Social, Health, and Economic (PSHE) education curriculum. The researcher was introduced to the concept of 'self-world capacity' (Dorjee, 2021), which became the focus of the designed MHWB primary school intervention, 'A Little Bit of Psychology', as part of the research study.

This research aimed to determine whether a school intervention with a multi-component approach could support students as young as 10 years old in recognising ways to self-regulate their emotions and behaviours, leading to more positive MHWB. These multi-components are derived from the concept of 'self-world capacity' (Dorjee, 2021). According to Dorjee (2021), the five components of the 'self-world capacity' (SWC) should be fostered to address well-being. In recent years, we have seen several school interventions for MHWB, such as mindfulness and meditation programmes, being incorporated into many schools as part of Personal, Social, Health, and Economic (PSHE) education, to provide students with skills to support self-regulation. However, the research literature highlights the effectiveness of balancing targeted and universal, multi-component intervention programmes in schools aimed at promoting positive mental health. School intervention programmes that equip students with practical skills and knowledge related to mental health not only help pupils manage their own wellbeing but also encourage supportive relationships among peers and staff (Weare & Murray, 2004; Weare, 2015).

In reviewing the literature on school interventions in the UK for MHWB, the researcher found that many interventions focused on bullying and friendship issues, delivered through PSHE programmes. Some interventions have been targeted at the needs of specific students, and this means they are not universal, with a danger of leaving other students at risk as they are excluded from mental health interventions and from gaining the skills needed for positive MHWB in the future (Fazel et al., 2014). More recent school interventions have adopted an interactive approach to social and emotional learning, focusing on interrelated skills that enable students to apply the knowledge they have gained, understand and manage their emotions, problem-solve, and build positive relationships (Goldberg et al., 2018; Weare & Nind, 2011). According to Werner-Seidler et al. (2017), interventions implemented at a young age are more effective because behavioural changes occur more quickly than those implemented in older age groups, as students can become set in their ways and harmful routines can be embedded in day-to-day situations. Multiple-domain interventions, including schools, communities, and parents, also improve students' and young adults' MHWB due to the interdependence among families, teachers, and parents (Sancassiani et al., 2015).

A systematic review and network meta-analysis of 1512 full-text articles (Caldwell et al., 2019) of school-based interventions to prevent anxiety and depression concluded that there is not enough evidence of the effectiveness of prevention interventions in schools. The research suggests that there is little evidence that cognitive behavioural interventions reduce anxiety (Caldwell et al., 2019). Fazel and Kohrt (2019) suggest that defining and evaluating prevention programmes is concerning, as the analysis may not account for existing disorders or the prevention of new ones, which are key aspects of a study's preventive and treatment effects and believe an intervention for mental health in students should be 'demonstrated by a school-based randomised controlled trial of modular, evidence-based practice, allowing for flexibility and individualisation, alongside family components, quality assessment, and implementation support' (Fazel & Kohrt, 2019).

Other research on promoting well-being in schools and resilience in primary schools found that teaching specifically with specialist staff is challenging, as the required intervention must be integrated into the school's overall systems (Banerjee et al., 2016). Earlier research has found that young students need a deeper understanding of why we behave and think the way we do, as well as of the impact others have on our lives, which can alter our intrinsic nature and shape our extrinsic identity (Hennessy & Heary, 2009). Other studies have been critical of school interventions, raising concerns about teachers' ability to deliver effective school-based mental health interventions. Stallard et al. (2014, p. 190) state that the FRIENDS universal school-based intervention "when teachers deliver interventions in mental well-being, the effectiveness of the intervention is reduced." However, Yale University's RULER feeling words curriculum, co-created by Brackett et al. (2019), indicates that when lessons focus on integrating emotional awareness into the academic curriculum, both academic and emotional competence improve.

Despite research suggesting that effective school interventions are needed to support MHWB among students, changes in MHWB school interventions have been driven primarily by different governments. These changes have driven numerous school interventions, some of which have remained in schools in one form or another. Han and Weiss (2005) suggest that teachers will continue to implement an intervention programme following adequate training beyond the initial phase; however, the ongoing implementation of mental health programmes remains a recurring problem for schools. One way to ensure teachers continue implementing MHWB interventions is to integrate mental health education into core curricula, thereby increasing mental health literacy among educators and students. An intervention that provides a multi-component approach may effectively integrate mental health education by fostering a knowledge-and-skills curriculum focused on coping skills, using strategies to manage stress and anxiety, encouraging dialogue among students about mental health, and providing knowledge to understand emotions, thoughts, and behaviours,

as well as fostering self-awareness. The 'self-world capacity' components, with their five capacities discussed later in this study, may provide the necessary tools to recognise and manage mental health needs.

This research supported the theoretical research question, 'To what extent do primary school MHWB interventions target the components of a 'self-world capacity'? The theoretical question led to the following questions: What is the 'self-world capacity'? And why is it important for the mental health of young people? How could 'self-world capacity' support long-term MHWB for primary-aged children?

By conducting a narrative review to determine whether primary schools in the UK target the components of the SWC, the researcher examined the outcomes of school interventions, government initiatives, and health organisations' initiatives. The study suggests future directions for school interventions on MHWB, such as trialling a multi-component intervention aligned with psychological theories. This approach could provide the best support for young people and ensure they have the skills and tools to navigate their life's journey. The researcher recognised the 'self-world capacity' and its five components as an opportunity to develop a school intervention for primary-aged students after identifying a possible gap in the narrative review: schools addressed only one or two aspects of mental health disorders when providing MHWB knowledge and skills to support primary students through a multi-component school intervention.

Following the narrative review, the researcher developed a school intervention focused on 'self-world capacity' based on a constructed logic model. Logic models are a method for planning a series of steps to ensure outcomes are achieved when implementing a programme or project (Hayes

et al., 2011). A logic model is a logical framework that states assumptions with long-term implications. This study's assumptions indicated that a multicomponent approach was needed for a school intervention to support students' MHWB, help them manage their thoughts and emotions, develop knowledge and skills about how their minds and bodies work, and adopt a more positive attitude toward themselves. The logic model focused on an intervention that could provide teaching staff with a programme to deliver to students to support their MHWB and not assume teachers would become therapists to resolve students' mental health difficulties. The assumption was that teachers would be the educators. Other assumptions include participants, students, and school staff's willingness to train and learn, and the community's involvement. The researcher's logic model (see Appendix A) began with an overall framework that guided the intervention through its steps. The logic model informed the design of the school intervention to address the research question. The logic model and intervention's design are discussed in Chapter 3.

The intervention for this research is a universal, whole-school-based approach grounded in the components of 'self-world capacity' (Dorjee, 2021). The components are agency, having a sense of purpose, solidity of self, connecting and disconnecting, and the self-other world. It was theorised that an acceptable, feasible school intervention, such as a curriculum programme fostering the five components of the 'self-world capacity', may lead students to a deeper understanding of themselves and, in turn, to the development of self-regulation skills. The five components were introduced through a multi-sensory teaching and learning approach to provide students with the knowledge and skills to understand themselves better, enabling them to make decisions that felt intrinsically right for them. The intervention needed to be subject-based, similar to a universal PSHE school-based intervention. The researcher also included safeguards in the intervention to limit in-depth personal discussions in the classroom, to support students and adults.

To provide a school intervention for Year 5 students, boundaries were needed to ensure the safeguarding of all participants, including students, teachers, and parents. The school intervention, designed with the 'self-world capacity' five components, was integrated into nine 30-minute lessons as part of a school intervention within a multi-sensory learning and teaching practice, where students could gain knowledge and skills to support their MHWB, and was trialled using intervention and control groups, not targeted at small groups, students with special needs, or gender-specific or socioeconomically disadvantaged groups; a universal school intervention for MHWB with a multi-component approach.

Informed by the findings of the narrative review, the empirical research question (hereafter, the research question) in this thesis asks whether an intervention that fosters the components of an 'self-world capacity' is acceptable and feasible to deliver in schools to support students' MHWB. The researcher asks the question, 'Would an intervention with 'self-world capacity' be acceptable if it were appropriate, provided the necessary knowledge and skills, easy to access, and adequate to support students in their MHWB? And would an intervention with 'self-world capacity' be feasible in providing teacher training, resources, addressing time constraints, considering the environment and technical needs and addressing risk?'

The 'self-world capacity' and its components, grounded in psychological theories, offer a unique approach to implementing an MHWB school intervention that may be acceptable and feasible within a PSHE curriculum in primary schools. Essential aspects of evaluating feasibility focus on the successful delivery of an intervention programme, including teacher training, classroom resources, time constraints, technical needs, risks, and the operational environment. The acceptability of the intervention is measured by its adequate provision of skills and knowledge to support students' MHWB, its appropriateness, reasonableness, ease of access, compliance and

safeguarding of participants in the study. The essential aspects and their relevant components of the research question's acceptability and feasibility are discussed in Chapters 3, 4, and 6.

In answering the research question, 'Is a school intervention fostering the components of a 'self-world capacity' acceptable and feasible to deliver to students in primary schools to support MHWB?' the researcher sought to investigate whether psychological theories which became a framework for the 'self-world capacity' could help students understand how they could help themselves. This, hopefully, would lead to greater autonomy, possibly changing students' thinking and behaviours, and increasing confidence and self-esteem, which in turn would alleviate future anxiety and depression. The researcher had previously introduced psychological concepts in a small-group setting at a school where they taught before this research study. The students found the psychological theories relevant. They were able to apply the knowledge to situations when needed.

The researcher designed and developed a curriculum for the intervention to introduce the five components of the 'self-world capacity' which the researcher has identified through keywords from the components' criteria and linked these to psychological theories such as Eric Berne's transactional analysis (Berne, 1961), Carl Rogers's self-actualizing theory, (Rogers, 1961), Karpman's drama triangle (Karpman, 1968) and Dr Siegal's window of tolerance (Siegel, 1999) alongside the workings of the mind and body, enabling students to have a greater understanding of themselves, their relationships with others, whether at school or home, leading to a more positive and fulfilling life as an adolescent.

Presently, psychology is not taught as a subject in primary schools. Although not part of the national curriculum, it is taught as an A-level subject, and introducing it to primary schools would be challenging. Some aspects, though, are already taught through the PSHE curriculum, such as

mindfulness and positive thinking through well-being lessons. Psychological theories, as discussed later in this study, are presented through counselling, which has helped people understand their behaviours, emotions, and thoughts, leading to greater autonomy and a recognition of how past behaviours are closely linked to their past experiences, whether in family, work, or social interactions (Seligman et al., 2005).

The thesis's empirical research strategy employed a mixed methods approach, utilising pre- and post-questionnaires to measure the intervention's quantitative impact, establish a mental health baseline, and provide post-evaluation results, as discussed in the methodology chapter. A 'self-world capacity' questionnaire was designed and tested for reliability, but not validated. Schools were invited to participate with intervention and control groups to substantiate development changes. Focus group interviews with students and teachers provided qualitative data, including students' statements about their understanding of the theories and their feelings during the programme's delivery. A reflexive thematic analysis provided insight into participants' responses and their overall feelings about what they learnt from the programme. The researcher designed and produced interactive materials for students, which included videos (see Appendix B), lesson plans, resources for role-plays, discussions, and art activities. The materials comprised nine lessons, each with an introduction, primary focus, and summary. The intervention was delivered over a summer term by teachers who had voluntarily taken up training to deliver the programme. The training was conducted online with the researcher and completed via Google Drive, utilising after-school inset time with support. Convenience sampling was employed, as although the researcher contacted many schools locally and beyond, none were forthcoming. A large school academy with both primary and secondary schools, based throughout the UK, informed their primary school headteachers of the research opportunity and invited school staff to get in touch with the researcher if they wanted to be involved.

Schools that opted in were contacted and provided with a detailed presentation of the programme. However, a prerequisite for being a participant school was having a trained school-based counsellor, listener, or Emotional Literacy Support Assistant (ELSA) staff member in place to address any issues raised by students or teaching staff. For this reason, the study followed several ethical guidelines such as autonomy, welfare, avoiding harm, justice, and legal requirements under government legislation such as the United Nations Convention on the Rights of the Child (1989) ratified in the UK in 1993 (DfE,2010), Children's Act 2004 (Legislation.gov. uk, 2025a), including safeguarding, and the Mental Health Act 2007 (Legislation.gov.uk, 2025b). The research project complies with ethical, legal, and professional frameworks, such as those outlined by the British Association for Counselling and Psychotherapy (BACP, 2025), primarily because it includes focus group sessions and one-to-one interviews with teachers. There are also standards required by statutory and regulatory authorities to be taken into account. The Universities UK Concordat supports research integrity, honesty, rigour, transparency, open communication, and respect. This research project complied with the University of York's ethical guidelines.

This thesis aims to answer the research questions and is structured as follows: Chapter 2 presents a narrative review that addresses the theoretical question of the extent to which primary school MHWB interventions target the components of a 'self-world capacity'. The narrative review examines the literature on UK school interventions, their design, and their impact on students' MHWB. In Chapter 3, the researcher introduces the concept of the 'self-world capacity' (Dorjee, 2021) and the design of the school intervention, 'A Little Bit of Psychology'(ALBOP). Chapter 4 presents the methodology, data collection, and analysis methods. Chapter 5, in answering the empirical question 'Is an intervention fostering the components of a self-word capacity acceptable and feasible to deliver in primary schools to support students' MHWB?, presents findings for both

qualitative and quantitative methods. Finally, Chapters 6 and 7 present the discussion and conclusion

of the study.

2.   Narrative Review

'To what extent do primary school mental health and well-being interventions target the components of a 'self-world capacity'?

This narrative review examines the provision of MHWB school interventions in primary schools. It explores the progress in implementing these interventions to enhance students' MHWB. In researching intervention outcomes, the researcher reflects on the support from government initiatives and other agencies. Upon examining the existing resources provided to schools, the researcher reviewed whether any primary school interventions targeted the five components of the 'self-world capacity' to help meet the long-term needs of primary students in terms of MHWB support.

The researcher chose a narrative review because this study did not collect data for a meta-analysis or a systematic review, nor did it employ a prespecified method for synthesising findings. Instead, it utilised a narrative review approach, drawing upon a diverse range of research literature to provide a comprehensive overview of developments in school-based interventions within the United Kingdom. This methodology enables the researcher to explore and interpret the existing body of research without the constraints imposed by rigid protocols. The process of selecting and meaningfully grouping relevant sources facilitates a nuanced understanding of the breadth and complexity of issues about school interventions.

As part of the narrative review, key terms were identified, including mental health, well-being, intervention, schools, primary, and UK. The literature search encompassed databases such as PsycINFO, Psych OVID, ProQuest, ERIC, Scopus, Google Scholar, and ResearchGate. This process

enabled the identification of potential gaps in the provision of interventions designed to support

the MHWB of primary-aged students.

The theoretical research question guiding this study is: 'To what extent do primary school

MHWB interventions target the components of the 'self-world capacity'?' To address this

overarching question, the researcher considered the following questions: What constitutes the

'self-world capacity'? Why is the 'self-world capacity' essential for mental health and well-being

within school interventions? What are the five components of the 'self-world capacity', and what

justifies their inclusion in mental health and well-being interventions in schools?

The scope of the narrative review is delimited where possible to UK primary schools,

reflecting the researcher's professional experience with mental health and well-being interventions

in this educational context. The review is situated within subjectivist and interpretivist paradigms,

as it seeks to establish how various components of school-based interventions have addressed

student mental health and well-being over time.

2.1   Mental Health and Well-Being Interventions in Primary Schools

To understand what is meant by mental health and well-being for students, which can

sometimes be referred to as emotional well-being in children, the National Institute for Health and

Care Excellence (NICE, 2016, p. 2) defines well-being as:

'social and emotional well-being as being happy, confident, and free from anxiety or

depression. Psychological well-being encompasses being autonomous, problem-solving,

managing emotions, experiencing empathy, and being resilient and attentive. Finally, social

well-being is characterised by good relationships with others and the absence of behavioural

*problems, such as being disruptive, violent, or bullying (*NICE, 2016, p. 2*).*

Mind (2025) defines good mental health for 11- to 18-year-olds as generally feeling able to

cope by calmly thinking about things; it is about how we think, feel and act. Mental health will be

very different for everyone. Poor mental health is when we cannot cope with the way we are

thinking, feeling or behaving. The state of well-being is an overall sense of being comfortable, happy,

and having a sense of purpose, which comes from having good mental health. This description

encompasses what we would all want young people to experience. Nevertheless, we find that young

people's mental health seems to be declining despite increased funding from governments,

initiatives, government bodies and other organisations (Wadman et al., 2024).

Since COVID-19 in 2020, there has been an increasing number of young people presenting

mental health issues every year (WHO, 2022).[2] In March 2025, the UK Government again put

children's mental health on the agenda, aiming to progress the 'Children's Wellbeing and Schools

Bill, 2024-2025' (UK Parliament, 2025) through government legislation. The definition of 'child' is

any person under the age of 18 in the UK, and young people are defined as those aged 16-17

(legislation.gov.uk 2025c). The title of this bill suggests that the government is considering a series

of measures to support mental health and well-being in schools. However, despite proposals such

as including a mental health practitioner in all maintained schools and a national programme to

measure and report on students' well-being in schools, these suggested amendments in the last

reading have not yet been incorporated into this bill. Schools, therefore, will no doubt be expected

to carry on trying to lead on mental health to support their students the best way they can,

World Health Organisation definition of young people https://www.who.int/southeastasia/health-topics/adolescent-health

knowing that more than one in five children and young people in England now have a diagnosable mental health condition (DoH & NHS England, 2025).

The World Health Organisation's (WHO) action plan for mental health (WHO,2013) confirms this view as they found that there is an increasing need for access to mental health support, with concerns from smoking and alcohol abuse in young people through to suicides from accessing social media. These, combined with the pandemic in 2020, have increased mental health issues in young people. Eighty per cent of young people with mental health needs agreed that the COVID-19 pandemic had made their mental health worse (Young Minds, 2020). There is still a long way to go in providing support for schools, as the task remains to equip schools with counsellors, resources, training, and an MHWB curriculum that teachers can work with, as well as psychologists who can support students with needs beyond what they can receive in the classroom. This is necessary so that young people have the knowledge and skills to support their mental health (Reinke et al., 2011)

In September 2020, the WHO and the United Nations International Children's Emergency Fund (UNICEF) signed a new joint programme, 'Mental Health and Psychosocial Well-being and Development of Children and Adolescents' (UNICEF, 2024), as the COVID-19 pandemic presented significant challenges for children accessing health and well-being services. In September 2024, forty businesses and organisations sent an open letter to the United Nations General Assembly, led by UNICEF and the Global Coalition for Youth Mental Health, calling for an increase in world funding for children's mental health and including the following explanation, which outlines the need to support children's mental health and well-being:

'Mental health determines emotional, intellectual, physical and social well-being. It shapes how we think, feel and act and confers our ability to handle stress, build and manage relationships, and make choices that affect our lives and those of the people around us. Mental health is important at every stage of life, especially for children and young people. When child and youth mental health is prioritised, the impact on young lives both now and for the future is significant, including improved quality of life, increased likelihood of completing education, long-term economic returns, and lower rates of premature mortality. However, the consequences of failing to address child and youth mental health conditions extend into adulthood. Fifty per cent of mental health conditions develop before the age of 14 and have the potential to impair both physical and mental health and limit children's opportunities to lead fulfilling lives. Additionally, suicide is the fourth leading cause of death among 15- to 19-year-olds globally (UNICEF, 2024).

Other research presents us with studies from the WHO's action plan for mental health, which found that there is an increasing need for access to mental health support for adolescents worldwide. Their comprehensive mental health action plan, 'Mental Health Action Plan 2013 - 2020' (WHO, 2019a), now extended to 2030, states that the plan has an emphasis on children having a positive sense of identity, with the ability to manage their thoughts, emotions, and social relationships, leading to a healthy attitude to learning whilst in education. Since then, the WHO's 'Special Initiative for Mental Health 2019 - 2023', extended to 2024 with plans for additional funding, was introduced to support the mental health action plan. Hence, all young people have been allowed to strive for the highest standard of MHWB, ensuring that no one is left behind (WHO, 2019).

Governments and world organisations are continually trying to address the increasing rise in mental health problems, and primarily, the focus is now on prevention and bringing schools to the forefront by providing interventions that will support long-term mental health issues for the future (WHO & UNICEF, 2021).

As previously acknowledged in the introduction of this study, studies show the number of students with mental health issues has steadily risen since the pandemic in 2020 and has seen children severely affected. According to England's 'Mental Health of Children and Young People's' survey, there has been a probable increase in disorders of mental health and well-being of children in 2020 from one in six (16%) in children 5- to 16-year-olds compared to one in nine (11%) in 2017 across all ethnic groups, gender, and age (NHS Digital, 2021). It was recognised that the impact of the pandemic on mental health in children would likely remain this way for some time. The most recent survey in 2023 revealed an increase in children with mental health problems, with one in four (27%) of children and young people aged 8- to 16-year-olds (Newlove-Delgado et al., 2023).

The Children's Commissioner confirms in their report, of the increased number of children being recorded with mental health issues for the years 2022-2023, (Office of the Children's Commissioner, 2018) that an estimated 270,000 children (28%) were still awaiting further mental health support after a referral, and that less than half of those with a probable mental disorder had received at least one contact from Children and Young People's Mental Health Services within the year.

It is because of the lack of timely support for children that the need to provide school interventions for MHWB has increased compared to 30 years ago; some may say that support for mental health in schools has never been as vital as it is today compared to years ago (Wadman et

al., 2024), as behavioural problems in school-aged children have increased. Other studies question whether there has been an actual increase in mental health issues in young people in the last decade. A review of a meta-analysis of 26 studies of rates of depression with 60,000 observations with children and adolescents born between the years 1960 and 1990 showed there was not enough evidence to support the hypothesis, as the research relied upon recall from people remembering their mental health state at a young age (Patel et al., 2007).

In recent years, there has been a growing trend towards schools supporting mental health and well-being, as evidenced by a steady stream of research that has led to school interventions addressing various mental health issues and behaviours (Fazel et al., 2014). Schools, education departments, and the UK Government have been under pressure for many years to develop interventions that support students in their primary years (O'Reilly et al., 2018a). Students' life changes through the years, and the COVID-19 pandemic showed there is increasing evidence of the effects of these changes on mental health. There is an increasing need to change how we deliver school interventions to equip students with the skills and knowledge to manage their emotions, thoughts, and behaviours and feel happy and comfortable. Interventions that combine integrative strategies in the classroom have the greatest potential to support students' mental health and well-being (Fazel et al., 2014).

As the number of young people struggling with their mental health has been growing, schools are at the forefront when it comes to providing the best mental health support they can for their students. Teachers have stated that mental health and well-being are sometimes prioritised over the curriculum. In a teacher survey, nearly 90% reported supporting students significantly more than when they started teaching. Among those surveyed, 70% of teachers believed that students' mental health had deteriorated substantially. Young Minds (2024) states that teachers in

a survey reported that one in five students in their class may need mental health support, and yet they have no skills or time to support the students. A participant in the Young Minds (2024) study remarked:

> *'Teachers are at capacity, and there is no time to support these children effectively. We are not counsellors or therapists, and I worry the tools we are told to use with these children are inconsistent and may do more harm than good. We are experts at teaching, not mental health; if we were, we would have better mental health ourselves, and maybe more teachers would stay in the profession (Young Minds, 2024).*

Despite teachers' concerns, in 2017 the UK Government encouraged secondary schools to appoint a mental health leader to oversee mental health initiatives and ensure a coordinated approach through a government initiative to have a senior mental health lead in every school by 2025. There was no funding for primary schools; however, charitable organisations such as 'Place2Be' have had funding in some areas of the UK to provide school counselling (Grant et al., 2023), offering schools, counsellors and support through various therapies, which confirms that there have been significant changes in the last decade.

One question that needs to be asked is, with students' mental health problems increasing, what has been provided in schools about support and MHWB interventions and whether any of these actions have had a positive effect on students? As the world creates more challenges for young people, we must consider what more we can do in schools. This view is supported by Kaman et al. (2024) in this quote;

The cumulative impact of global crises poses significant challenges to the mental health of children and adolescents. Targeted prevention and intervention efforts are urgently needed to help young people navigate these crises and mitigate their psychological effects (Kaman et al.,2024).

In researching school interventions, the researcher, in considering what more we can do in schools to support students' mental health and well-being, recognises that there may be an assumption that school interventions, delivered by teachers, will resolve students' mental health issues. The researcher recognises this assumption by clearly focusing on a knowledge and skills curriculum intervention to ensure teachers do not become therapists but educators of what students might learn about the way their mind and body work, with psychology helping them to understand more about their feelings, thoughts and emotions, leading to a possible understanding of how self-regulation can support them day to day.

2.2   Support from Government Initiatives or Other Agencies

Over time, the focus on mental health and well-being in schools has evolved significantly. Before 2000, the primary emphasis was on behavioural issues, as 'mental health' was associated mainly with students exhibiting emotional and behavioural or special needs (Rothì et al., 2008). More recently, it has shifted towards emotional and social well-being, with social and emotional behaviours and habits influenced by rapid technological advancement, which has undoubtedly heightened awareness of mental health issues among children and young people (Clarke et al., 2014). However, there is overwhelming evidence that children's MHWB has changed significantly following COVID-19, affecting schools, government health services, and other mental health organisations (Fegert et al., 2020; Newlove-Delgado et al., 2023).

In addition to government and agency action to support mental health and well-being in schools, there has been considerable recognition of MHWB problems among young people, often through contributions from well-known public figures (Gronholm & Thornicroft, 2022). This has undoubtedly raised MHWB as an open topic of discussion, which, although an important issue for many, particularly the young, has never been discussed so openly. It is not unusual to hear of deaths caused as a consequence of mental health issues. However, there is an increasing lack of trust in receiving mental health services as waiting lists get longer, with young people being referred to Child and Adolescent Mental Health Services waiting over a year for treatment between the years 2023 and 2024, which is an increase of over 52% from the previous year (Young Minds, 2025). It seems some young people can wait up to two years.

The researcher recognised a need to review MHWB school interventions that have provided impactful support to children and young people with MHWB. This review examines the successes and consistencies over the years and discusses several school interventions that have positively impacted children's MHWB. The researcher examines the impact of universal school interventions and what this means when a school adopts an inclusive whole-school approach (O'Connor et al., 2018). The review also examines the role of the UK Government and other agencies in supporting MHWB school interventions, whether their strategies have led to school interventions with a particular focus or a different agenda, and whether the results have driven any changes in mental health policy.

In 1981, the WHO began planning a new programme called 'Health Promotion' (WHO, 1981). By January 1986, the 'Health for All by the Year 2000' initiative (WHO, 1986) was established in Europe. One of the fundamental aspects of health promotion that was widely accepted as essential was providing people with information and life skills, including coping skills, and

strengthening social networks and social support. At that time, 'mental health' and 'well-being'

were not commonly discussed and were not on the agenda for years to come. Ironically, today, we

may consider social networks as a contributory factor to mental health challenges, particularly

among young people (Newlove-Delgado et al., 2023). However, back in 1984, the internet was still

in its infancy. Many would not have been aware of what was to come in terms of mental health

issues surrounding social media and networking.

In 1991, the UK Government adopted the WHO's recommendations in a green paper, 'The

Health of the Nation' (HMSO, 1992). One of its sixteen potential areas for action was mental illness,

with several important issues for schools' health promotion, including the coordination of the

health education curriculum in the year 2000, which, years later, we could recognise as the

Personal, Social, Health and Economic (PSHE)[3] education curriculum. Smith et al. (1992) discuss the

need to use curriculum materials, develop health-related policies, involve outside agencies, and

ensure that teachers understand what a health-promoting school entails. The report suggests that

many teaching staff were concerned about how teaching health education would impact the

national curriculum if given curriculum time. Not much has changed regarding the challenge of

incorporating mental health initiatives into a very packed curriculum.

By 1997, the Department for Education and Employment (DfEE, 1997) and the publication

Excellence in Schools and Saving Lives: Our Healthier Nation (GOV.UK, 1999) led schools to establish

themselves as 'Healthy Schools'. The 'Healthy Schools Programme', launched in 1998, evolved into

the 'Healthy Schools Award', with many schools investing in it. Health authorities were able to

provide advice and resources for the 'Healthy School' scheme, but there was no funding for specific

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[3] PSHE changed from Personal Social Health Education in 2008 to Personal Social Health Economic

interventions in schools (Rogers et al., 1998). At that time, a new national curriculum, launched by

Ron Dearing, led to a considerable reduction in opportunities for health education, with links to

psychological aspects reduced by seventy per cent, as initially set out in the 'Health of a Nation'

(Brown, 1994). By 1999, the National Healthy School Standard (NHSS; DfEE, 1999) was introduced,

with health authorities and education departments collaborating with local authorities and

communities to establish a much-needed partnership for policy and curriculum development in

health. The revised national curriculum for PSHE in 1999, called the 'Framework for Personal Social

and Health Education' (PSHE), included health education covering mental and physical health for

the key stages; the revised PSHE curriculum had now put emotional health and well-being back into

the curriculum (Morrison et al., 2002).

The 'Every Child Matters' (ECM) framework (DFES)[4] initiative was launched in 2003, and a

strong connection with Social and Emotional Aspects of Learning (SEAL) and ECM was established in

2005. ECM mainly focused on a child's well-being but had no real focus on mental health education

or provision for students in school who had mental health issues, which is possibly why the initiative

'Social and Emotional Aspects of Learning' (SEAL) in 2005 was introduced to offer a whole-school

approach to promoting social and emotional skills to support positive behaviour and emotional well-

being in the hope that this would lead to effective learning and regular attendance in schools (DfES,

2005). This initiative generated considerable discussion regarding its merits; however, some reports

questioned its benefits, citing its resource-intensive nature and therapeutic approach (Craig, 2007;

Ecclestone & Hayes, 2009).

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[4] The Department for Education and Skills (DfES) became the Department for Children, Schools and Families (DCSF) in July 2007, then changed to DFE in 2010. References to DfES, DCSF, and DfE are used synonymously throughout this paper.

In 2011, another initiative, with a government strategy document titled 'No health without mental health,' outlined proposals to improve mental well-being across all age groups and sectors of society (Clark et al., 2024). However, this was not explicitly aimed at schools. Nevertheless, thirteen years on, there is still little regulation and insufficient training to support well-being services (Clark et al., 2024).

The government recognised that mental health was becoming a problem that needed addressing. In 2015 the government with the National Health Service (NHS) introduced a brand-new guidance for schools, 'Future in Mind', a document outlining an ambitious five-year plan for transforming children's mental health services (DoH & NHS England, 2015) which was produced in conjunction with the PSHE Association to help schools provide age-appropriate teaching on mental health problems, from anxiety and depression to eating disorders and self-harm.

 Just three years later, in 2018, the Department for Education supported the Special Educational Needs and Disability (SEND) Code of Practice and guided schools in a document called 'Mental Health and Behaviour in Schools 2018' (DfE, 2018), which outlined strategies for supporting children with mental health issues that manifest as behavioural difficulties. Its goal was to support school staff in recognising a student with a mental health problem, understanding the link between behaviours and mental health, and providing support when working with outside agencies—another positive step forward for classroom students. The report stated that school staff cannot act as mental health experts and should not try to diagnose conditions. However, they must use the Strengths and Difficulties questionnaire and the Boxall Profile.[5] (Nurture UK, 2018). The profile is an assessment tool used to evaluate young people's social, emotional, and behavioural development. The actions

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[5] www.boxallprofile.org

taken are part of an assessment 'plan-do-review' process. It was first introduced in the 1960s and is now the most commonly used formal method for measuring mental health and well-being in children (Marshall et al., 2017). In the meantime, the UK Government funded the National Health Service (NHS) proposed mental health support teams in schools after Green's 2017 paper, 'Transforming Children and Young People's Mental Health Provision ' (DHSC & DFE, 2017) which was an initiative to address the gaps between schools and mental health services so students with moderate mental health issues were able to get timely and appropriate support. Once again, teachers have the responsibility of being the champions of addressing mental health issues in the classroom.

In October 2019, just six months before the start of COVID-19, the government issued a report called 'State of the Nation,' which stated that nearly 85% of 10-15-year-olds in England were relatively happy with their lives overall, with only 5% saying they were unhappy with their lives (DfE, 2019). These statistics question the need for mental health interventions if students are relatively happy. Then came the COVID-19 pandemic in 2020, which is said to have had a considerable impact on young people's mental health (Newlove-Delgado et al., 2023).

At this time, the Children's Commissioner, Anne Longfield, when asked if the NHS and the Government were facing up to increasing demands for mental health services, warned that England was a decade away from providing decent mental health services for all children:

'The government does not have a plan for a comprehensive service in every area, and there is still no commitment to a counsellor in every school, which would make a huge difference' (Office of the Children's Commissioner, 2020, p.3).

The provision of mental health services in schools has progressed considerably from the introduction of the 'Healthy School Award' in 1999 to September 2020. The non-statutory status of the award hindered this progress until 2020, when part of the PSHE curriculum became statutory. Health education became a statutory requirement in English schools through the Children and Social Work Act 2017. As part of the statutory guidance on physical and mental well-being education, primary and secondary schools must learn the importance of evaluating school-based mental health interventions. The government continues to promote a whole-school approach to mental health and well-being (DFE, 2021). Since introducing the first PSHE curriculum, the government has long sought to affirm mental well-being as a statutory requirement in children's education. In primary schools, learning included understanding and discussing emotions. During this time, there were many concerns about smoking and alcohol abuse in young people and suicides from accessing social media, with the pandemic in 2020 increasing mental health issues in young people (Patalay & Gage, 2019).

The Department of Education funded the "Education for Well-Being" research project, which evaluated school-based mental health interventions from 2017 to 2023. The government reported no statistically significant impact on your people's emotional difficulties; however, after several months, an increase in students' emotional difficulties was observed following the intervention (Thornton et al., 2025). As with all school interventions, there are many limitations, so the government continues to promote a whole-school approach and encourages schools to evaluate interventions across all key stages.

Though there is evidence that the UK Government is committed to improving mental health for thousands of people as a priority, as seen in its COVID-19 Mental Health and Wellbeing Recovery Plan by the Department of Health and Social Care (DHSC, 2021), backed by £500 million worth of

government funding for mental health recovery, the first initiative funded was a 2021 government publication, 'Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges' (DfE, 2021), which included a section on implementing a whole-school approach to mental health and wellbeing. The second was to understand the SEND Code of Practice, which encompasses four main areas, one of which is 'social-emotional and mental health difficulties' (DfE & DHSC, 2021). In addition, in 2021, the UK Government attempted to place dedicated mental health practitioners who qualified through an NHS England course in all maintained schools. In the debate, as previously mentioned in this chapter, when progressing the Children's Wellbeing and Schools Bill 2024-2025. Stephen Morgan, Parliamentary Under-Secretary for the Department of Education, stated on 13th March 2025:

> *'We know that as many as nine in 10 schools have a designated lead for students' mental health and that more than three-quarters of them have benefited from DFE-funded training, helping leaders to embed effective whole-school or whole-college approaches to mental health and wellbeing. My department will continue to support education staff and provide guidance and practical resources to help schools embed effective whole-school or whole-college approaches to mental health and wellbeing' (Hansard.parliament.co.uk.13th March,2025).*

However, the government's changes this year may affect this provision as NHS England merges with the Department of Health and Social Care (Wise, 2025). Will the funds and resources still be available?

There is still a long way to go in providing support for schools, as the task of equipping school counsellors with resources, training, and education remains. This is essential to ensure young people have the knowledge and skills to support their mental health.

This study highlights the challenges in providing robust, consistent, and practical support for students' mental health. Numerous government agencies and charities have sought to support children and young people's mental health and well-being. Possibly because of this, they have a different perception of what students need; schools may have to rely on outside agencies for mental health and well-being interventions for some time.

2.3   Interventions, Impact on Students

The World Health Organisation states that, in addition to the health sector, the education sector is essential for promoting mental health through child and youth development programmes, thereby enhancing the well-being of young people (WHO, 2018). The UK has previously relied on healthcare settings to provide young people with the necessary interventions and support. Alternative environments, such as schools that promote mental health programs, are now crucial for promoting mental health (WHO, 2018). This is further confirmed by the Educational Policy Institute (Crenna-Jennings, 2021).

The current UK guidance from the National Institute for Health and Care Excellence (NICE) under 'social and emotional well-being in primary education' suggests a range of interventions for developing social and emotional well-being which are integrated into the curriculum involving self-awareness, self-regulation, social awareness, responsible decision-making and relationship skills

delivered by teachers or by appropriately trained specialists in receipt of clinical supervision (NICE, 2022).

According to Marks (2011), a school's environment is well-suited to delivering mental health programmes for children and young people outside healthcare settings, as it can offer consistency, monitoring, flexibility, and a range of interventions. The benefit of a school adopting MHWB interventions is that they create a healthier environment for people in the broader community (O'Connor et al., 2018). There is a great deal of evidence coming forward that suggests that schools with a 'whole school approach' in which all children, school staff, parents/carers, governors, and outside agencies are included in any mental health interventions, as these schools have the best outcomes (Khan, 2016; Wells et al.,2003).

Although many school interventions for mental health and well-being have taken place in schools over the last decade, with some having succeeded in making an impact on children's mental health, other interventions have had difficulties being maintained due to lack of time, funds or because they have not had the impact that was expected (March et al., 2022). This narrative review examines the challenges mental health interventions in schools face, their Achilles' heel, and how we can improve the services we deliver to children through these interventions.

Universal and targeted interventions. A universal intervention will cover whole population groups, which is often preferred because it is the least intrusive and generally inexpensive (Stockings et al., 2016). Targeted interventions will focus on individuals in specific groups who require specific help, which can be more problematic as small groups are needed, presenting more expensive organisational and administrative issues for schools (Stockings et al., 2016). Unless the government promotes them, many interventions will be designed and training delivered by

researchers or educational companies that develop programmes and training for schools. The SEAL programme was introduced through the Personal, Social, and Health Education (PSHE) programmes and is now incorporated in various forms in most schools today (Formby, 2011).

The researcher reviewed various school interventions in the UK over the last decade and explored other international school interventions that explicitly support mental health and well-being. The researcher then narrowed the search to school interventions in UK primary schools or those trialled in UK schools. The researcher selected UK interventions that have undergone numerous reviews to establish their outcomes. This was achieved by ascertaining what researchers had reported on the effectiveness of school interventions and what they lacked to support students in schools through the MHWB intervention.

In the UK, a randomised controlled trial of the Promoting Alternative Thinking Strategies (PATHS) school intervention was conducted in 2013, involving 45 schools over 2 years, following a curriculum that promoted alternative thinking strategies. The school intervention aimed to help all children aged 4 to 11 manage their behaviour, understand their emotions and work well with others. It was delivered by classroom teachers through lessons on topics such as feelings and provided parents with materials to continue learning at home. The intervention highlighted the need for staff to be better supported, with a greater emphasis on awareness of emotional health and well-being in schools (Humphrey et al., 2013). This school intervention, delivered by Barnardo's, is still available on their website; however, the number of schools accessing their resources is unknown.

Barnardo's adapted the PATHS curriculum to ensure it was suitable for UK schools; however, teacher feedback suggests it remained too 'Americanized' (Humphrey et al., 2016). Many

randomised controlled trials conducted across various countries have found that PATHS has

contributed to improvements in social and emotional outcomes for children at risk (Crean &

Johnson, 2013). Some children also gained academic attainment (Schonfeld et al., 2015). However,

according to the Education Endowment Foundation (Humphrey et al., 2016), it did not appear to

positively impact children's academic outcomes in the UK. In some cases, PATHS led to less impact

than the standard school provision for mental health.

A practical intervention called 'Think-Feel-Do,' based on cognitive behavioural therapy (CBT)

principles and incorporating a psychoeducation component, is a computerised program that uses

relatable cartoon characters to guide participants through activities, quizzes, and practical exercises,

accompanied by music. Teachers in schools use the program, and although it has only been trialled

in the UK, it is also used in Australian schools. The program effectively links thoughts, feelings, and

behaviours and incorporates a positive assessment diary. It focuses on emotional recognition,

positive thinking, emotional management and problem-solving, making it a valuable tool in real-

world scenarios (Stallard et al., 2011). A proof-of-concept study intervention was conducted with 13

participants, with a mean age of 12.4 years (Attwood et al., 2012). The study's conclusions state

that the program provided immediate therapeutic benefits and was a viable option, with positive

feedback about its effectiveness (Attwood et al., 2012). It is unclear why this intervention has not

been researched in more extensive trials in the UK, as it is either a universal or targeted

intervention.

One of the most widely discussed programmes among researchers is FRIENDS, a school-

based preventive intervention for children that utilises cognitive-behavioural therapy through play-

based and experiential learning. It aims to help increase coping skills through stories, games,

videos, and activities. The WHO endorsed FRIENDS as the only evidenced based intervention at all

levels (Stallard et al., 2007) and recommended by the UK Dept of Education 'Mental Health and Behaviour in Schools, Departmental Advice for School Staff, 2016, ' (DfE, 2016) as an effective programme for the prevention and treatment of anxiety and depression in children and youth (Barrett et al., 2000; Pahl & Barrett, 2007). The programme has been researched many times over the years. The overview of results suggests promise for this intervention in school-based settings, as FRIENDS has been shown to reduce anxiety symptoms in both targeted children and children across schools (Briesch et al., 2010; Higgins & O'Sullivan, 2015; Stallard et al., 2014).

'Zippy's Friends' is a school-based social-emotional learning programme for 5- to 7-year-olds. The Partnership for Children (2025), academics, and specialists in educational resources jointly developed the programme. The fundamental concept is that if you can teach young children how to cope with difficulties, they should be better able to handle problems and crises in adolescence and later life. An evaluation by the Education Endowment Foundation (EEF) and the Partnership for Children found no objective evidence of improved emotional self-regulation (EEF, 2018). Emotional literacy and coping skills were not significantly improved (Clarke, 2011; Clarke et al., 2014).

The 'Incredible Years' programme strengthens parent-child interactions and attachments (Hayes et al., 2020). It is an interlocking programme targeting children, parents, and teachers to promote emotional, social, and academic competence, aiming to prevent, reduce, and treat behavioural and emotional problems in young children. The short-term effects are promising, and outcomes were positive when early intervention was provided, especially for children with conduct problems (Webster-Stratton et al., 2011a). A recent study also confirms that the programme has had positive outcomes for children with more challenging temperaments.

'At least the IY program achieves equally satisfactory results for children with

*'complicated' versus 'easier' temperaments (*Huijzer-Engbrenghof et al., 2023, p1848*).*

'Learning Together' is a whole-school programme that aims to improve the school

environment, reduce bullying and aggression, and promote student health and well-being. This

programme focused on developing social and emotional skills and had small but significant effects

on bullying; however, it did not have the same effect on reducing aggression (Bonell et al., 2018).

Other interventions, such as the SEAL programme, which employed a whole-school

approach to social and emotional learning, also appeared to have no reported impact on outcomes**.**

The SEAL programme was found to have a lack of consistency (O'Connor et al., 2018), although this

did not affect the outcomes, the impact of the SEAL programme has been disappointing as it did

not have an impact on social-emotional skills (Humphrey et al., 2013) 'Going for Goals', however,

which was developed as part of the primary social and emotional aspects of the SEAL programme in

the UK, reported a positive impact on those children selected for extra support (Evans & Bond,

2020), which questions whether a small group works better with these types of interventions. The

'Ten Element Map' of SEAL promoted mental health by identifying children's perspectives on their

environment, self-esteem, emotional processing, self-management, and social participation,

yielding positive results. This intervention framework focused primarily on mental health skills

rather than a practical curricular programme (O'Reilly et al., 2018b).

Other interventions have mainly focused on bullying and friendship issues. Most of these

have been delivered through schools' PSHE programs. There has been a view that some

interventions have been targeted at the needs of specific children. Whilst these have been useful in

providing preventative strategies, they leave other children at risk as they mature, as they are

excluded from these mental health interventions and from gaining the skills needed for positive mental health and well-being in the future (Fazel et al., 2014).

Systematic reviews of various self-regulation-based interventions have been conducted worldwide. These have centred on self-regulation as having a significant role, as having self-regulatory capacities means being able to effectively manage your thoughts, feelings, and emotions through actions that support good mental health and well-being (Baumeister & Vohs, 2007; Gagnon et al., 2016). Therefore, having self-regulatory capabilities contributes to good mental health; consequently, it is not surprising that school interventions have incorporated some of these skills for children to learn.

Self-regulation interventions were evaluated in a study comprising 17 cluster-randomised trials and 32 randomised-cluster trials. There were consistent improvements in self-regulation across 16 of 21 curriculum-based interventions, 4 of 8 mindfulness and yoga interventions, 5 of 9 family-based programs, 4 of 6 exercise-based programs, and 4 of 6 social and personal skills interventions. Curriculum-based interventions are the most common approach for developing self-regulation, especially in younger age groups (Pandey et al., 2018).

The last decade has seen a more direct approach to social and emotional learning, as interventions focus on interrelated skills that enable students to apply the knowledge they have gained, understand and manage their emotions, problem-solve, and build positive relationships (Goldberg et al., 2018). Interventions implemented at a young age are more effective. Behavioural changes occur more quickly than those implemented in older age groups as students can become set in their ways and harmful routines can be embedded in day-to-day life (Werner-Seidler et al., 2017). Multiple-domain interventions also appear to successfully improve children's and young

adults' mental health and well-being by leveraging the interdependence among families, teachers, and parents (Sancassiani et al., 2015).

Given that there have been some positive outcomes for mental health in children and young people, shouldn't we be satisfied with our current approach to providing support for mental health in schools? It appears from the research discussed earlier in this chapter that we must continue to work to improve outcomes for children's MHWB. The environment in which we live is constantly changing, both technologically and environmentally. With social media and climate change data frequently in the news and having gone through a pandemic, it is a challenging time for young people to understand what is happening in their world. We have already witnessed the effects of the COVID-19 pandemic in 2020, bringing new challenges for all children worldwide. According to the 2019 Youth Risk Behaviour Survey, the data showed an increased percentage of youths who felt sad or hopeless for at least 2 weeks and reported little engagement in their usual activities (Delaney, 2019).

Many systematic reviews investigating the impact of school interventions on mental health have suggested various outcomes, with some recommending changes such as a more multifaceted approach, multi-domain interventions, or increased teacher training (Bjerre et al., 2021). A multi-gated approach is where several sequential assessments of a student take place over a year to identify children with the most urgent needs in mental health support, such as self-harm or suicide. A multi-domain approach combines several areas of control or spheres of knowledge under a single program. In this case, a school intervention may provide for several mental health issues, such as coping, recognition, awareness, acceptance, self-esteem or regulation. Of those reviewed, many did not demonstrate a significant improvement in mental health among schoolchildren (Wells et al., 2003). There seems to be a small amount of evidence that, amongst those researchers who

have reviewed interventions over the last decade, there is some impact on children who have been involved with school mental health interventions and yet, despite the opportunity for the diversity of interventions, many have frequently remained focused on behaviour and social communication (Mackenzie & Williams, 2018). However, there has been an increase in mindfulness interventions in recent years, and interventions such as the Mindfulness in School Programme (MiSP) have shown that they can reduce stress and enhance well-being in children (Dunning et al., 2019; Zoogman et al., 2015).

There has been a problem with implementing school-based interventions, as in some cases, insufficient care and attention have been given to their implementation. Being genuinely confident in results is impossible (Evans & Bond, 2020). Teachers may, for example, modify aspects of an intervention due to resource or time constraints. Changes may be for the better or deemed 'good enough'. Whatever happens in a school intervention, the data on changes need to be recorded to identify how the different intervention components influence programme outcomes (Bjerre et al., 2021).

Many reviews have suggested that a whole school approach is needed (O'Reilly et al., 2018b). The children's involvement in their learning must also be part of the programme, as their needs are sometimes unmet (Evans et al., 2015). Teachers have not delivered some interventions as they have not had dedicated adults to deliver the intervention programme. More emphasis is also placed on multi-gated school interventions that incorporate social and emotional components, as well as environmental and contextual elements, for children, parents, and staff (Fazel & Kohrt, 2019).

Although the government has made a focused effort in the past to support children's mental health through various initiatives, this support has been somewhat contingent upon political priorities and subject to change. Earlier in this chapter, a discussion is presented on the number of government initiatives in collaboration with various institutions to find the best solution for addressing mental health problems among young people (Hannigan & Coffey, 2011). At times, nothing has been consistent (Callaghan et al., 2017). Could the inconsistency arise from the government initially directing policy independently, later working alongside the National Health Service, and finally collaborating with health authorities and other organisations to provide schools with guidance on promoting children's mental health? This approach might lead to greater success in integrating mental health initiatives into schools.

It has been considered that the government alone should not drive policy but rather be part of a unified approach to ensure the consistent and successful provision of children's mental health and well-being in schools, adopting a whole-school approach (Hart & O'Reilly, 2022). Without training for school staff, an understanding of how mental health issues manifest in young people may prove challenging. A well-designed intervention programme with a strong knowledge and skills base may enhance the school's understanding of specific MHWB issues. However, there appears to be very little research on what constitutes the most effective MHWB intervention, one that encompasses all the positive outcomes of other interventions and combines them into a comprehensive, universal approach. This approach would also determine whether the intervention is effective and, if not, what additional support is needed.

In summarising interventions trialled in schools across the UK, the positive and 'could do better' approaches are noted. Many school interventions for MHWB address just one or two components, such as bullying and anxiety. Other interventions incorporate social and emotional

aspects, while some include communication, and others focus on self-esteem and self-regulation. Students have had opportunities to use CBT interventions to solve problems. There is also a need for time and training for school staff. Some suggest that MHWB school interventions should involve children in designing their mental health learning (Ching et al., 2024).

Several studies in this review have shown that MHWB school interventions have not yet been the most effective approach for supporting students at school. This leads to the question. Are there any gaps in the current provision of MHWB school interventions? If so, what are those gaps? How can a school intervention fill those gaps to support children's MHWB?

There appears to be relatively little literature on the concept of a multi-component school intervention for MHWB, and none to date has considered a multi-component approach that incorporates the five components of the 'self-world capacity'. The review explores, through the literature, how this intervention concept, with its 'self-world capacity' and components, might help address the mental health needs of so many children and young people.

The review searched for interventions that focused on any of the five components of the 'self-world capacity'. The 'self-world capacity' is the state in which cognition, affect, and awareness are so integrated that they determine the self and its reality in relation to others and the world around them (Dorjee, 2021). In Chapter 3, the 'self-world capacity' and its role within an MHWB school intervention are further discussed.

The 'self-world capacity' is a practical, multi-component concept that consolidates several MHWB issues and serves as a framework for a school intervention. The five key components of the 'self-world capacity' and their meanings are;

- Self-other-world focus (SOWF): how aware are we of ourselves/how we fit in

- Connection or disconnect (COD): how we are connected/attached to others

- Solidity of self (SOS): having a fixed self or a transient self

- Sense of purpose (SOP): learning to like yourself/have a purpose

- Agency (A): being self-aware/having boundaries

Several reviews of school-based interventions have suggested that a multi-component, whole-school approach to universal MHWB interventions is necessary to improve children's mental health (Fazel & Kohrt, 2019). Several studies have identified a few interventions that explicitly mention all the keywords for the five 'self-world capacity' components, as shown in Chapter 3 (see Table 3.2).

When reviewing the impact of the interventions, the researcher searched for keywords in the analysis or descriptors provided in the research papers and on the websites of the intervention programmes. This is further discussed in Chapters 3 and 4. The aim was to utilise keywords to identify aspects of MHWB issues currently underrepresented in UK interventions. This information helped identify that many school interventions for MHWB do not encompass all five components of the 'self-world capacity'. The question for the researcher at this point was: 'Is an intervention that fosters the components of a 'self-world capacity' acceptable and feasible to deliver in primary schools to support students' mental health and well-being?'

The researcher hopes to bring together more components in a universal programme. However, achieving this, the 'self-world capacity' intervention requires a knowledge and skill base. The researcher decided to include psychological theories in a knowledge and skills-based curriculum, allowing children to explore and learn about their thoughts, feelings, and emotions to

build resilience in their teenage years. This may be possible through a universal, multi-component, whole-school MHWB intervention encapsulated within a PSHE curricular programme. The empirical research involved designing an intervention for primary schools to support MHWB, which became known as 'A Little Bit of Psychology' (ALBOP).

3. 'Self-World Capacity' and the Development of 'A Little Bit of Psychology'

3.1 Introduction

While many school interventions have focused on specific mental health and well-being (MHWB) aspects, such as behaviour and social communication (Mckenzie et al., 2018), other MHWB interventions have been firmly grounded in either a single or dual theoretical framework, such as CBT in dealing with bullying or the provision of mindfulness training (Chodkiewicz & Boyle, 2017). The narrative review of Chapter 2 identified an essential gap in interventions that combine multiple components, including psychological attributes. Tegada-Gallardo (2020) suggests that multi-component positive psychology interventions effectively boost well-being in the school context. This led to the development of the researcher's school intervention programme, which aims to equip students with knowledge and skills, each tailored to different life events and experiences. The innovative programme was designed and trialled to encompass the self-world capacities as a multi-component approach linked to psychological theories through knowledge and skills components, including:

- Effective communication skills to foster positive relationships.
- Skills enabling students to identify their own and others' perceptions of 'self' to build self-esteem and confidence.
- Have a sense of agency so they can set boundaries for themselves, build confidence, and take control.
- Having the knowledge and skills to know that changing your mindset is possible and that there is no fixed self.

- Recognising that it is acceptable to have compassion for yourself and others, unconditional positive regard for yourself and others, and understanding what that looks like in practice.

An introduction to psychology was at the forefront of the researcher's mind from the outset of the research project, as previous experience teaching students, both as a teacher and as a qualified student counsellor, had led the researcher to use psychological theories to support students' mental health and well-being. The researcher was eager to collaborate with primary schools, having taught and provided mental health counselling to this age group. The researcher found that starting the school intervention in Year 5 or 6 may equip students with the skills necessary for transitioning into secondary school, as they have a deeper understanding of themselves and the ability to cope with change and new environments while remaining true to themselves. Transitioning can be challenging, resulting in stress and anxiety for students, as well as poor transition outcomes, which are associated with lower attainment (Spernes, 2022). This transition occurs when students move from one social identity to another (Harris & Nowland, 2021).

This chapter discusses the origins of the 'self-world capacity' and its significance in the study. The chapter introduces self-regulation, its role in promoting good mental health and well-being, and its close alignment with the 'self-world capacity' (Dorjee, 2021). The chapter introduces the 'self-world capacity' and its multi-component approach, justifying its relevance in this study and explaining how its components play a crucial role in scaffolding a potential MHWB school intervention. The chapter offers insight into how the 'self-world capacity' components are identified through keywords from various MHWB UK school interventions, demonstrating that the more prominent UK school interventions do not appear to have a multi-component approach addressing the 'self-world capacity'. The chapter explains that in establishing the need for a new school intervention using a multi-component approach that incorporates self-world capacities, the

intervention, with its knowledge and skills base, can contribute to the PSHE curriculum in UK primary schools. The chapter further elucidates how the researcher integrated the five components into a curriculum by applying psychological theories to develop a school intervention programme acceptable and feasible for primary school Year 5 students. Finally, the chapter explores how the programme called 'A Little Bit of Psychology' (ALBOP), with its phases, was developed for delivery and assessment in UK primary schools, involving lesson planning over nine weeks. This included resources and data collection for the intervention and control groups, as well as pre- and post-intervention measurements.

3.2 'Self-World Capacity', Linking Psychological Theories

3.2.1 Origins of 'Self-World Capacity'

Self-regulation capacity refers to the ability to effectively manage thoughts, feelings, and emotions through actions that support good mental health and well-being by changing one's behaviour (Baumeister & Vohs, 2007; Gagnon et al., 2016). Bandura (1991) states that social and internal factors influence the system of self-regulation and that "self-regulation is a multifaceted phenomenon that operates through several subsidiary cognitive processes, including self-monitoring, standard setting, evaluative judgment, self-appraisal, and affective self-reaction" (Bandura, 1991, p. 282).

However, self-regulatory capacities are considered the fundamental building blocks of a person's self. The 'self', a central concept in Rogers's theory of personality (Rogers, 1963), refers to the self or self-concept, which comprises ideas, perceptions, and values associated with the concept of 'me' or 'I'. Rogers explains, *" the individual's life is no longer defined (though it may be influenced)*

by one's family, social class, colour, church, or nation. We carry the burden ourselves of discovering our identity" (Rogers, 1983, p. 34).

The perceived self will influence that person's perceptions of the world and consequent behaviours. By regulating these behaviours and perceptions, a person can stay connected to and grounded in their sense of self, even when experiencing strong feelings despite social factors. The self-regulatory capacities include self-care, which requires knowledge and skills to care for an individual's physical, emotional, and mental health needs. Personal growth is not a fixed trait (Dweck, 2006) but rather a continuous journey in which we explore our capacity for self-care. The 'self-world capacity' encompasses both the capacities for self and the care of self, including a sense of purpose and agency, and considers how we can adapt and engage with the broader world beyond ourselves. The 'self-world capacity's five components, which comprise the 'self-world capacity', entwine to provide a holistic effect described by Dorjee (2021, p.5) as *'…an integrated trait or trait of cognition, affect and awareness underlying our sense of self and reality.'* The 'self-world capacity', as a multi-component approach to support positive mental health and well-being, was the researcher's first consideration for a new school-based intervention. Its multi-component approach aims to provide a more coherent, comprehensive framework for social and emotional well-being, rather than focusing on only one or two behavioural, social, and emotional aspects of a child's experiences during primary school.

The 'self-world capacity' is considered an integrated trait that supports a person's sense of self and mental health and well-being. 'self-world capacity' and its components include 'self-other-world focus' (the extent to which we primarily focus on ourselves or have a broader more inclusive sense of self); 'connection or disconnect' (having a sense of connection with others and the world more broadly); 'solidity of self' (fixed self or a changeable and transient sense of self); 'agency'

(being able to control who we are and who we aspire to be); 'sense of purpose locus' (having a sense of purpose focused on self or a wider self-transcending locus), (Dorjee, 2021). Combining these components is crucial for enhancing self-regulation, mental health, and overall well-being.

3.2.2   A 'Self-World Capacity' and 'A Little Bit of Psychology'

The 'self-world capacity' intervention, A Little Bit of Psychology (ALBOP), focuses on understanding the psychology of well-being rather than on behaviours or expectations of social communication. It links what we know about ourselves and what we do not know. It provides a practical, nonjudgmental way to learn how we think and behave, so that everyone can recognise themselves as unique.

Having different components is not unusual for an MHWB intervention in schools; the difference is that this multi-component intervention involves knowledge and skills supported by psychology that do not appear to be encapsulated in a curriculum specifically for mental health and well-being. Using psychology as the knowledge and skills base by exploring psychological theories used today in mental health interventions by professionals such as counsellors, psychotherapists, and psychologists, the researcher believes it is a subject topic which would fit well with the personal, social, health and economic (PSHE) education alongside the relationships, sex and health education (RSHE) curriculum as perhaps a stand-alone programme which would provide the knowledge and skills to support self-regulation. The RSHE programme includes a mental health section in the primary curriculum at Key Stage Two, with an emotional and well-being pack that focuses on change, loss, and grief. However, the researcher noted that the RSHE curriculum does not appear to adopt a multi-component approach that incorporates all components of the 'self-world capacity' within psychological theories (PSHE, 2021).

Philosophy for children has been taught in schools for some time, often referred to as 'P4C' (SAPERE, 2025) and has played an important role in developing children's attitudes across all age groups, boosting confidence and self-esteem, which can lead to improving behaviour and well-being (Gorard et al., 2015). There are aspects of the 'self-world capacity' that have already been identified in the P4C curriculum subject, which indicates that significant subjects such as philosophy and psychology do have a role to play in providing students with a good understanding of how we think, feel and behave and the effects of these actions on ourselves and others. Philosophy is mentioned here as an example of a subject that would have been unlikely to appear in a primary curriculum, but it has been taught in the early years for some time; so, why not psychology?

Some will argue that students between the ages of ten and eleven are not mature enough or do not possess the cognitive ability to grapple with some complex psychological issues that have been researched and evaluated over the years. However, an argument can be made that learning new concepts through new vocabulary is beneficial, as, according to Emerging Minds (2025), which is a national workforce centre for child mental health in Australia, students between nine and twelve years of age can engage in more sophisticated and complex conversations during this phase of development, particularly around their area of interest. They become more interested in facts and knowledge and learn how to do things, demonstrating their understanding. Meaning is enhanced when students can revisit concepts with vocabulary language, possibly even more so when an adult explains the meaning behind the concepts and vocabulary (Hargrave & Sénéchal, 2000). Could this new concept of well-being capacities be an argument for a new subject under 'mental health education' or 'behavioural sciences', or as an addition to PSHE? The 'self-world capacity' encompasses five well-being concepts that offer a more balanced perspective on life satisfaction in a positive state (Dorjee, 2021; Dorjee & Roeser, 2022). Linking these aspects to psychology can

provide knowledge and skills that help children and young people understand the science behind the issues they face in their lives and the connection this has to their mental health.

3.2.3   *'Self-World Capacity' Across a Child's School Years*

The 'self-world capacity' intervention aims to offer children knowledge and skills from various psychological theories to understand how their conscious mind influences their thinking and behaviour. This would help them decide how to react, respond, and rely on their thoughts to build a more secure self-identity, leading to self-actualisation. Carl Rogers (1961) and Maslow (1987) describe self-actualisation as a genuine understanding and realisation of who you are, with the potential to fully utilise your abilities.

Whether this intervention would provide students with a more profound sense of 'self' would be difficult to measure; however, the programme would assess the students' mental health and well-being before and after the intervention. The intervention aims to assess the acceptability and feasibility of the program, which could potentially deliver support for students with MHWB. As previously mentioned in Chapter 1, the essential elements of the feasibility focus on delivering an intervention programme that considers teacher training, resources, time constraints, technical needs, risk, and the operational environment. The acceptability of the programme is measured by its appropriateness, reasonableness, ease of access, compliance, safeguarding of participants in this study, and its provision of skills and knowledge to support students with their MHWB. The essential aspects and relevant components are shown in Table 3.1.

Table 3-1

Essential Elements and their Components for Acceptability and Feasibility

Acceptability		Feasibility	
Appropriate – Students and teachers find the programme activities relevant, engaging, and beneficial to their own goals.	✓✓ ✓✓	**Teacher training** - Teachers report receiving adequate support for delivering the programme through training and ongoing assistance.	✓✓
Provision of skills and knowledge - Students and teachers find that the programme's skills and knowledge curriculum helps them better understand themselves, which supports their MHWB.	✓✓ ✓✓ ✓✓ ✓✓	**Classroom resources** – Teachers find the resources manageable and not overly complex.	✓✓ ✓✓
Reasonableness - Teachers find the programme's activities valuable, worthwhile, and manageable.	✓✓	**Time constraints** – Teachers find the programme fits easily into the school schedule without creating extra burdens for school staff.	✓✓
Ease of access – Students and teachers find the resources provided for the programme easy to access and use	✓✓	**Operational Environment** – Teachers find the programme can be assimilated into an existing curriculum, with opportunities for cross–curricular links.	✓✓
Safeguarding of participants - Teachers and parents find the programme activities acceptable for their students	✓✓	**Technical and other needs** – Teachers and students find the videos and online resources helpful and accessible.	✓✓ ✓
Compliance - Teachers find the programme aligns with the school's priorities and objectives.	✓✓	**Risk** – Teachers are aware that the programme, through risk assessment and staffing requests, has addressed possible unintended negative consequences.	✓✓
Key **Quantitative –** Teachers' survey**,** SWC questionnaire**,** CDG survey**,** PANAS-C**,** SDQ **Qualitative –**Teacher interviews**,** Student focus groups**,** CDG feedback			

Developmentally, we need children to recognise in themselves when they are loved, know what it feels like to trust and be trusted, and understand what it means to feel safe. We need them to be optimistic and resilient, to have control over their lives. Identifying the 'self' would undoubtedly be a long-term project; this intervention could provide a basis for a long-term approach worth considering. The intervention does not need to remain at nine weeks, and there is potential to develop it into a longer-term provision for MHWB. Evidence suggests that school mental health programmes have contributed to children's academic progress (Brackett et al., 2012).

3.2.4   Linking the 'Self-World Capacity' to Psychological Theories

In researching the interventions that have taken place in the United Kingdom (UK) within the last decade, as discussed in the narrative review, there has been a variety of universal school interventions that, according to research, provide support in their programmes to address some of the components of the 'self-world capacity'. These components of school interventions that link to the 'self-world capacity' were identified by establishing keywords associated with their linked 'self-world capacity' component and specific psychological theories. The keywords also helped identify a focus for each lesson designed for the ALBOP programme. The researcher used brainstorming to develop the links. This brainstorming process led to keywords that linked the 'self-world capacity' components to psychological theories. One component in particular that was difficult to attach to a theory was the component 'connect and disconnect', which would have been linked with John Bowlby's attachment theory (Bowlby, 1969; 1978), however, after a discussion with the researcher's supervisors, it was decided to focus on communication using Roger's core conditions 'unconditional positive regard, empathy, and congruence' and through these traits we can be connected or disconnected (Rogers, 1980). Therefore, the leading attachment theory was adapted to suit the audience, specifically 10- to 11-year-old students. The keywords for the 'self-world capacity' are shown in Table 3.2.

Table 3-2

Self-Other-World Focus (SOWF)	Connect/ Disconnect (COD)	Solidity of Self (SOS)	Sense of Purpose (SOP)	Agency (A)
Present	Attachment	Fixed	Compassion	Boundaries
Change	Relationship	Changeable	Self	Destiny
Acceptance	Behaviours	Communication	Unconditional	Self-esteem

'Self-World Capacity' Assigned Keywords Relative to Psychological Theories

The keywords have been chosen because they strongly identify with the five capacity components and their associated psychologies. For example, the 'self-world capacity' component 'Agency' relates to awareness of who we are and whom we aspire to be. Karpman's Drama Triangle (Karpman, 1968) is a theory that supports this component of the 'self-world capacity'. The drama triangle involves setting boundaries, which can foster positive self-esteem and help children understand what it feels like to be in charge of their destiny. The keywords were derived from the descriptors of the 'self-world capacity' components and relevant psychological theories. They are summarised here in the five individual components of the 'self-world capacity' (see Table 3.3).

Table 3-3

The SWC is Linked to Psychological Theory and Relevant Keywords

SELF-OTHER-WORLD FOCUS (the extent to which we primarily focus on ourselves or have a broader, more inclusive sense of self).	
Psychological theory	**Relevance to Self-Other-World component**
Gestalt/Fritz Perls (1951; Tillett, 1984) refers to being aware of sensations within oneself and one's environment, allowing one to respond fully and reasonably to situations.	This concept is linked to Gestalt therapy, which examines how we live in the present, how we can change our mindset, and how we can accept that each of us is in control of our reality (Perls et al., 1951). Can students become aware of what they are doing, how they are doing it, and how they can change themselves? At the same time, can they learn to accept and value themselves and others?
Keywords	**PRESENT, CHANGE, ACCEPTANCE**

CONNECTION OR DISCONNECTION (having a sense of connection with others and the world more broadly).	
Psychological theory	**Relevance to Connection/Disconnection component**
Carl Rogers's (Rogers,1951) personality theory	This theory fosters self-awareness, self-compassion, and compassion for others. It also encourages us to accept others and ourselves for who we are. We can create these positive relationships by developing key communication skills and utilising Carl Rogers' personality theory, which emphasises unconditional positive regard, self-concept, and self-worth. This theory posits that self-worth is significant through interaction with others.
Keywords	**ATTACHMENT, RELATIONSHIP, BEHAVIOURS**

SOLIDITY OF SELF	
(fixed self or a changeable and transient sense of self).	
Psychological theory	**Relevance to the Solidity of Self component**
Life script & Transactional Analysis (Eric Berne, 1961)	Berne suggests that the life script is an unconscious decision about our future pathway as adults made early in life. It is reinforced through parental conditions and influences and evidenced by life's activities, experiences, and situations. As children, we can make decisions about our future lives that may have difficult consequences for us as adults if we do not achieve what we have scripted for ourselves. 'Life script' is about learning to discover that there is no fixed self and that we can change our future (Berne, 1961)
Keywords	**FIXED, CHANGEABLE, COMMUNICATION.**

SENSE OF PURPOSE 1	
(having a sense of purpose focused on self or a broader self-transcending locus)	
Psychological theory	**Relevance to Sense of Purpose 1 component**
Carl Rogers (Rogers,1961). - Self	This links to the person-centred approach (Rogers, 1961). Carl Rogers believed that people needed to be authentic to be happy with their lives; for this to happen, they required unconditional positive regard. He also believed that we must be open to experience, trust ourselves, be present in the moment, and take responsibility for our choices. Today, we might view unconditional positive regard as both compassion for others and self-compassion. Rogers felt that knowing your true self led to self-actualisation—having a sense of purpose. People move away from an external locus of evaluation to an internal locus of evaluation, and in doing so, hopefully find their true selves.
Keywords	**COMPASSION, SELF and UNCONDITIONAL**

SENSE OF PURPOSE 2	
(having a sense of purpose focused on self or a broader self-transcending locus)	
Psychological theory	**Relevance to Sense of Purpose 2 component**
Stephen C Hayes - Acceptance and Commitment Therapy (ACT)	ACT encourages people to accept their thoughts and feelings rather than fighting them or feeling guilty about them. It also encourages being flexible about how you might feel, being committed to facing your issues rather than avoiding them and using mindfulness to find a positive way to support you.
Maslow (Maslow, 1987) - Self-actualisation	Maslow's hierarchy of needs theory suggests that people are motivated when they have a sense of purpose in life, often expressed as goals. Finding that purpose means we must address our needs first, and the most basic is at the bottom of the pyramid. As our needs are met, we rise to the top of the pyramid, becoming individuals with a good understanding of ourselves and our purpose in life. Is there a way for students to identify with who they are as people and feel comfortable?
Keywords	**COMPASSION, SELF, UNCONDITIONAL**

AGENCY	
(being able to control who we are and whom we aspire to be)	
Psychological theory	**Relevance to the Agency component**
Drama Triangle Stephen Karpman (Karpman,1968)	Stephen Karpman first described the drama triangle as a model of dysfunctional social interactions, explaining why we might find ourselves in conflict situations. There are three roles, as they involve a series of transactions moving from the rescuer to the victim to the perpetrator in various reciprocal movements. Unconsciously, we often adopt one of these three roles. Sometimes this is okay, but other times we may feel unhappy and need to escape the triangle. The person learns to understand their role and how to take control of the situation, leading to taking charge of their destiny. Moving out of the triangle makes them willing to set boundaries and build self-esteem. This helps them regain a sense of control and comfort.
Keywords	**BOUNDARIES, DESTINY, SELF-ESTEEM**

3.2.5   *Psychological Theories - Reasons for Choice*

For each 'self-world capacity' component, a relevant psychological theory enables the school intervention to take the form of a knowledge-and-skills programme that can be taught in the classroom. The 'self-world capacity' serves as a base and scaffold, with its central provision being a multi-component approach that fosters a holistic model. The researcher identified relevant theories by examining each 'self-world capacity' component, its description, and its purpose, outlined by Dorjee (2021).

Reflection: The researcher became familiar with psychological theories while training to teach and studying to become a fully qualified counsellor. During the counselling training, a recurrent theme was, 'Why are we not teaching psychology to students in some format or another in the primary years?' Having worked in schools for several years as a teacher, the researcher was introduced to several well-being interventions, such as the social and emotional aspect of learning

(SEAL) (DfES, 2005), but few interventions addressed psychology and used theoretical frameworks. The researcher recognised that psychology seeks to predict and influence cognitive and emotional thoughts, actions, and behaviours, and wondered whether providing the 'self-world capacity' components in a knowledge and skills platform grounded in psychological theories may support students' understanding and self-regulation.

3.2.6 *Relating 'Self-World Capacity' Components to UK Interventions*

Eight UK interventions were selected, including MHWB school interventions in UK schools over the last 15 years. The focus is on prominent UK interventions and their impact over the years. The researcher reviewed only UK interventions that had been trialled or implemented in UK schools, as other countries had numerous variables to consider for this study, including differences in education policies, reporting, and methods for recording the results of school interventions for the mental health and well-being of primary school children. These UK interventions were chosen as they were predominantly aimed at supporting students in UK primary schools to reduce mental health issues, which were anxiety, depression, social communication, friendship issues or bullying. These school interventions were not solely for primary school-aged students but also aimed at benefiting early years children, with the hope that they would provide longer-term support as students progressed through their school years. The selection criteria included UK-based interventions that provided mental health support for students in primary schools and had been previously reviewed by researchers.

The UK interventions selected had been evaluated by researchers using systematic and scoping reviews, as well as published grey literature, such as organisational or commissioned reports. By using the assigned 'self-world capacity' keywords as a reference tool, examining these

interventions helped determine whether UK interventions included any of the five 'self-world capacity' components.

The keywords relate to the five components of the self-world capacity and are strongly linked to the psychological theories underlying the school intervention developed as part of this study. Having reviewed the eight interventions, there is strong evidence that they have included at least one or two components in their programmes. However, little evidence confirms that 'self-world capacity' is fully developed in any UK school interventions for MHWB.

When examining these interventions, the researcher aimed to identify what had been included by correlating keywords with information from the literature and available documentation. This has not always been easy, as some programmes were unavailable in the public domain, so reliance was made on the research papers and articles. The 'Chart of UK School Interventions for Mental Health and Well-being' provides a matching of evidence using components of 'self-world capacity' (see Table 3.4)

Table 3-4

The Chart of UK School Interventions

Intervention–theoretical model and content	Intervention setting, structure and delivery	Overview of results extracted from research papers	Evidence of SWC: Sense of purpose (SOP), Agency (A), Solidity of self (SOS), Connection or Disconnect (COD), and Self-Other-World Focus (SOWF)
Think, Feel, Do; This practical intervention is based on Cognitive Behavioural Therapy (CBT) principles and psychoeducation, and uses a computerised program featuring relatable cartoon characters. Activities, quizzes, and practical exercises link thoughts, feelings, and behaviours, focusing on emotional recognition, positive thinking, emotional management, and problem-solving (Stallard et al., 2011).	The intervention was delivered through six 45-minute multimedia sessions using a CD-ROM. Each session was led by a professional, such as a teacher, nurse, or psychologist assistant, who was crucial in guiding the participants.	This was a proof-of-concept study intervention for 13 participants with a mean age of 12.4 years (Attwood et al., 2012). The study was small-scale and predominantly involved male participants, so the results should be interpreted cautiously. CBT provides targeted and universal interventions for emotional health. The study's conclusions indicate that the programme provided immediate therapeutic benefits, particularly anxiety-related measures, and was a viable option for student intervention in primary schools (Mackenzie & Williams, 2018). Feedback about the programme was positive. (Attwood et al., 2012).	Provided participants with a focus on both positive and negative feelings, guidance on how to manage them through breathing exercises, mind games, and visualisation techniques. Taught participants how to recognise and examine feelings and thoughts in different situations. *This program explores the link between COD and how we can relate to others and change our behaviours, feelings, and thoughts. It also tentatively connects to SOWF, where participants become aware of significant sensations within themselves and their environment, enabling them to respond fully to changing situations.*

Table 3.4 continued
The Chart of UK School Interventions

Intervention, theoretical model and content	Intervention setting, structure and delivery	Overview of results extracted from research papers	Evidence of SWC: Sense of purpose (SOP), Agency (A), Solidity of self (SOS), Connection or Disconnect (COD), and Self-Other-World Focus (SOWF)
Promoting Alternative Thinking Strategies (PATHS): Comprehensive programme for promoting emotional and social competencies. Reducing aggression and behaviour problems in primary school-aged children. Used in a multi-year universal prevention model, adapted by Barnardo's NI for the UK. (pathseducation.co.uk) (Kusché & Greenberg, 2012).	Ideally, it should be introduced at the start of the school year and continued three times a week for a minimum of 20-30 minutes, for two to three days a week, throughout the academic year. It should be delivered by trained teachers in the classroom, using teacher scripts, pictures, activity sheets, photos, posters, and home activities.	Many Cross-Referenced Controlled Trials of PATHS have been undertaken outside the UK, but the few conducted in the UK report little or no benefit for child social-emotional outcomes, including behaviour (Berry et al., 2016; Humphrey et al., 2016).	Has several components, including social and emotional learning skills, such as increased self-control, a sense of responsibility, understanding and use of the vocabulary of logical reasoning and problem-solving, emotions and emotional states, the ability to recognise feelings in oneself and others, and understanding how one's behaviours affect others. *These skills are linked to SOWF and may also be linked to COD and A*

Intervention, theoretical model and content	Intervention setting, structure and delivery	Overview of results extracted from research papers	Evidence of SWC: Sense of purpose (SOP), Agency (A), Solidity of self (SOS), Connection or Disconnect (COD), and Self-Other-World Focus (SOWF)
Zippy's Friends: School-based social-emotional learning programme for 5- to 7-year-olds.Developed jointly by the Partnership for Children, academics, and specialists in educational resources. If you can teach young children how to cope with difficulties, they will be better equipped to handle problems and challenges as they grow into adolescence and later life. (www. partnershipforchildren.org.uk)	The programme is taught to the whole class by trained teachers.	An evaluation by the EEF and the Partnership for Children found no objective evidence of improved emotional self-regulation. Emotional literacy and coping skills were not found to have improved significantly (Clarke, 2011; Clarke et al., 2014; EEF, 2018)	Six modules cover feelings, communication, friendship, conflict, change and loss, and moving forward. *This programme is linked to COD, SOP, and SOWF.*

Table 3.4 continued
The Chart of UK School Interventions

Intervention, theoretical model and content	Intervention setting, structure, and delivery	Overview of results extracted from research papers	Evidence of SWC: Sense of purpose (SOP), Agency (A), Solidity of self (SOS), Connect or Disconnect (COD), and Self-Other-World Focus (SOWF)
FRIENDS: A school-based preventive intervention for children, using CBT, play-based, and experiential learning approaches to develop CBT. Aimed at helping increase coping skills through stories, games, videos, and activities. Endorsed by the WHO (WHO, 2004) and recommended by the UK Dept for Education. (Mental Health and Behaviour in Schools: departmental advice for school staff, 2016 (DfE, 2016).	The acronym FRIENDS stands for the intervention's components: F = Feelings; R = Remember to relax; I = I can do it; E = Explore solutions; N = Now reward yourself; D = Do not forget to practise; S = Smile, stay calm. This is a 10-12-week resilience programme for whole classes or as a targeted intervention. It consists of ten one-hour teacher-led lessons. (Barrett et al., 2000; Pahl & Barrett, 2007).	The overview of results suggests there is promise for this intervention's use in school-based settings, as FRIENDS has been shown to reduce anxiety symptoms among universal and targeted schoolchildren. (Briesch et al., 2010; Higgins & O' Sullivan, 2015; Stallard et al., 2014).	CBT-based and focuses on resilience and reducing symptoms of anxiety and depression. Children are taught to recognise the physical symptoms of anxiety and are provided with behavioural skills, such as relaxation techniques, and cognitive skills, including positive self-talk. *The skills learnt with FRIENDS link with SOWF, as the programme teaches students to be aware of their sensations, enabling them to respond effectively.*

Intervention, theoretical model and content	Intervention setting, structure and delivery	Overview of results extracted from research papers	Evidence of SWC: Sense of purpose (SOP), Agency (A), Solidity of self (SOS), Connection or Disconnect (COD), and Self-Other-World Focus (SOWF) –
SEAL: Resources and activities relating to 'Social and Emotional Aspects of Learning'. Piloted the initiative in twenty-five English local authorities in September 2004. In June 2005, the materials were made available to all primary schools in England, implementing and embedding SEAL (for children aged 3- to 11-years-old which was also taught in secondary schools. (DfES, 2005). (Smith et al., 2018).	SEAL aims to provide a curriculum that develops social and emotional skills within a structured and progressive framework. It offers class-based, quality-first teaching to children aged 3 to 16. Delivered by teachers, along with books and web-based materials, for classroom use.	Many reviews focus on the inconsistency of the programme delivered by teachers in different schools. The view is that the programme failed to significantly impact children's social and emotional skills.	Aims to support children aged 3- to 16-years-old in developing personal and social self-awareness. Managing feelings, motivation, empathy, and social skills. *This program is linked to A, SOP, and COD.*

Table 3.4 continued
The Chart of UK School Interventions

Intervention, theoretical model and content		Intervention setting, structure, and delivery	Overview of results extracted from research papers	Evidence of SWC: Sense of purpose (SOP), Agency (A), Solidity of self (SOS), Connection or Disconnect (COD), and Self-Other-World Focus (SOWF) –
Incredible Years (IY): The programme is designed to target children, parents, and teachers, promoting emotional well-being. Social and academic competence is needed to prevent, reduce, and treat behavioural and emotional problems in young children. The focus is on strengthening parent-child interactions and attachments (Hayes et al., 2020).		Teacher-led, with 42 hours (6 days) of monthly workshops led by a facilitator.	The short-term effects are promising. The complex programme involves parents and teenage children (Webster-Stratton et al., 2011b). A recent study also confirms that the programme has had positive outcomes for children with more challenging temperaments (Huijzer-Engbrenghof, 2023).	Classroom-based, with the teacher focusing on the child's understanding and communication of feelings, managing anger, practising friendship and communication skills, and emotional regulation, as well as school readiness. *This programme is linked to A, SOWF, and COD.*

Intervention, theoretical model and content	Intervention setting, structure and delivery	Overview of results extracted from research papers	Evidence of SWC: Sense of purpose (SOP), Agency (A), Solidity of self (SOS), Connection or Disconnect (COD), and Self-Other-World Focus (SOWF) –
Mindfulness in Schools Programme (MiSP) Learning involves directing attention to immediate experiences with an open mind. Aims to teach children how to remain calm and relaxed by stepping back from life's busyness to gain space and clarity (MYRIAD, 2008), (Kuyken et al., 2013).	Nine scripted lessons tailored for secondary schools delivered by trained MiSP teachers.	Results show less depression in children – the more they practised mindfulness, the fewer depression cycles they had (Kuyken et al., 2013). However, the MYRIAD trials suggest the mindfulness intervention had no impact (MYRIAD, 2008).	It teaches you how to be present in the moment, encourages you to have compassion for yourself, and helps you set healthy boundaries. *These skills are all linked to A, SOP and SOWF.*

Table 3.4 continued

The Chart of UK School Interventions

Intervention, theoretical model and content	Intervention setting, structure and delivery	Overview of results extracted from research papers	Evidence of SWC: Sense of purpose (SOP), Agency (A), Solidity of self (SOS), Connection or Disconnect (COD), and Self-Other-World Focus (SOWF) –
Learning Together: Whole-school programme designed to enhance the school environment, reduce bullying and aggression, and promote student health and well-being. Restorative practice is embedded in regular classes, includes circle time, use of restorative language, and use of an enhanced social and emotional learning curriculum (Bonell et al., 2018).	Staff training in restorative practice is needed. Policies and systems modified in the school with a student social and emotional skills curriculum (Bonell et al., 2018; Warren et al., 2020).	The programme had small but significant effects on resolving bullying, but did not affect reducing aggression. (Bonell et al., 2018).	*The restorative practice in the programme is linked to SOWF and possibly to COD regarding conflict communication.*

Each of the eight MHWB UK interventions is identified with information describing the theoretical model and content, setting, structure, and delivery; an overview of the results; and a final column that identifies an aspect of the intervention using keywords from the five components of the 'self-world capacity'. It provides an overview of results from research trials, aiming to identify interventions that address the 'self-world capacity' components and pinpoint gaps in the provision of MHWB in schools related to these components. The chart identifies MHWB interventions discussed in Personal, Social, Health, and Economic (PSHE) educational programmes and in government papers, or researched in depth by researchers and academic institutions.

The eight interventions present an opportunity to identify what each may provide in terms of MHWB support. Keywords have been assigned to each intervention to establish its potential

contributions to the components of the 'self-world capacity'. None of the eight interventions includes all five 'self-world capacity' components.

The 'Think, Feel, Do' small group intervention is based on Cognitive Behavioural Therapy (CBT) principles. The intervention was targeted at primary-aged children, with a focus primarily on boys. It was a school-based intervention designed to reduce emotional symptoms in children and young people. The results showed a positive result for CBT as a therapeutic universal or targeted emotional health intervention. However, the small sample size limits the validity of the findings (Attwood et al., 2012; Stallard et al., 2011). The intervention helped children become aware of significant sensations within themselves, enabling them to accept what was happening and make changes to resolve issues in their environment. The keywords '*present, change,* and *acceptance*' connect this intervention to the **self-other-world** component in the 'self-world capacity'. There was no evidence to suggest that agency, sense of purpose, or solidity of self was a focus of the intervention. Nevertheless, the intervention 'Think, Feel, Do' reflected a tentative link with the keyword '*relationships'* linked to the 'self-world capacity' component **connect/disconnect**. It seemed to focus primarily on the present and on how we can accept our feelings and make changes, emphasising CBT.

The Promoting Alternative Thinking Strategies (PATHS) programme promotes emotional and social competencies while reducing aggression and behavioural problems in primary school-aged children. Used in a multi-year universal prevention model and was adapted by Barnardo's NI for the UK. This programme has several components, which include social and emotional learning skills, comprising increased self-control, a sense of responsibility, understanding and use of the vocabulary of logical reasoning and problem-solving, emotions and emotional states, the ability to recognise feelings in oneself and others, and an understanding of how one's behaviours affect others. The

keywords identified were '*relationships, acceptance*, and *behaviours*', which appear relevant to this intervention. These keywords are linked to the concepts of **self-other-world** and **connect/disconnect** components of the 'self-world capacity'. **Agency** could also be considered in this intervention, with the relevant keyword being '*boundaries*', as students learn what boundaries mean for their safety.

The FRIENDS programme, which incorporates CBT, utilises play-based and experiential learning approaches to develop cognitive behavioural skills. Aimed at helping increase coping skills through stories, games, videos, and activities. Group sessions for parents are an effective programme for the prevention and treatment of anxiety and depression in children and youth (Barrett et al., 2000; Pahl & Barrett, 2007). The FRIENDS intervention focuses on resilience and reducing symptoms of anxiety and depression. Children are taught to recognise the physical symptoms of anxiety and are provided with behavioural skills, such as relaxation techniques, and cognitive skills, including positive self-talk. The skills learnt with FRIENDS link with a **self-other-world**, as the programme teaches students to be aware of sensations within themselves, enabling them to respond effectively. The keywords that link with this programme are '*present, change* and *acceptance'*. Students are taught to relax and accept themselves through positive self-talk.

The Social and Emotional Aspects of Learning (SEAL) is a programme of resources and activities relating to 'Social and Emotional Aspects of Learning'. The Department for Children, Schools and Families (DfES) piloted the initiative in twenty-five English local authorities in September 2004. In June 2005, the materials were made available to all primary schools in England, and funding was provided to local authorities to support primary schools in implementing and embedding SEAL for children aged 3- to 11-years-old, which was also taught in secondary schools. (DfES, 2005). Some schools still use it, but the UK Government no longer promotes it. The SEAL initiative aims to support

children aged 3- to 16-years-old in developing personal and social self-awareness and managing feelings, motivation, empathy, and social skills. The key words that link to this programme are '*boundaries*' from the **agency,** and the '*self*' is linked to a **sense of purpose** and '*relationships*', which is linked to **connect/disconnect***.* In developing social skills, students likely learn to listen to one another, a skill derived from Carl Rogers' personality theory (Rogers, 1963).

Zippy's Friends is a school-based social-emotional learning programme for 5–to 7-year-olds. The Partnership for Children, academics, and specialists in educational resources jointly developed the programme. The fundamental concept is that if you can teach young children how to cope with difficulties, they will be better equipped to handle problems and crises in adolescence and later life (partnershipforchildren.org.uk). The six modules cover feelings, communication, friendship, conflict, change and loss, and moving forward. These skills in the programme are linked to keywords and '*relationships*' related to the **connect/disconnect** of the 'self-world capacity' components*.* Other keywords include '*change* and *acceptance*', which are related to the 'self-world capacity' component of **self-other-world**, and '*communication*' is related to the **sense of purpose** component of 'self-world capacity'.

Incredible Years is a comprehensive programme that targets children, parents, and teachers, promoting emotional well-being. According to Hayes et al. (2020), social and academic competence is needed to prevent, reduce, and treat behavioural and emotional problems in young children. The focus is on strengthening parent-child interactions and attachments. In the classroom, the teacher emphasises the child's understanding and expression of feelings, anger management, friendship and communication skills, emotional regulation, and school readiness. The keywords identified for this programme include '*relationships, communication, self, acceptance, change*', which link to 'self-world capacity' components**: solidity of self**, **self-other-world**, and **connect/disconnect**. The

programme focuses on communicating how expressing your feelings can sometimes require confidence. However, understanding why you feel the way you do requires a sense of self.

The Mindfulness in Schools Programme (MiSP) learning involves directing attention to immediate experiences with an open mind. Teacher-led in developing students' ability to undertake mindfulness, breathwork, and present-moment thinking. MiSP was selected for use in the My Resilience in Adolescence (MYRIAD) programme in 2015, as evidence of its ease of transferability across age groups (MYRIAD, 2008). The first MiSP, called 'stop, breathe, and be', involved learning to sit still and watch the breath, to be aware of different body parts, to walk mindfully, and to become more aware of how the body feels under stress. This programme is linked to keywords *such as 'present, change, acceptance',* key components of the **self-other-world**. When you can use mindfulness as a skill, you can reflect on yourself and set boundaries, which helps you develop unconditional love for yourself. Mindfulness helps students feel present, accept who they are and how they can change, and calm their bodies (Zenner et al., 2014). The keywords for these actions are '*boundaries',* which link to **agency** and '*compassion* and *self',* which link to a **sense of purpose**, both components of the 'self-world capacity'.

Learning Together is a whole-school programme designed to enhance the school environment, reduce bullying and aggression, and promote student health and well-being (Bonell et al., 2018). Use of restorative practice embedded in regular classes. This includes circle time, the use of restorative language, and the implementation of an enhanced, skills-based social-emotional curriculum. The restorative practice in the programme aims to manage emotions and social relationships. The keywords '*relationships* and *behaviours'* from the **connect/disconnect** component of 'self-world capacity' are linked in this programme about conflict communication. Additionally, linked keywords include '*change'* and '*communication'*, which relate to the 'self-world capacity'

component of the **solidity of self**, as students learn to change and communicate effectively in social relationships.

The 'self-world capacity', with its five components, offers a multi-component approach to MHWB, facilitating a scaffold for a knowledge and skills-based curriculum that supports primary-aged students. A psychological approach, utilising chosen theories relevant to the students, would employ the 'self-world capacity' scaffold, with its multi-component structure, to deliver an acceptable and feasible intervention for primary school students in the Year 5 age range as part of a PSHE curriculum. The process of designing an intervention is complex. However, the 'self-world capacity' components provide a suitable framework.

3.3 The Development of 'A Little Bit of Psychology'

3.3.1 Rationale for the Development of the 'A Little Bit of Psychology' Programme

The rationale for developing the 'A Little Bit of Psychology'(ALBOP) programme was to support students' MHWB with a multi-component intervention, given that UK interventions typically employ only one to three components at most, rather than a comprehensive multi-component approach to supporting children's mental health and well-being in schools. The King's Trust Youth Index 2021 found that nearly a quarter of young people believe life is significantly more challenging for them, particularly since the COVID-19 lockdown (King's Trust, 2021). This underscores the pressing need for evidence-based interventions in schools to support children and young people as they spend a significant portion of their formative years in a safe, secure, and inclusive environment.

The narrative review discussed how many school interventions have improved mental health and well-being, including social and emotional communication, behaviours, resilience, and self-esteem. However, some school interventions have not improved student outcomes (O'Reilly et al., 2018b). In 2021, the EEF published a booklet titled 'Guidance on Improving Social and Emotional Learning in Primary Schools' (EEF, 2021). The guidance focuses on practical solutions derived from research to support students' social and emotional learning. For example, when students experience anger, frustration, or sadness, they can learn calming strategies, positive self-talk, and effective goal-setting techniques. The guidance encourages schools to review their social and emotional learning (SEL) provision and incorporate the best guidance for their school and students. CASEL[6] guidance recommends various programmes that support MHWB. However, upon examination, the programmes are mainly from the USA, and teachers have found that the language used in these programmes can confuse students (Humphrey et al., 2016).

The researcher's experience as a teacher and school leader has led to recognition that teachers' time is limited. This was at the forefront of providing an intervention programme to schools that was easy for staff to access and fun for students. The researcher envisioned a multi-sensory programme with video content and activities that involved art, discussions, and role-plays. Formulating lessons that were practical and accessible within 30-minute sessions, while integrating psychological theories and working within the constraints of safeguarding students, was a significant challenge.

The research study aimed to determine the acceptability and feasibility of a school intervention to support primary school children's mental health and well-being, potentially as part of

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[6] https://casel.org/

the PSHE curriculum. The acceptability and feasibility of the school intervention, as defined in Chapter 1 and earlier in this chapter, involve a designed intervention that explores the use of psychology as a teaching subject in a modified form through the scaffolding of the 'self-world capacity'. These objectives were crucial in guiding the programme's research and development. However, the researcher's experience in teaching and counselling young children was a strong motivator in developing the ALBOP programme. Although therapy was not part of the intervention programme, the knowledge gained, discussions, and role-plays could enable the children to examine more closely how they perceive and value themselves. In the short term, it is hoped that this may help support them as they transition from Year 6 to Year 7 in secondary school. This programme could be further developed to provide a more comprehensive knowledge and skills base for later years by expanding to include more recent theories, such as compassion therapy. Following a pilot programme with diverse socio-economic communities and neurodiverse children, there may be an opportunity to adapt the programme to address participants' varying needs.

3.3.2   Conceptualisation and Content Development

As stated in the introduction, the concept of a school intervention being acceptable and feasible to support mental health and well-being for primary students arose when the researcher was teaching individual primary-aged students who were struggling to access their learning due to various mental health issues such as anxiety, relationship fallouts and social communication in general. As a fully qualified teacher and student counsellor, the researcher introduced relevant psychological theories to address the problems they were experiencing. Although the number of students was low, school staff began to notice differences in some students' behaviour, and the students themselves reported feeling better about themselves and noticing positive changes in their

behaviour in class. Some of these students were neurodiverse and found the skills and knowledge helpful in understanding how their emotions, feeling and thoughts influenced their behaviours.

In developing the logic model discussed in Chapter 1, the researcher considered its underlying assumptions when drafting the model for this study. The understanding is that the 'self-world capacity' with its five components was to support students through a knowledge and skills curriculum to support their mental health, not to address mental health difficulties, but to help them understand what is happening in their minds and bodies, thereby supporting self-regulation. The researcher designed a multi-component school intervention to develop knowledge and skills, combining 'self-world capacity' components and examining their relationships with psychological theories. The primary purpose of the intervention was to deliver it to young students in class, either as a stand-alone topic to support PSHE or as an additional subject, such as psychology, which is not currently taught in UK primary schools.

The researcher considered that a whole-school, multi-component intervention would be visually stimulating and appropriate for children aged 10- to 11-years-old, engaging them in learning through discussion and role-plays. Engaging evidence-based teaching practices (AERO, 2023) that support working with students' extended and short-term memory suggest management steps, including guidance, opportunities for feedback, discussions, and opportunities to practice. This approach found that students gain efficacy, which in turn affects their learning outcomes. The nine-week lessons included a short video tutorial that introduced the topic and explored the psychological theory through a range of real-life experiences students could relate to, often school-related experiences they had themselves. There was a focus on ease of use and understanding for all children and adults involved.

A comprehensive risk assessment was completed (see Appendix C), including an evaluation of the need for an in-house school counsellor or listener to ensure that ethical practices are in place to safeguard students who might need to explore their emotions outside the classroom. The risk assessment aimed to identify potential risks before, during, and after the programme in the participating schools. Any identified risk must have an action plan to address it, along with an assessment of its impact, so that the programme is safe and free of issues that could harm participants in the study or anyone coming into contact with it. An example of a risk would be: 'Has support been put in place to provide for those children who wish to have deeper conversations?' The risk issue here is that during the programme, there may be triggers to past trauma with children gaining knowledge and skills in the intervention, and this may cause feelings of sadness or difficult emotions and behaviours. There needs to be a discussion with staff on the issues for themselves and others involved in the intervention as sometimes learning about the mind and body can cause us to think about past and present events which make us feel sad and in some cases this can trigger unwanted feelings, thoughts, emotions and behaviours so for this reason a school counsellor or listener was present each week during the whole period of the intervention to ensure everyone felt safe and supported. Any disclosure will be handled in accordance with the school's usual child protection and safeguarding procedures. Providing fully qualified counsellors/listeners, bound by their ethical practices and registered with their respective professional bodies, reduces the risk to vulnerable children. It provides the school with a mechanism for safeguarding and child protection.

3.3.3   Development of Programme Structure and Resources

The steps involved in designing and implementing the ALBOP programme for schools;

- By brainstorming, links emerge between the SWC components and psychological theories

- Designing students' SWC questionnaire with the SWC components and psychological theories

- Designing the lesson plans for the nine weeks with a topic related to the components and psychological theories

- Designing video clips using the CANVA programme

- Writing text for the video clips for voiceover

- Record a voiceover and match it up with slides

- Write up activities for lessons and design and prepare resource worksheets for students

These brainstorming notes (see Table 3.5) were the first links to 'self-world capacity', utilising the theories that informed its multi-component approach.

Table 3-5

Brainstormed Links Between the SWC Components and Psychological Theories

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Self-Other-World-Focus
(The extent to which we primarily focus on ourselves or have a broader, more inclusive sense of self)

Gestalt therapy aims to help individuals become aware of significant sensations within themselves and their environment, enabling them to respond fully and reasonably to situations.

The aim of the self-other-world focus using Gestalt is to help children become aware of what they are doing, how they are doing it, and how they can change themselves, while also learning to accept and value themselves and others. They would be taught the skills and knowledge to understand where they fit in this world, in the present, without worrying about the past or the future. This would hopefully be a grounding experience, laying the groundwork for self-awareness. They would have knowledge and skills they can refer to whenever they are confused, worried, or anxious. This would build on mindfulness skills taught in earlier years—being aware in the present moment of everything around them, including their thoughts, feelings, and emotions.

> *"Whatever you are doing, ask yourself, -*
> *What is the state of my mind?" – Dalai Lama, 1999*

Connect or Disconnect
(Having a sense of connection with others and the world more broadly).

Attachment Theory – John Bowlby and Mary Ainsworth explored attachment as a significant emotional bond between a child and their primary caregiver. This early attachment, formed with warmth and love by the primary caregiver, helps the infant develop healthy emotions. This influence fosters trust in others, promotes self-awareness, and prompts reflection on their needs, ultimately enabling them to ask for help.

Should children be taught about the significance and impact of having a warm, loving parent caregiver? How would this impact their future relationships? Would it be possible to share with children that relationships with others are formed by their experiences—that attachment to others and their significance in their lives affects their well-being? Some things to consider are dependence on others, examining patterns of behaviour, fear, self-awareness, anxiousness, self-compassion, and accepting others and oneself. Building on mindfulness skills developed in earlier years, children recognise that everything, including our relationships with others, is changeable. Having worked to discover their true selves, children will hopefully develop self-awareness to examine their life stories further.

Table 3.5 continued

Brainstormed Links Between the SWC Components and Psychological Theories

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Solidity of Self
(Fixed self or a changeable and transient sense of self).

Transactional Analysis (TA) is a theory that allows us to understand how we behave psychologically in various situations. It is a theory of how we communicate. It explains how, as children, we have experiences that can lead us to create a 'life script,' which, in later life, can become an issue, both behavioural and/or psychological. Through the ego-state model, Parent (P), Adult (A), and Child (C).

Teaching children that we are not 'fixed' and that we have many opportunities to change who we are may be a relief for some, particularly those with low self-esteem and/or little confidence. Teaching the TA life script would enable children to understand better their own life script, its potential impact on them, and how to recognise related patterns and behaviours. Teaching about ego-states would help them recognise communication patterns – not being an adult does not necessarily mean they cannot relate to this ego state; being an adult in a communication may well be a situation where the child is self-regulated.

Learning how to be a child, a parent, and an adult may help them become more regulated once they can recognise the theory in action. This is the transient part, moving from one ego state to another.
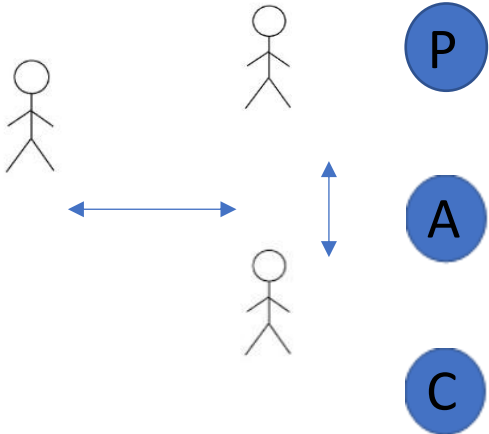
Table 3.5 continued

Brainstormed Links Between the SWC Components and Psychological Theories

<div style="border:1px solid black;">

Sense of Purpose Locus

(Having a sense of purpose focused on self or a broader self-transcending locus.

Carl Rogers and Maslow – Person-centred approach, including the 'Internal Locus of Evaluation'. Understanding the authentic 'Intrinsic Self' and the 'organismic' self, and the impact of unconditional positive regard and Maslow's self-actualisation theory. Eric Berne's Life Script (TA)

We must learn to be fully open to experiences, to live in the present moment, and to understand that we can trust ourselves, make decisions, and take responsibility for our choices. We are entitled to treat ourselves with kindness, compassion, and, most of all, unconditional positive regard. We will then come to know and understand the authentic self, leading to self-actualisation.

The early years of mindfulness study, focusing on skills such as staying in the present moment, will provide a foundation for further learning in later years.
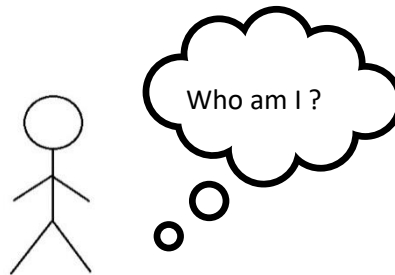
Who am I ?

</div>

Table 3.5 continued
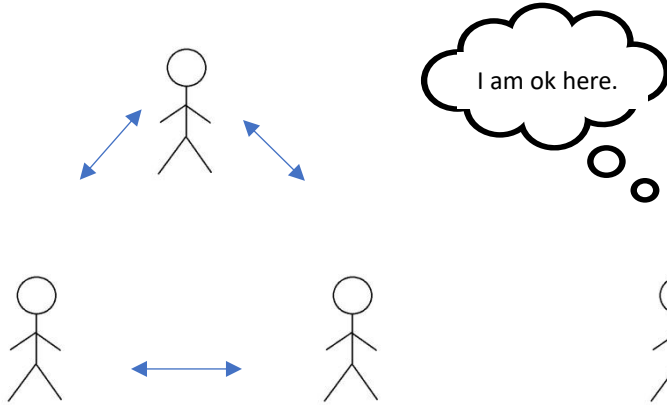
Brainstormed Links Between the SWC Components and Psychological Theories

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Agency
(being able to control who we are and whom we aspire to be)

Karpman - Drama Triangle - Involving a continuing series of complementary and reciprocal transactions which look honest but are not. Often, messages are concealed in social transactions driven by personal trauma, hidden agendas and ulterior motives.

We often discuss the importance of setting boundaries to self-regulate and care for ourselves. We are all entitled to personal agency, the right to determine our destiny. Teaching the drama triangle to children would allow them to understand how we sometimes get pulled in different directions and move away from our true selves. This can unintentionally cause conflict for us and others. It can lead to guilt and shame, which often persist and prevent us from being happy. It can also sometimes lead to low self-esteem and a lack of confidence.

The mindfulness skills would provide a foundation for children to use when being open to exploring the concepts of difficult situations they sometimes encounter, whether with friends or relatives. The skills would provide a buffer when feelings and thoughts begin to surface, whether in a discussion or role-play, as part of the learning.

I am ok here.

The researcher began by understanding each component of the 'self-world capacity',

identifying the relevant psychological theory, and then using the links to determine a lesson's focus.

Additionally, using a matrix, the researcher identified the 'self-world capacity' and a psychological theory that supported the individual component; they then tailored the questions to link the capacity component with the relevant theory. This was to ensure there was a provision for measuring the outcomes of the intervention programme, as discussed in the methodology chapter. The researcher used a matrix to design the student questionnaire on 'self-world capacity' and psychological theories. (see Table 3.6)

Table 3-6

Matrix for the Development of the SWC Student Survey
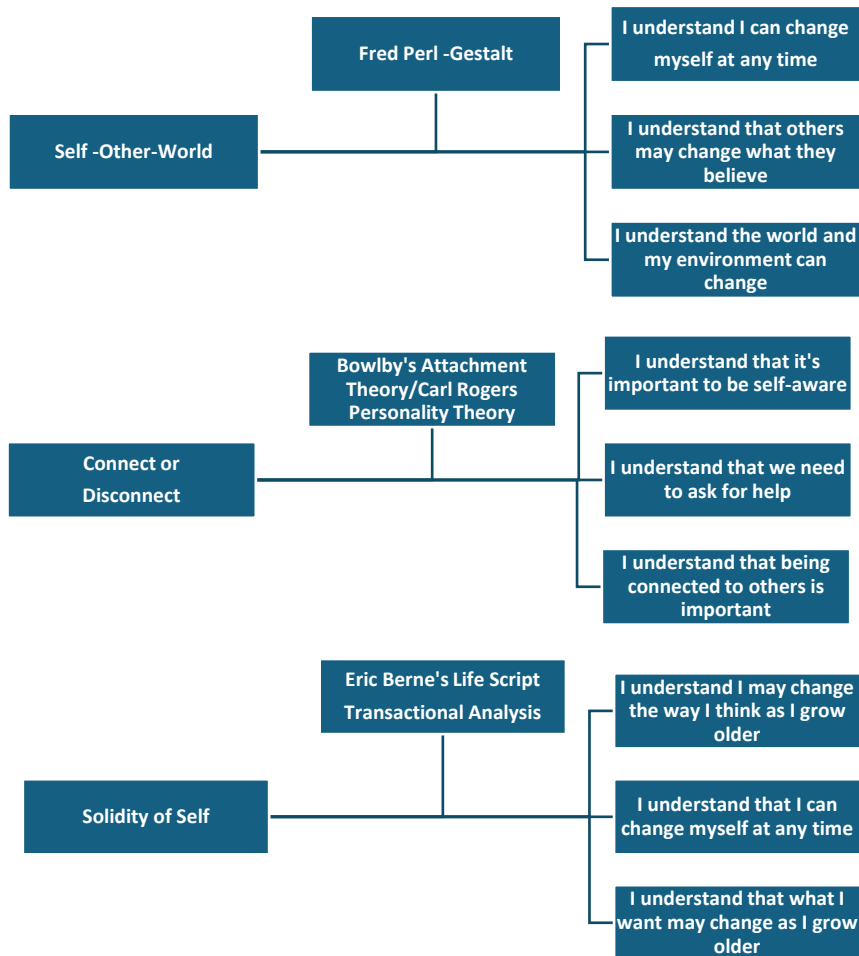
Table 3.6 continued

Matrix for the Development of the SC Student Questionnaire
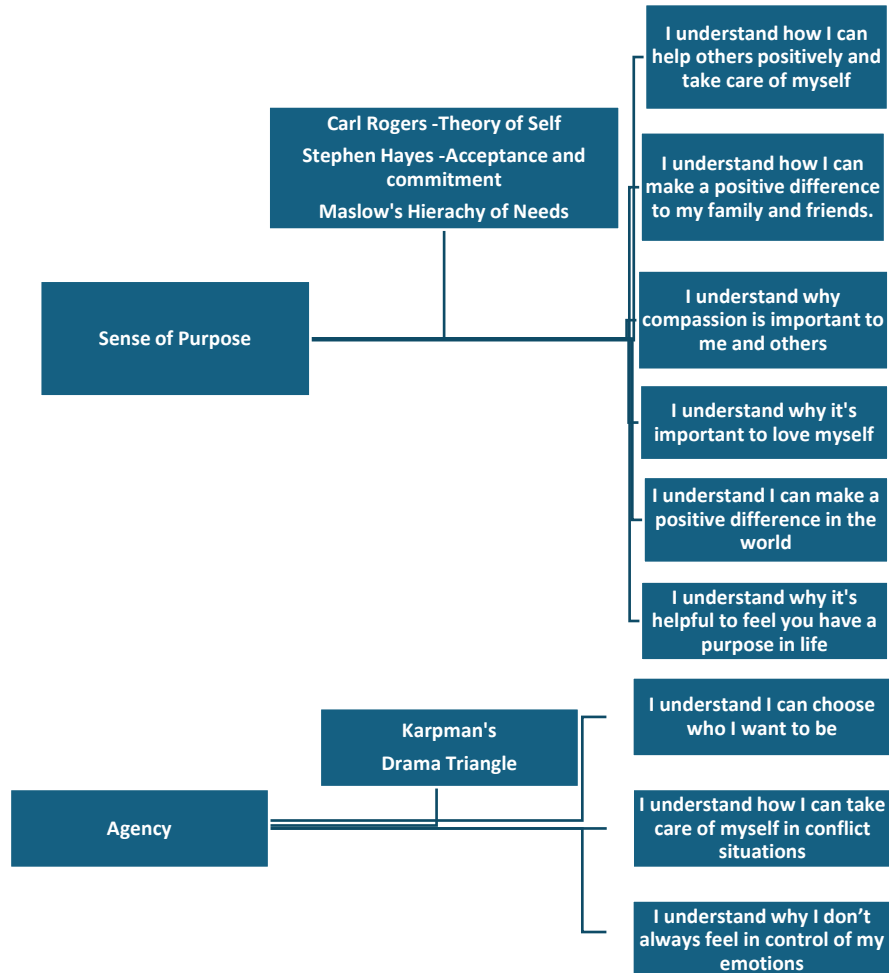
A lesson plan was drafted for each lesson (see Appendix D); the introduction outlined the main aims and what to expect. This was followed by the primary input, which introduced the psychological theory and was reinforced with a recap of the lesson's key points. The lesson plan included activities, prepared resources, and resources that the teacher needed to provide.

The researcher created the images using CANVA, an online graphic design platform, and Giphy, an online database of animated characters, to align with the lesson's content in each video.

An example of a slide is shown below (Fig. 3.2). The design of the video clips was sensitive, as it was essential to consider the students' age group and ensure the language was suitable and appropriate for them. Since there would be only one set of video clips, presented in any school in the UK, they needed to be suitable for a varied student audience.

Figure 3-1

An Example of a Slide from the Intervention Programme
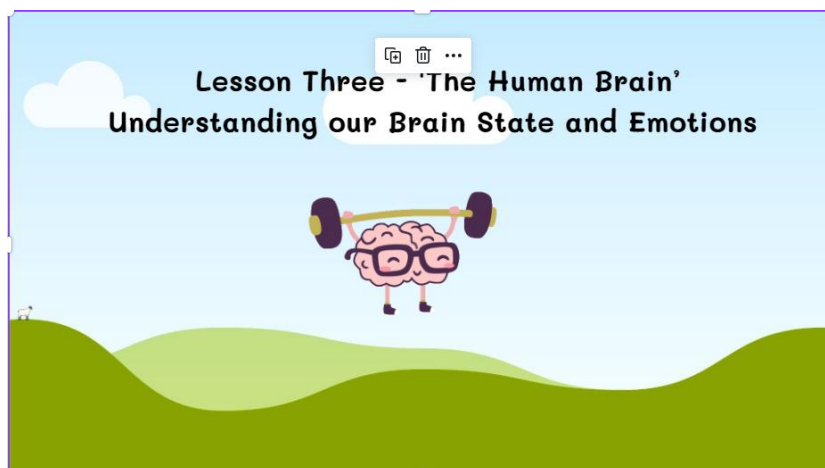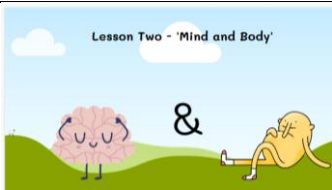
The video clips were designed, and the commentary script for each slide was adapted to match the video's action (see Appendix E). The commentary script was reviewed and adapted several times to ensure it aligned with the video and characters and conveyed the information effectively.

Once the slides for each lesson had been designed, a voiceover was sought, but this proved challenging, as the researcher had to outsource the task. However, a volunteer came forward. As they trained for voiceover work, they could record the voiceover in a studio, using prepared dialogue alongside each slide. The dialogue explains the characters' actions and the learning message relating to the psychological theory.

Once the video had been prepared, the lesson activities were developed. These activities included role-plays using dialogue, question-and-answer sessions, and creating artwork. All the activities had a purpose related to the lesson content, as observed in the video session. Some activities were individual, and some were designed for group work. The researcher intended some flexibility for the teacher delivering the lessons. This allowed some lessons to be extended or shortened depending on the class's needs and the lesson, with a choice between group and individual activities. The researcher provided lesson activities and their instructions in the lesson planning (see Appendix D). The first lesson introduced the aims of the ALBOP programme over the nine weeks, a second and third lesson focused on the effects of emotions on the mind and body and three parts of the brain, with the five components of the 'self-world capacity' with their psychological theories following on, with each video having a recall at the end of the video (see Fig. 3.2).

Figure 3-2

The Lesson Plan Overview

Week 1	
Introduction – outlining the aims and the SWC questionnaire, which the student completes at the start and end of the nine-week intervention. This informs the students that they can watch, listen, and participate in activities over eight weeks, and revisit anything they want.	

Week 2	
This lesson focuses on how the mind and body work together and how they react in certain situations. It introduces the hormones adrenaline, cortisol, and serotonin, which act like hormones. The lesson teaches students how to care for their minds and bodies.	

Week 3	
This lesson introduces the three parts of the brain and their essential roles. It explains the fight, flight, and freeze response, the window of tolerance, hypoarousal, and hyperarousal, and what these concepts mean for us all.	

Week 4	
This lesson examines how we can alter our perception, whether it is acceptable, and the reasons behind it.	

Week 5	
This lesson introduces the drama triangle and explains how we can change our roles and achieve a better outcome by moving to a more favourable position in it.	

Week 6	
This lesson explores attachment, focusing on 'connected to others' to understand what that means for us—encompassing listening, gesturing, responding, reflecting, and being empathetic, patient, genuine, and nonjudgmental.	

Week 7	
This lesson discusses the 'Life script' and how we often make choices about our lives, especially when we are very young, and we can change those choices if we want to.	

Week 8	
This lesson is the first of two on Purpose and how we can be our authentic selves by being compassionate with ourselves.	

Week 9	
The second lesson on 'Purpose' examines Maslow's Hierarchy of Needs and how we can find our true purpose as individuals. The lesson can conclude with the second SWC questionnaire, or an additional week can be added to revisit topics before taking the second questionnaire.	

Other Information: At the end of each lesson, a signal is given to stop the video, allow activities to take place, and then resume the video for the lesson summary.

Activities: Several individual and group activities are available for neurodiverse students. The activities reinforce the skills and knowledge viewed in the video. The lesson is designed to last 30 minutes, but can be adjusted to accommodate various activities.

Research evidence indicates that when teachers have well-prepared and well-managed resources during lessons, and lessons are well-paced, fit for purpose, and tailored to students' needs, those students receive the highest ratings for self-reliance (Siraj et al., 2014). For the intervention to be acceptable and feasible, the content and its resources needed to be understood by all students and teachers, with provision for students to ask questions and experience learning through a multi-sensory approach.

3.3.4   *Phases of Development of the Intervention*

Phase 1 Coordination Development Group. The researcher decided a three-phase approach was necessary to provide a credible, reliable, and valid intervention. The first phase is an exploratory exercise with teachers, counsellors, and special needs teachers through a coordination development group (CDG). The CDG consisted of two school counsellors, two special-needs teachers, and two class teachers. The aim was to explore the material provided in the programme, which includes short videos, lesson plans, resources, and measurement data documents. The lesson plan identified learning questions and aims, resources provided and required, pre-elicitation teaching, introduction, activities for individual and group work, provision for diversity, and summaries. The CDG met for a short video session over four weeks, during which they discussed the material under review. This provided both positive and negative feedback, along with suggestions for improvement and reflections on participants' perceptions of the programme, which are discussed in the methodology chapter of this study. This helped to ensure the programme was appropriate and ethically safe for the next stage. It was an essential part of the development process, as it was the first feedback from professionals working daily with children and young people in schools. Their experience working with children in the class, given their level of understanding, was significant, particularly through videos exploring new psychological theories. The researcher had to consider the practicalities of the activities, including students working individually and in groups, and students from diverse environments with varied experiences. The programme required surveys, questionnaires, interviews, focus groups, and a comprehensive risk evaluation (see Appendix C). Ethical approval was obtained from the University of York authorities.

Phase 1 allowed the CDG to scrutinise the video clips and dialogue. Feedback was noted, and the video and dialogue were adapted. For example, the first dialogue for the video clips included

words related to the parts of the brain, which were categorised as reptilian, mammalian, and neocortex. After discussions with the CDG, these terms evolved to represent a dinosaur brain, a feeling-and-emotions brain, and a thinking (or learning) brain. It was discussed in the CDG whether students at 10- to 11-years-old would understand the hormone names cortisol and adrenaline; the CDG decided that they felt students could familiarise themselves with these names, and so the researcher felt confident this was acceptable, and feedback from the teachers in participating in the study also felt they were acceptable.

Phase 2 Pilot Stage. Phase 2 was the pilot stage, where a local school volunteered to try the programme in the spring term of the academic year. However, due to the impact of COVID-19, students and staff needed to get back into routine, and with a demanding catch-up curriculum, the school decided it could not support a nine-week programme. It was too late to establish an alternative school, so it was decided to push ahead with Phase 3 in the summer term.

Phase 3: Engaging Primary Schools with ALBOP.

Phase 3 involved several primary schools trialling the ALBOP programme for 9 weeks in the classroom, with training and data collection weeks on either side. The researcher received support from a large academy. It emailed out an information sheet on the project to all its primary schools in England. As a result of this introduction, several schools contacted the researcher.

The next stage was to set up training with the teachers so they could understand and deliver the programme to the Year 5 students in both the control and intervention groups. The researcher also arranged access to the programme, including videos, activities, resources, and planning through Google Drive. During Phase 3, the researcher met with the school class teachers, who participated in

the intervention and control groups via Zoom, as this method was easy and comfortable for the

teachers. Recruiting schools was challenging: the researcher approached many schools, but only

when an academy came forward could the researcher find schools willing to participate in the study.

The schools' volunteering also determined the geographic and economic areas. A review of the

study's sampling process is discussed in the methodology chapter.

3.4   Conclusion in the Design of 'A Little Bit of Psychology'.

The development of the ALBOP programme would not have been possible without the

multi-components of the 'self-world capacity'. The capacity's scaffolding plays an essential role in

the feasibility and acceptability of the intervention programme. Taking each component and

examining its contribution to supporting students' mental health and well-being provides a base that

can be modified with this intervention programme and possibly with others. Research would

determine whether 'self-world capacity' is not age-specific and could serve as a basis for students

younger or older than those in this study. Linking psychological theories to the 'self-world capacity'

provides students with content on knowledge and skills, delivered in a fun and comprehensible way.

However, more importantly, it may have led the students to consider other aspects of the 'self' they

had not considered before.

Research Methodology Tree

Methods

(details of exactly how we collect data)

Methodology

(how we should best collect data)

Epistemology

(how we should investigate the world)

Ontology

(how we view the world)

Lifeasabutterfly
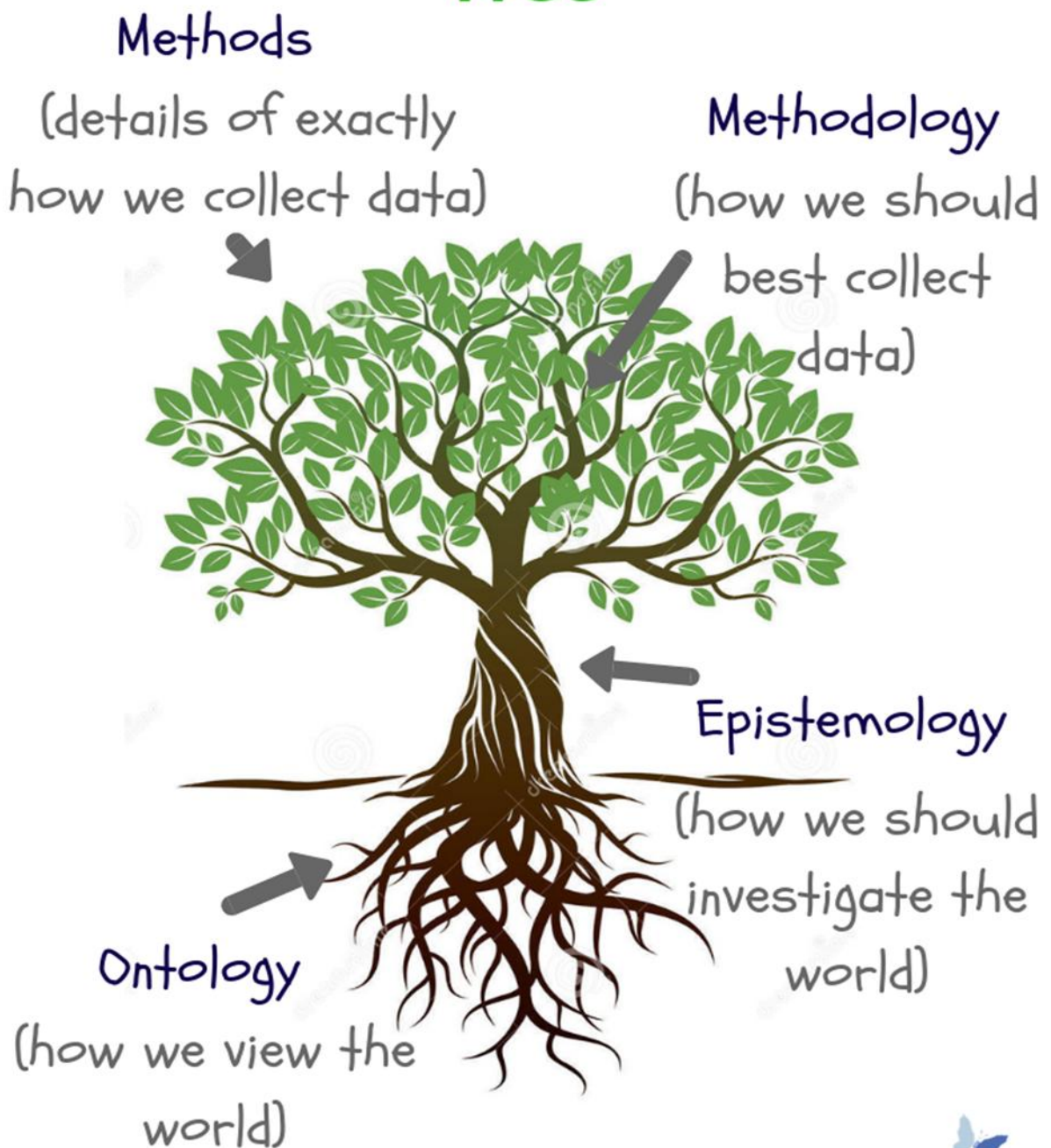
4.   Methodology

4.1   Chapter Overview

Methodology is the key to how researchers acquire knowledge about the world they live in. It is not just about analysing the data they collect but also about understanding how they collect it and recognising what is worth knowing (Scott, 2014). The methodology chapter in this thesis explains the researcher's methods and the reasons behind their decisions. It starts by outlining the development of the research methodology from the initial submission of the study proposal to the final research analysis. The process was guided by the researcher's epistemological and ontological stance, which played a pivotal role in shaping the rationale for the research design and methods. The research approach, in turn, led to a theoretical framework encompassing an inductive narrative review to develop empirical generalisations about providing mental health and well-being (MHWB) school interventions for students in primary schools. This 'bottom-up approach' led to the theory that a multi-component MHWB school intervention could be developed as a contribution to the Year 5 PSHE (Personal, Social, Health and Economic Education) curriculum. This led to deductive research (Fife & Gossner, 2024), which employed a mixed methods approach to data collection to explore the acceptability and feasibility of the 'self-world capacity' intervention programme in primary schools. The chapter outlines the research strategy, including information on the intervention and its measurement, the involvement of Year 5 students, school staff, and parents, ethical considerations, data collection, and analysis methods.

4.2   Introduction

Before this study, the researcher embarked on a personal journey deeply intertwined with the subject matter. This journey involved working closely with students who were grappling with mental health issues. During this time, to support the student's understanding of their feelings and emotions, the researcher, as a teacher, explained to the students, ensuring the language was appropriate to their age group, various psychological theories, such as Stephen Karpman's 'The Drama Triangle' (Karpmen,1968) which is a theory on how to try and avoid getting drawn into situations where you might end up becoming a rescuer, perpetrator or victim. The researcher observed a significant shift in students' understanding of their own emotions and those of others. The students told the researcher that their newfound understanding had helped them think more about how they were feeling and how they reacted to situations that made them uncomfortable. The students said they began to recognise that they could change their behaviours, leading to better outcomes for themselves and others. This personal experience prompted the researcher to ask: Why aren't certain aspects of psychology taught to younger students? Could this knowledge serve as a foundation for developing self-regulation skills?

Self-regulation is the ability to manage emotions and behaviour in response to situational demands (Baumeister & Vohs, 2004). Self-regulation is crucial for children in supporting their MHWB from primary to secondary school, as both cognitive and emotional functions, whether voluntary or automatic, require regulation. Lewis and Todd (2007) aptly describe the self-regulation process:

'A classic example of regulation is thus a thermostat. The furnace is not something you want to stay on, nor to turn on and off haphazardly. It is something you want to control, regulate, make regular.' (Lewis & Todd, 2007 p407)

The researcher sought to establish whether there was a provision for an intervention that encompassed aspects of psychology from behavioural theorists to support understanding of how the mind and body work together, thereby facilitating the self-regulation of students' emotions and behaviours. Ideally, the intervention would comprise several theories, incorporating knowledge and skills to support MHWB in primary schools. The questions led to a PhD proposal for a small-scale research study that explored possible psychological theories for an intervention to support students' mental health and well-being. During the exploratory phase of the research study, the researcher opted for a scoping review rather than a systematic review, as there was no meaningful question to answer at the outset, as is typically the case in a systematic review (Munn et al., 2018a). At the start of the research study, the researcher sought specific characteristics, such as teaching psychology in primary schools. The search strategy focused on 'what interventions do schools have for mental health and well-being' and whether psychology had been included as a subject. A substantive scoping review found that school interventions to support students' MHWB in primary school tended to address only one or two issues at a time, such as bullying or anxiety (Werner-Seidler et al., 2017). Evidence also suggested that researchers argued for a more multi-component approach to MHWB interventions, as discussed in Chapter 2.

During a discussion with the researcher's supervisor, the researcher was introduced to the concept of 'self-world capacity' (Dorjee, 2021), comprising five components that support self-regulation. This led to a narrowing of the scope of the review and the theoretical research question: 'To what extent do primary school MHWB interventions target the components of a 'self-world capacity'?' Through a brainstorming exercise, the five components of 'self-world capacity' were identified as a multi-component approach, and the researcher identified associations between the components of 'self-world capacity' and specific psychological theories. The researcher designed an intervention to help students acquire knowledge and skills through teaching and learning, thereby

supporting self-regulation. The linking of the components and theories is discussed in Chapter 6. The scoping review identified interventions that lacked a multi-component approach, as discussed in the narrative review of this paper, which enabled the evolution of the research question 'Is an intervention fostering the components of a 'self-world capacity' acceptable and feasible to deliver in primary schools to support students' MHWB?'.

4.3   Research Philosophy

At the outset of any research project, philosophical considerations in epistemology and ontology inform the theoretical perspective, shaping the research methodology and subsequent methods (Willig, 2019a). The researcher knew their ontological and epistemological position as a counsellor and teacher. The researcher needed to be aware of any assumptions about what there was to know about humans and the world they all live in, and how the researcher came to make those assumptions, considering the belief system they gathered from their own and others' experiences and in addition, how they learnt to understand those beliefs and learn from them (Morgan, 2007). As the researcher believed the research was important for students' MHWB, they sought to investigate whether an intervention could provide a multi-component approach using the 'self-world capacity' components.

Therefore, with an epistemological view of the research and its limitations, the researcher needed to develop a reflective awareness of any assumptions about what is known in this research and how they came to know about the knowledge gained (Willig, 2019b). The epistemology of this research study leads to what is said about the data and how its meaning is theorised (Braun & Clarke, 2006). The primary research paradigms within the theoretical perspective, each operating under different ontological and epistemological assumptions, are positivism, interpretivism, realism,

and pragmatism (Park et al., 2020). Positivism is a paradigm that focuses on measurement and

reason, seeking accurate knowledge through neutral, measurable observation of actions

(Alharahsheh et al., 2020). In contrast, interpretivism focuses on people's thoughts and ideas in

relation to their social and cultural factors. It assumes that reality is subjective, so interpretive

approaches focus on questioning and observation to gather a rich understanding of what is being

investigated (Thanh & Thanh, 2015). Positivism is often associated with quantitative data collection

methods, whereas interpretivism is associated with qualitative methods (Saunders & Bezzina, 2015).

Whether direct or critical, realism research philosophy relies on reality being independent of the

human mind, direct realism focuses on 'What you see is what you get' (Saunders et al., 2019) with a

reliance on the human senses; however, in critical realism, there is an understanding that although

reality exists independent of human senses and cannot be observed, we can observe it through

perceptions and experiences (Bhaskar, 2020). Therefore, it is possible that 'what you see is not what

you get.' The discrepancy between reality and what we observe can stem from deeper systemic

issues or inequalities.

The researcher believes that positivism, interpretivism, and pragmatism are integral to the

theoretical framework that supports and addresses the research question. The positivist view is that

empirical research is based on measurement and observation (Park et al., 2020), a hypothetic-

deductive method which works alongside a deductive quantitative approach. In this thesis,

questionnaires are used to assess knowledge and skills related to students' mental health and well-

being (Cacioppo et al., 2004). The researcher believes there is also a potential argument that the

qualitative approach in this study, with its observational student focus groups and teacher

interviews, where the researcher has aimed to be as objective and controlled in its qualitative

methods, also fits the positivist paradigm, as the researcher seeks to establish the objective truth

with internal validity and reliability, whilst external validity may be questionable in this study, as discussed later in the discussion chapter (Kivunja & Kuyini, 2017).

Interpretivism emphasises the influence of social and cultural factors on individuals (Leavy, 2022). In this case, the researcher employed a qualitative approach, holistically reviewing the data and encompassing participants' actions, thoughts, and meanings. This supported the qualitative data in developing themes and codes for the reflexive thematic analysis.

Pragmatism emphasises the importance of using the best tools to investigate data, and in this study, it addressed its different aspects through its philosophical traditions. For qualitative data, this means the researcher's involvement and subjectivity when analysing the study's data, which is suited to a reflexive thematic approach (Morgan, 2007; Saunders et al., 2019). For quantitative data, SPSS[7] (Statistical Package for the Social Sciences) provides statistical analysis.

Establishing a theoretical framework enables us to determine the most suitable research approach. This decision informs the design of the research method. This leads to collecting and analysing the study's data so that its methodology can achieve its aims, giving the researcher confidence in the findings (Scott, 2014). The study's framework is shown in Fig. 4 .1

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[7] IBM SPSS Software

Figure 4-1

The Study's Framework Flow Chart
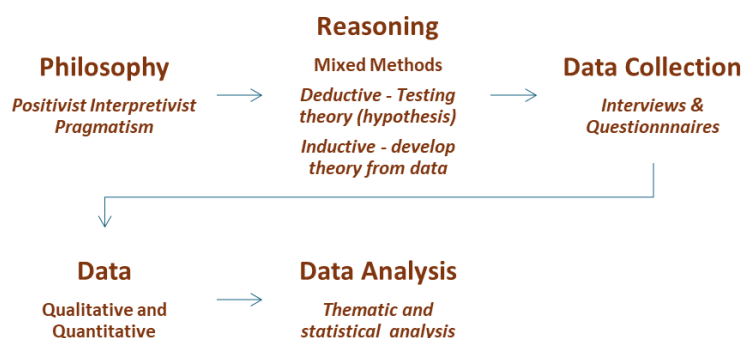
4.4   Research Approach

Research approaches inform decisions about how to answer research questions or test hypotheses, particularly in analysing the collected data. Research approaches involve both inductive and deductive approaches. There is also an abductive approach, which was not considered for this study, as it would rely on the observer in each school, potentially yielding different outcomes since each observer would interpret the information provided in the intervention differently (Saunders et al., 2019). The researcher recognises that, even with an inductive and deductive approach, inequalities persist, as each school has different cohorts and teachers with varying interpretations of the intervention, despite the researcher's efforts to establish relevant knowledge and skills in a controlled manner.

As the researcher sought to establish which interventions were being provided in schools to support MHWB and whether any of them included components of a 'self-world capacity', the research study began with a scoping review, an inductive approach. Inductive approaches involve

generating theories from the research rather than relying on an already established theory (Braun & Clarke, 2013). The scoping review identified a gap in providing schools with interventions that have a multi-component approach, focusing on the 'self-world capacity' components.

Following the narrative research, the researcher formulated a hypothesis to be tested using a deductive approach. The hypothesis in this study is 'if a school intervention incorporates all five components of the self-world capacity, then the school intervention, if acceptable and feasible, could support students' mental health and well-being'. Deductive approaches begin with a theory and build upon it through research (Proudfoot, 2023). The theory supporting this hypothesis is that students with the five components of the 'self-world capacity' within a framework of psychological theories in a knowledge and skills primary school curriculum can support students' mental health and well-being.

This enabled the research question, whether an intervention fostering the components of 'self-world capacity', a multi-component approach to MHWB as a school intervention, would be acceptable and feasible to deliver in primary schools to support students' MHWB. In addition, alongside the deductive approach in this study, an inductive approach sought insights from the collected data to develop the working theory.

The difference between inductive and deductive methods lies in how they observe reality. The inductive approach typically employs qualitative methods to identify patterns from observations, interviews, and focus groups, thereby enabling the researcher to develop a hypothesis. In contrast, deductive methods are quantitative, in which the researcher has a theory to test and verify.

Qualitative research addresses a research problem by analysing responses, formulating a general hypothesis, and gathering evidence to support the theory's effectiveness. However, quantitative research employs variables and examines their effects on one another. In this study, the variables are both time and groups. The questions in a quantitative review can be narrowed or topic-based to collect measurable data using instruments, such as surveys and questionnaires. The data are analysed using statistical methods to explore and compare relationships between groups. The advantage of quantitative data is that it allows for much quicker analysis extraction with bias and values controlled through reliability and validity scores. In qualitative research, the data typically have no variables, or at least none are identified. However, through exploratory interviews and discussions, the researcher obtained data in the form of transcribed interview scripts, observations, and participant discussions. This data was then analysed into themes through coding, ultimately leading to conclusions about the process and the research questions. The researcher adopted a relative position, acknowledging that their bias and values would influence the process. While quantitative and qualitative methods follow similar steps, they are reliable for different tools (Creswell & Gutterman, 2020; Queirós et al., 2017).

4.5   Research Strategy

The rationale, based on the study's aims for the development and choice of methods, as well as the forms in which the methodology is employed, was driven by the researcher's interest in determining how an intervention programme encompassing the components of the 'self-world capacity' for Year 5 students would support their MHWB. A cause-and-effect relationship in which the researcher provides the knowledge and skills to the students in the intervention groups: What would be the effect? By controlling variables, this study focuses on the intervention and control groups and on the periods before and after the intervention. The researcher can gather data to test

the hypothesis that the intervention was acceptable and feasible for supporting students' mental

health and well-being. For this reason, the process lent itself to a quasi-experimental design, as the

intervention programme sought to change a variable (Howitt & Cramer, 2020), namely the students'

knowledge and skills in dealing with their MHWB. A hypothesis could be formulated by assessing the

relationship between the variables before and after the intervention (Taber, 2019).

The quasi-experimental research method, aligned with the positivist research paradigm,

assumes that knowledge can be studied objectively, particularly when a quantitative approach is

employed. In addition, the inclusion of a control group strengthened the quasi-experimental design.

However, having a control group, there is always the possibility of the John Henry effect (Gammon &

Bornstein, 2018), a specific form of the Hawthorne effect, in which the control group is aware of

their participation in a study alongside their peers in the intervention group and may consequently

modify their behaviour. This is where reliance is placed on the training and design of the

intervention to negate these possibilities, as it is an assumption that these behaviours will affect the

overall results. Using control groups in a quasi-experimental research design has been a long-

standing approach since approximately the 1900s (Solomon, 1949), as control groups help rule out

that the effects of any training or intervention account for the group's results. Control groups

indicate what might occur in the absence of intervention (White & Sabarwal, 2014). The researcher

decided on a control group alongside the intervention group to increase validity and reliability,

minimise bias, and establish a cause-and-effect relationship by keeping all conditions the same

except for the variable being measured.

The study's quasi-experimental research framework, grounded in research philosophies, led

to a mixed methods research design that employed qualitative and quantitative data collection. The

mixed methods approach is both inductive and deductive, as the qualitative approach, considered a

'bottom-up' approach, is observational, and the researcher is close to the data. Through coding, emergent themes are analysed (Braun & Clarke, 2013). The deductive design, centred around the quantitative approach, relies on data to answer the research question; the researcher is more distant. The quantitative data collected through surveys and questionnaires provides a top-down approach. The mixed methods approach facilitates data triangulation by incorporating various contrasting viewpoints from the same study (Olsen, 2004).

Data triangulation aims to mitigate the limitations of each method and enhance the validity and reliability of findings in mixed methods research, which combines qualitative and quantitative approaches, by cross-validating or corroborating results across methods. This study aims to minimise bias by employing multiple methods (Creswell et al., 2003; Johnson & Onwuegbuzie, 2004). In this study, the researcher aims to use a concurrent, integrated and unified approach. Concurrent results encourage the researcher to employ different epistemic and ontological approaches combined with quantitative and qualitative methods. Erzberger and Kelle (2003) explain that the relationship between qualitative and quantitative findings can be complicated. The theoretical concepts are the triangle's points and sides (see Fig. 4.2). However, when results disagree, the researcher will be less confident (Blatchford et al., 2003). The results may be complementary or divergent.

Figure 4-2

Illustrating the Triangulating Triangle
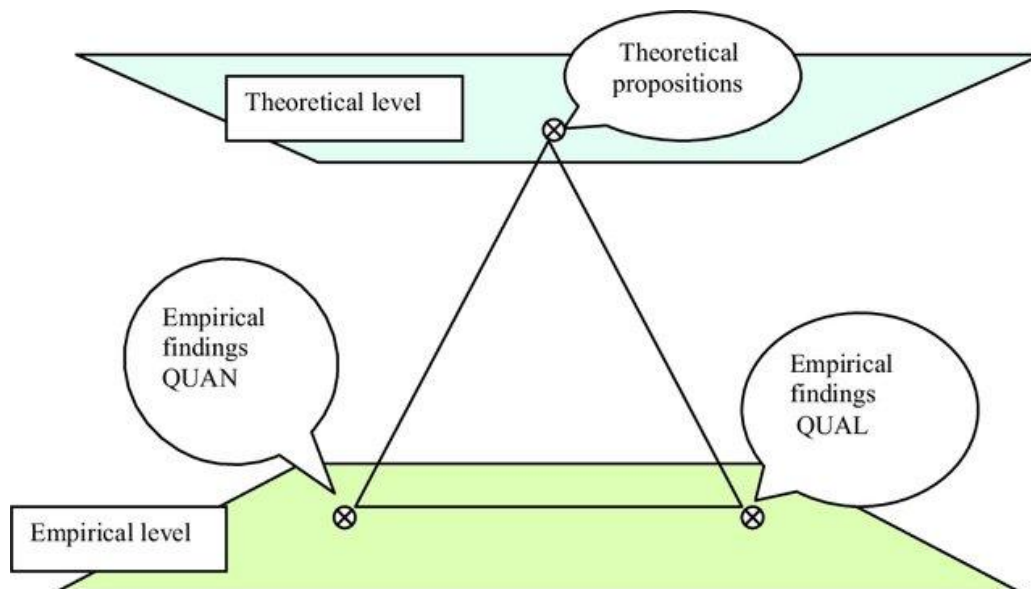
Notes: The triangle provides insight into how triangulation takes place within a theoretical and empirical research study (Erzberger & Kelle, 2003)

The researcher considered other methodologies. Action research would have been a suitable strategy for this study, as the intervention focuses on learning and is delivered practically (Leavy, 2021). However, an action research strategy does not always start with a theoretical research question before an empirical one emerges. The researcher was unaware of the empirical question at the outset of the study. However, action research would have helped inform the researcher about problems and weaknesses in the design and delivery of the intervention in a real-world setting, as it focuses on students and participants and is often employed in the social sciences, allowing for both qualitative and quantitative research. Action research is viewed as a means of changing practice rather than developing theory (Whitehead et al., 2003). This study employed a mixed methods approach with a collaborative design; the participants were the study subjects, rather than having a sense of ownership, which is not generally associated with action research. It was not possible to employ a case study approach, as it typically involves studying a single event,

person, or activity. The researcher sought to conduct a quasi-experimental design to establish a longer-term solution.

The primary focus of quasi-experimental research is either exploratory or explanatory, and this approach is often used when researchers challenge an existing theory (Yilmaz, 2013). Other methodologies, such as grounded theory and ethnographic research, were not considered because they do not align with the study's methodology. Grounded theory and ethnography rely on inductive methods with qualitative data. In contrast, a mixed methods approach was preferred to validate both qualitative and quantitative data collected during the intervention in schools. The researcher also considered dual methods as a strategy for the study, with the option of either not integrating the qualitative and quantitative data results or doubling the results. Braun and Clarke (2013) state that no approach is inherently right or wrong, as any knowledge generated is distinct and therefore will have distinct theoretical and methodological frameworks.

4.6   Research Process

In the theoretical phase, the researcher initially considered adopting a systematic review approach, selecting keywords to collate all empirical evidence on school interventions supporting MHWB in the UK, with a focus on primary schools. Systematic reviews require specific, focused questions to define search terms and specify which criteria are included or excluded (Munn et al., 2018b). At this point in the research, the researcher did not have a straightforward theoretical question and soon became aware that most available research on school interventions focused on secondary schools, many of which were not in the UK. Gathering relevant research evidence from primary school interventions led to the decision to conduct a scoping review.

As an inductive approach, the scoping review was more suited to addressing the research's needs and answering the researcher's questions about providing school interventions in primary schools to support MHWB. The scoping review is a rigorous and transparent method ideal for reviewing a body of literature and examining emerging evidence on less specific questions (Arksey & O'malley, 2005; Munn et al., 2018b). This crucial step laid the foundation for the empirical research.

The scoping review aimed to identify school interventions implemented to support MHWB in primary schools over the last 10 years. The primary focus at that time was to identify the outcomes of providing school interventions for MHWB. As a result of the scoping review, the researcher uncovered evidence from various studies suggesting that schools require a multi-component approach rather than a one- or two-component approach. The multi-component approach is directly linked to the provision of the 'self-world capacity' to support self-regulation, as discussed in Chapter 3.

In collaboration with the researcher's supervisor, the researcher was introduced to the concept of 'self-world capacity' (Dorjee, 2021), as discussed in Chapter 3, a multi-component approach to support self-regulation. The scoping review evolved into a narrative review, with the research question: To what extent do primary school mental health and well-being interventions target the components of a 'self-world capacity'? The scoping review identified the gap in providing mental health and well-being interventions with a multi-component approach. Meanwhile, the researcher began to recognise links between the multi-components of the 'self-world capacity' (Dorjee, 2021) and various psychological theories. So, the question was how the 'self-world capacity' could help primary school students and how they would access these components as an intervention in the classroom. How would this be tested? Would linking psychological theories with the multi-component approach allow a programme to deliver a comprehensive set of individual topics as a

whole 'self-world capacity' programme, thereby enhancing knowledge and skills in the primary classroom? Was this approach different from other interventions? The linking of the 'self-world capacity' components, as identified in Chapter 3, to psychological theories led to the design of a school intervention, 'A Little Bit of Psychology' (ALBOP), as a possible PSHE intervention subject in primary schools, an empirical research study. This led to a research question: Is an intervention that fosters all components of a 'self-world capacity' acceptable and feasible to deliver in primary schools to support students' MHWB? The process of arriving at the research question is outlined below (see Fig. 4.3 and Fig. 4.4)

Figure 4-3

Theoretical Questions

| To what extent do primary school mental health and well-being school interventions target the components of SWC ? | → | What is SWC? Why is it important for the mental health of young people? | → | How could SWC support long term mental health and well-being for primary children? |
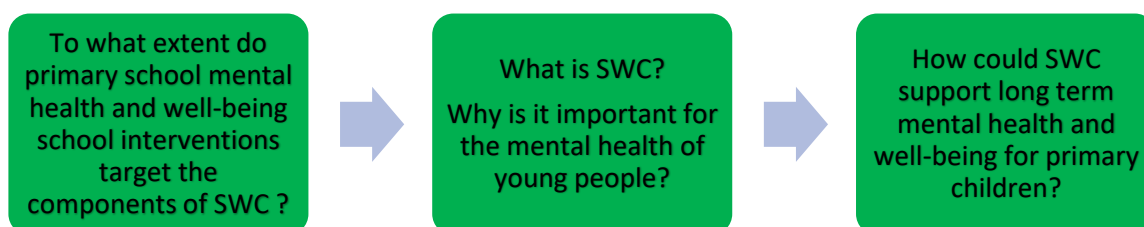
Figure 4-4

Leading to an Empirical Research Question

| Is an intervention fostering the components of SWC acceptable and feasible to deliver in primary school to support students MHWB? | ← | Would an intervention with SWC be acceptable if it were appropriate, provide the necessary knowledge and skills, easy to access and adequate to support students in their MHWB ? | ← | Would an intervention with SWC be feasible in providing teacher training, resources, addressing time constraints, considering the environment and technical needs and addressing risk? |

4.7   Research Design

Traditionally, research in the psychology of education focused on understanding and improving education through a scientific approach that would provide objective knowledge to enhance students' learning. Therefore, school statistical analysis has traditionally been measured quantitatively (Campbell et al., 2003). However, this single approach in education research does not allow participants to engage in deeper reflection when involved in research whose nuances cannot be easily quantified, which is why educational research is often considered uniquely quantitative (Yilmaz, 2013). Therefore, a high-quality research design must answer the research questions while providing a foundation for sound decision-making, procedures, and structures that enable more accessible yet balanced data analysis (Leavy, 2021).

Before selecting data collection and analysis methods in any research design, researchers must examine their philosophical assumptions, particularly those that will affect their research questions. As discussed in this chapter, the researcher is aware of their epistemological and ontological assumptions, which at the outset were the researcher's theoretical questions, which included 'what can we know' about school interventions providing an 'self-world capacity' multi-component approach to support MHWB and 'how can we know it', leading to a research question: Would an intervention be acceptable and feasible for students as part of a PSHE programme to support students MHWB? The design, therefore, had to address the researcher's philosophical positions, as discussed in the introduction of this chapter. It employed a quasi-experimental study to test the hypotheses, examining the cause-and-effect relationship between the variables, participants and pre- and post-intervention. A mixed methods approach combining quantitative and qualitative methods was designed to address the research question and to inform data collection and analysis. The researcher's epistemological position determines the study's methodology, influencing the

relationship between the participant and the researcher. This position, in turn, promotes the design method through data analysis, which will hopefully yield new knowledge to answer the research question and test the hypothesis (Carter & Little, 2007). This simple relationship is illustrated below (see Fig. 4.5).

Figure 4.5

The Simple Relationship between Epistemology, Methodology, and Method (Carter & Little, 2007).
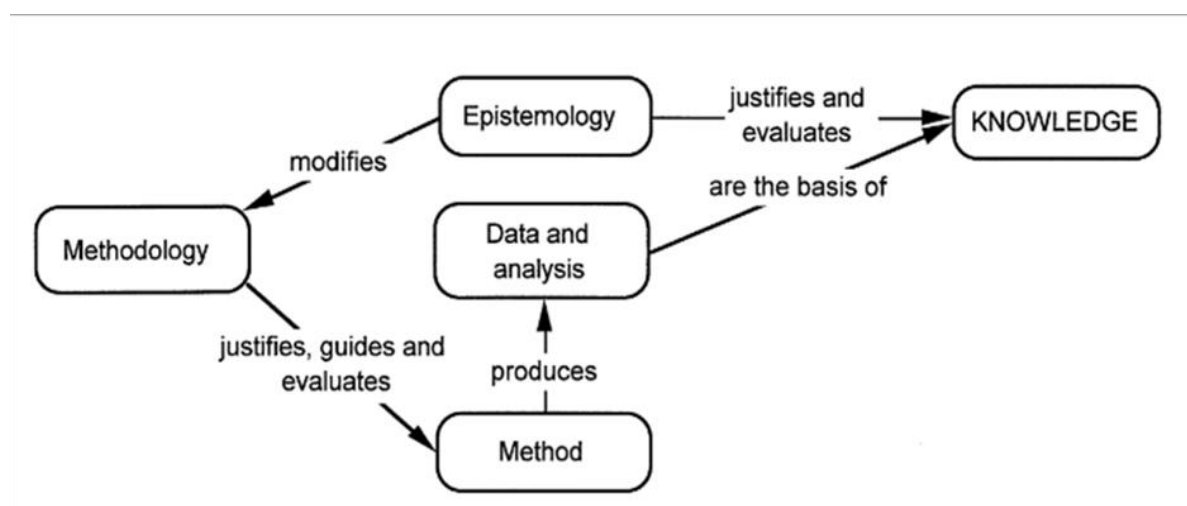
Methods are the most flexible tool for the researcher; they are pragmatic but also an intrinsic component of the research process; however, they are influenced by the methodology of the research project with its objectives, the epistemological position of the researcher, the research question and the study design (Carter & Little, 2007). This study uses a quasi-experimental design with a mixed methods approach, including an intervention and a control group selected via a non-equivalent groups design. The intervention and control groups received pre- and post-intervention tests, but only the intervention group received the nine-week ALBOP intervention; this is a pre-post-test non-equivalent groups design. The question is whether participants who received the

intervention showed a significant positive attitude because of increased knowledge and skills to support MHWB, and whether this increase was greater than that of the control group, which did not receive the intervention (Wright, 2006). Groups were not randomly selected; participants were selected conveniently. The difference between quasi-experimental and experimental designs is that participants in quasi-experimental designs are selected based on groupings such as age rather than randomly (Andrade, 2021).

Quasi-experimental research provides a framework for protocols and procedures that use two sets of variables: one as a dependent variable and the other as an independent variable to measure differences. Quantitative research can be analysed in terms of cause-and-effect relationships (Bryman et al., 2011). The relationships are analysed by having intervention groups receive the entire programme while the control group receives the regular school curriculum.

4.8   Research Methods

Various research methods include quantitative, qualitative, descriptive, analytical, applied fundamental, exploratory and conclusive. Every one of these research methods is suited to a particular type of research. Research methods include practical activities such as sampling, data collection, data management, data analysis, and, finally, reporting on the research outcomes (Carter & Little, 2007). Quantitative and qualitative methods are preferred in the social sciences, particularly in educational research, as they provide more detailed analyses of the situation under study. Relying on a single research method, whether quantitative or qualitative, is sometimes insufficient (Creswell et al., 2004).

It is now very common to use qualitative and quantitative methods in combination; the most frequently used combination is a mixed methods approach, which can be concurrent or sequential. This next section explains the reasons the researcher chose mixed method research, the justification for the choice, and the steps following the progression of the study over time in the phases, including the sampling of participants, data collection through interviews, focus groups, and surveys, and finally, how the data was analysed.

4.8.1   Mixed Methods

There are three main techniques for collecting data: mono-, multi-, and mixed methods. The mono method uses a single qualitative or quantitative method. The multi-method, or dual-method, is when the researcher chooses approaches to collect data using the same quantitative or qualitative method. Thirdly, there is the mixed methods paradigm. This method can be applied across diverse methodological and theoretical approaches (Creswell & Clark, 2017).

In mixed methods research, researchers can use a practical, outcome-oriented approach to answer the research question (Johnson & Onwuegbuzie, 2004). It is a significant approach or research paradigm that combines elements of both qualitative and quantitative research methods, including viewpoints, statistical data collection, theme analysis, and inference techniques to understand the correlation between the two paradigms better, thereby providing greater validity (Johnson & Onwuegbuzie, 2004; Johnson et al., 2007). Guba and Lincoln (2005) suggest that these two research paradigms can be blended to achieve the best possible outcome that covers all research possibilities.

According to Creswell and Clark (2007), the methodological perspective is that mixed methods involve an entire process, from the research question to the philosophical assumptions and worldly perspectives a researcher brings to the research. Schwandt (2000) states that all research is interpretative. Researchers must be able to align with any paradigm and use whichever they prefer, as quantitative and qualitative methods are not inherently linked to any particular paradigm (Greene et al., 1989). Questions about whether and how to combine these philosophical frameworks in mixed methods remain highly debated (Greene, 2008).

In history, the mixed methods approach, with its two methodologies—quantitative (deductive) and qualitative (inductive)—has identified that qualitative and quantitative methods should not be mixed, as they are philosophically opposed (McKim, 2017). The qualitative method has an interpretative approach, seeking to understand phenomena through participants' perspectives, whilst the quantitative method, with its positivist approach, seeks truth through a systematic, objective process (Howe, 1988). Qualitative followers, known as constructivists and interpretivists, reject positivists as they consider multiple realities and that research generalisations are not embedded in time and context and cannot fully evaluate causes and effects (Johnson & Onwuegbuzie, 2004). Since then, the mixed method has proven to be a reliable and popular approach.

The primary philosophy of a mixed methods approach is pragmatism, which seeks knowledge and theory and considers multiple viewpoints and perspectives. The mixed methods approach provides a more comprehensive understanding of the phenomenon under investigation. A deductive and inductive design for quantitative and qualitative data enables the researcher to integrate the data and explain or evaluate issues to answer the research question (Creswell & Plano, 2011).

In the mixed methods design, qualitative data focuses on observing and understanding participants' behaviour or motivations. It aims to explain why and how something is happening, which is difficult to explain through numbers. It looks for those nuances through participants' thoughts, feelings, and expressions. Qualitative data is regarded as inductive in its method, as it yields discoveries that inform theory or hypothesis (Morgan, 2013). Bygrave (as cited in Shaw, 1999) states that a qualitative approach encourages the development of practical and theoretical understanding, and this inductive approach may be more beneficial than deductive reasoning. Qualitative methods, assumptions, and perspectives challenge reality with subtle biases (Morse & Chung, 2003). So, should we consider whether qualitative style questions are from the researcher's rather than the participant's perspective, enabling a focus and direction? Also, are researchers contained by the environment or the participants? Gill & Johnson (cited in Saunders &Bezzina, 2015) state that researchers must also 'get close' to participants to understand their subjective understanding of reality. Qualitative data is not just a series of interviews; it is a valuable way to understand human behaviour, opinions, and experiences through non-numerical methods.

Quantitative methods, however, are seen as objective, and the researcher should aim to eliminate bias and remain detached from the objects of study while justifying the stated hypothesis (Tashakkori & Teddlie, 1998). Quantitative methods are suited to testing theories. They provide a general picture of a situation and produce results, but they neglect its realities. Quantitative approaches are usually deductive and theory-driven (Gelo et al., 2008).

Mixed methods, therefore, could be considered two very different paradigms. However, they can also be flexible in their approach, as they allow triangulation (Olsen, 2004) and ensure data accuracy. Campbell and Fiske (as cited in Johnson et al., 2007) introduced the first idea of triangulation, which is using one method as part of validation to show that the variance results from

the phenomenon, not from the method being qualitative or quantitative. Denzin (as cited in Johnson et al., 2007) later outlined how to triangulate across methodologies within the same study. The mixed methods approach evolved into a between-methods approach, which helped eliminate bias in the study's results. A typical structure for triangulation is to have qualitative and quantitative data under separate headings for both collection methods and data collection. In the discussion Chapter, qualitative and quantitative research results are presented, as they may support or contradict one another (Creswell et al., 2004). So, do multiple or mixed method designs overcome the limitations of a single method? Again, simultaneous or sequential triangulation of multiple qualitative methods, or the combination of qualitative and quantitative methods, provides a more balanced perspective, moving toward holism (Morse & Chung, 2003).

4.8.2   *Justifying the Choice of Method*

The researcher decided that a qualitative and quantitative approach would assess the acceptability and feasibility of the 'self-world capacity' school intervention delivered in primary schools to support students' MHWB. When combined, qualitative and quantitative data complement each other, providing a comprehensive understanding of the results. Explaining the rationale for both methods is important as it shows that both data types are essential to answering the research questions (Creswell et al., 2004). Acceptability and feasibility provided the study with a broad set of assessment criteria for participants' experiences, which could be measured using both quantitative and qualitative methods. Table 3.1 provides an overview of the different aspects and their components available for assessment. It identifies which method was used for each measurement, using coloured ticks to indicate measurements relative to measurements obtained by both quantitative and qualitative methods.

Qualitative data from semi-structured interviews, focus group notes, and feedback forms provided depth and, through thematic analysis, themes to address the research questions. Qualitative research is typically associated with interpretivism or constructivism paradigms. As the researcher focused on what the participants felt about the intervention, through the focus group sessions and teacher interviews, the researcher was able to gain a realistic view of what transpired over the weeks of the delivery of the intervention, leading to a deeper understanding of what was being investigated (Thanh & Thanh, 2015).

Quantitative data helps to explore statistical results; in this study, the researcher used SPSS. Having a quantitative data set enables educationalists to see the numbers on the intervention's impact, and this data is more readily available for scrutiny (Yardley & Bishop, 2017). The quantitative data collection in this study relied on a questionnaire completed by participants pre- and post-intervention, leading to descriptive analyses and analyses of variance between groups over time using an analysis-of-variance program. Quantitative data analysis aims to determine significant differences between variables, thereby identifying patterns and trends that help triangulate quantitative and qualitative data.

The Coordination Development Group (CDG) feedback sessions, as qualitative data, were necessary to ensure the intervention was suited to vocabulary, style, and content, and to consider safeguarding. This was important as any material available in schools needs to be vetted before being shown to students. Teachers regularly do this when accessing various online materials for classroom teaching and learning. The feedback session allowed the researcher to work with the group to discuss each slide, the various activities, and the planning documents. Feedback was recorded in a logbook, and any resulting adjustments were made to the corresponding slide, activities, or planning as needed.

The CDG survey, as quantitative data, contributed to developing a safe and feasible intervention for students of all ages through the group participants' responses. The results of this are discussed in the results and discussion chapters.

Data can be collected sequentially or concurrently (see Fig. 4.6). Collecting data concurrently with equal priority provides a more practical approach for the researcher, as one phase is not dependent on the other and expands the possibility of mixing both methods in different ways; the choices are where both sets of data converge together to find relationships through comparative data, enabling an interpretation of the results, or the data collected is 'explanatory sequential' in its process, with quantitative followed by qualitative data collection and interpretation which would indicate one is dependent on the other. The last design is exploratory, with an 'exploratory sequential' design, and the datasets are reversed; in this case, qualitative is dominant, followed by quantitative, and eventual interpretation (Creswell & Plano Clark, 2011).

Figure 4-6

Mixed Methods Research Designs
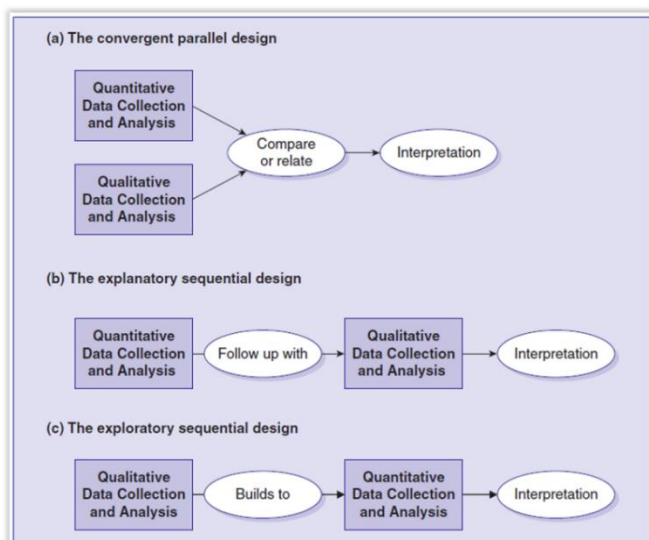
(Creswell & Plano, 2011)

In this study, all the data were collected concurrently. The researcher could not assume that the data collected would corroborate one another. Data cannot be combined to produce a rounded reality (Saunders et al., 2009). Some results may lead to corroboration, in which the same results are obtained from qualitative and quantitative methods. Alternatively, elaboration, where the qualitative data are analysed, explains how the quantitative findings apply to specific areas of the research data, and complementarity, where the qualitative and quantitative results differ (Rossman & Wilson, 1994). There could also be a contradiction between qualitative data and quantitative results, leading to conflict. The researcher decided to use triangulation across two data sets, the emerging themes, the reflexive thematic analysis of the semi-structured interviews, and the statistical analysis of the questionnaires, to ensure a holistic analysis of what had transpired for the participants during the research process. The results of the data collection are discussed in Chapter 6.

4.8.3   Time Horizon

The research began with a narrative review of interventions in schools to support students' mental health that had been implemented, which was narrowed to the MHWB school intervention in primary schools. The narrative review also included researching policies for interventions in schools for the mental health of students, the provision for students learning how to self-regulate, and finally, the capacities of the 'self-world capacity', which led to the research questions. A logic model was designed, as discussed in Chapters 1 and 3, and, in light of it, an intervention design began to emerge. The intervention followed three phases (see Table 4.1) except phase 2, which could not occur because a school could not commit due to the impact of COVID-19 and the students' return to school. The phases and actions are briefly detailed below, and a discussion of the phases is included later in this chapter. There was extensive rewriting across all phases as the researcher

developed an acceptable, feasible curriculum to support mental health and well-being in primary schools.

Table 4-1

The Study's Timeline of the Three Phases

Intervention Timeline		
Timeline	**Action**	**Results/Notes**
Phase 1	Seek review of material via outside sources and amend as necessary.	Coordination Development Group (CDG) feedback – recorded and fed into Phase 2. This was done over four one-hour sessions over four weeks. Each participant did not attend all sessions.
Phase 2	Undertake trials of lessons in pilot schools.	Not able to proceed due to the school's inability to commit due to the implications of COVID-19. Use CDG feedback as Phase 2. Redesign the intervention programme for Primary schools after the pilot phase.
Pre-Phase 3	Review and publish the intervention of lessons into a video and a booklet/folder. Contact various education departments at schools to discuss research.	This was located on Google Drive, in a folder labelled 'schools' for access. After numerous emails and hand-delivered letters to local schools, the researcher contacted a UK Academy that invited schools to participate in the research study. The headteacher was contacted.
Phase 3	Teacher Training via Teams/Google.	All school staff involved in the programme received online training via Teams/Google. Used the shared folder. This was available one month before the intervention started in schools. The teachers could access the researcher's time at any time.
	Pre–assessments for students, teachers and parents	The tests were administered to the intervention and control groups in schools before the intervention was delivered in class.
	Intervention lessons.	The nine-week lessons took place in schools with intervention groups.
	Post-assessments for students, teachers and parents	The post-intervention test was administered to both the intervention and control groups.
	Focus groups of 5-6 students.	After the intervention, interviews took place with the focus groups in each participating school.
	Teacher Interviews	Teacher interviews were conducted with all schools after the intervention.
	Collection of data	Data collection took place during the researcher's visits to schools.
	Data analysis – sort and clean up.	Identifying usable data and data that was not usable due to a lack of parental permission was a long process.

The strategy for collecting quantitative data was based on a cross-sectional positivist methodology over 9 to 12 weeks (Braun & Clarke, 2022).

4.8.4 Sampling

Sampling is an essential step in the research process, as the sampling choice determines the quality of the inferences the researcher draws from the findings. However, sampling in mixed method research can be complex, whether the research is conducted concurrently or sequentially. Typically, random sampling aligns with quantitative methods, while non-random sampling, such as purposive or convenience sampling, is used in quantitative studies (Gelo et al., 2008; Robinson, 2014).

The researcher did not use random sampling as a strategy for the study, as it is typically used in social research surveys, which select from a list, such as an electoral roll (Robinson, 2014). Convenience sampling was selected. This was because the researcher had limited options, as they were restricted to schools willing to participate in the study, which is not a random cross-section of students.

Convenience sampling is used in qualitative and sometimes quantitative research as the researcher's choice meets the required criteria, such as Year 5 students in primary schools. A first-come, first-served approach was not feasible in this study, as the researcher had only a few schools willing to participate. The issue with convenience sampling is that the sample can be so broad that any generalisations may be unwarranted; therefore, the researcher must consider ways to narrow the scope of generalisations (Onwuegbuzie & Collins, 2007). In this study, all the students were in Year 5 in primary schools, yet they were geographically and demographically different. The

researcher considered this sampling choice acceptable, as the goal was not to generalise to a whole population but to gain insights into a phenomenon. In this study, the impact of the 'self-world capacity', with its psychologically theory-based approach, was acceptable and feasible for year 5 students to support their MHWB.

Coordination Development Group (CDG) participants were recruited through opportunity sampling. However, this could also be considered convenient, as the two counsellors, two special-needs teachers, and two teachers were known to the teacher through previous working lives. Sampling this way may not yield a representative sample, and the researcher's choice of participants for the CDG may introduce bias when reviewing the intervention and providing feedback, as discussed in Chapter 6.

Participants: schools, number of students. Participants were recruited from schools willing to participate in the study. No specific schools were targeted, but all were registered with a large academy, the only reference among the schools. The schools were in different parts of England. Each school was a primary school, and the students who participated in both the intervention and control groups were in Year 5 – that is, between 10 and 11 years old. No data were collected on age or gender, as the study was designed for all Year 5 students. The socio-economic data were collected from the school dashboard during the study (see Fig. 4.7).

Figure 4-7

Government Dashboard Information on the Schools Taking Part In the Study

Demographics	School 1	School 2	School 3
Girls	46%	51%	48%
Boys	54%	49%	52%
EFSM (Free school meals)	51%	18%	29%
Local child deprivation rate	13%	17%	24%
Proportion of Ethnic Minority	56%	28%	42%

Because the data are not segregated by school, the chart above provides an overview of gender similarities across schools. However, there is a sharp difference between schools I and 2 concerning free school meals. The study did not analyse differences in the theme's comments across schools, as it is about the feasibility and acceptability of an intervention for all schools. Although this would have been further research, it would have led the researcher in a different direction in determining whether interventions should be developed to suit the demographics of all schools.

The flow chart (see Fig. 4.8) outlines the number of students invited to participate in the study and those with parental consent. This study took place between May and July 2023. At the start of the school recruitment process, the researcher had five primary schools willing to take part, but one headteacher left and another withdrew due to time constraints. So, this left three schools with control groups – one school, which had a local sister school, did not return the documentation, and the other control group school could not obtain parental consent. As a result, there was only one control group.

Figure 4-8

Schools with Student Numbers that Participated In the Intervention
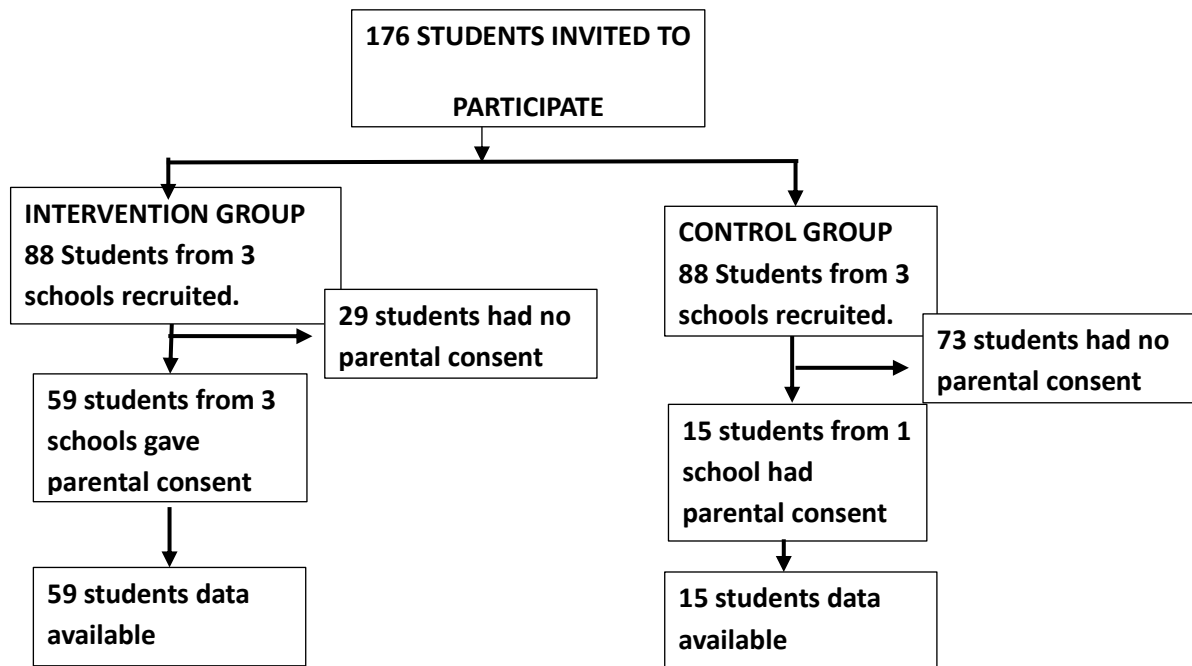
The CDG had six participants recruited by the researcher through known contacts when working in schools. The researcher aimed to provide participants with an overview of the intervention to ensure its acceptability and suitability in terms of language, understanding, and safeguarding for a year 5 class. As all participants in this group had experience working with students in this age range, either through teaching in schools or through counselling sessions, the researcher felt they had achieved a balance to ensure the validity of their feedback on the suitability and acceptability of the intervention for schools.

4.8.5   Phases of Study

The intervention timeline is discussed briefly earlier in this chapter. In further detail, the research study was designed in three phases.

- **Phase 1.** Coordination Development Group (CDG). The first phase was that of a coordination development group. Once the researcher had developed the 'self-world capacity' Intervention programme, ALBOP, it was presented to the CDG, comprising two teachers, two special-needs coordinators, and two school counsellors, to assess safety, suitability, content, understanding, and age appropriateness. Data were collected through verbal feedback, notes taken by the researcher during four weekly 1-hour Zoom meetings, and a survey to collect individual feedback on the 'self-world capacity' intervention programme. A review of the 'self-world capacity' intervention programme was made, and adjustments were made before embarking on Phase 2.

- **Phase 2.** The 'self-world capacity' intervention programme was due to be trialled, but the school that had volunteered to run the pilot could not commit to the term before Phase 3. Therefore, it was decided to push ahead with Phase 3.

- **Phase 3.** The researcher received a response from an academy that provided the research details to its schools and subsequently enlisted support from several schools. The 'self-world capacity' Intervention programme, ' A Little Bit of Psychology' (ALBOP), was delivered by the school's trained teachers over nine weeks between April 2023 and July 2023 with nine 30-minute weekly sessions. The researcher contacted the school via email, shared a Google Drive link, and met with each school in person during this period. This supported school staff

and enabled the researcher to monitor progress, implement data collection, and address any issues during the intervention delivery in class. The 'self-world capacity' intervention programme was aimed at and delivered to Y5 students in the intervention group. There was also a control group in the same year as part of the school academy, which completed the pre- and post-intervention questionnaires. Each school's volunteer students were interviewed as focus groups to ascertain their views on the 'self-world capacity' intervention programme. Permission was sought from parents and school staff in accordance with the ethical standards agreed at the outset of the study. The teachers who delivered the 'self-world capacity' intervention programme, ALBOP, were asked to complete a short questionnaire at the programme's end and be interviewed. In addition, ALBOP teaching plans allowed teachers to annotate how each lesson went, what went well, and what transpired during the lesson, as discussed in the discussion chapter. There was also an opportunity for parents to provide informal feedback. However, there was no take-up by parents of the parent evening sessions via Zoom.

4.8.6   Implementation of the 'A Little Bit of Psychology' Programme

A review of over 200 SEL programmes (Durlak et al., 2011) found that students enrolled in high-quality programmes showed reduced emotional distress and fewer conduct problems than those enrolled in low-quality programmes. The review also noted that low-quality programme outcomes included school staff believing that SEL programmes do not work, which could negatively affect related programmes in the future. It is, therefore, important to ensure that evidence-based programmes are implemented within a set of identified practices, such as good initial training, ongoing technical assistance, and administrative leadership (Ellis, 2010). The researcher provided the schools with an inclusive package of lesson plans and resources already designed and printed. The

lesson plans were in a folder and accessible on a shared Google Drive. A working A5 file with copies

of all the lesson resources was provided for each class, including an overview of each lesson, its aims

and objectives. This is so the teacher can refer to the file and have the video playing for the lesson.

The lesson plans included the following headings and can be viewed in full (see Appendix D);

-resources needed before the lesson provided by the school (pens, coloured pencils, extra

copies of students' documents needed for the lesson, tablets, headphones, etc.)

-resources needed in the lesson provided in the research (pictures, example sheets)

-learning question

-learning aims

-pre-elicit teaching words (new vocabulary, e.g. Hyperarousal)

-introduction (play video lesson)

-activities for individuals and groups

-using video (instructions for use)

-provision for diversity

-summary

The researcher delivered 1:1 training and discussion sessions with the schools involved in

the study, using Google. Parent evenings on Zoom were also offered and set up, but no parents took

up the opportunity to discuss the programme. The difficulties concerning participant involvement

are discussed later in Chapter 6. Access to the videos and resources was all online, but the

researcher also delivered all copies of consent forms and information sheets to the schools. S&D

questionnaires, PANAS and SWC questionnaires (see Appendix F) were printed, provided in advance,

and sent to schools. In addition, there should have been enough photocopied printed resources for

every lesson. As a teacher, the researcher knew that schools are busy, so having everything prepared

supported the programme's deliverability. The teachers were delighted to receive all the paperwork, which was carefully labelled and sectioned into packs for each lesson.

Successful implementation is not just about the weeks the intervention is delivered; it is also important to have teachers as positive role models to sustain commitment and motivation. Programmes embedded into the school's curriculum are more likely to be successful (Schultes, 2023). The researcher experienced an embedded SEL programme while working in a school with a daily mindfulness training practice for students after lunch; the researcher believes this helped students immensely during afternoon self-regulation sessions. An intervention including 'self-world capacity', with its psychological elements, could be a programme that could be subject-based, either within PSHE or as a science subject under a subject name such as behavioural science. These possibilities are further discussed in Chapter 6.

4.8.7   Design of 'Self-World Capacity' and 'A Little Bit of Psychology'

Chapter 3 discusses the 'self-world capacity' Intervention, named the 'A Little Bit of Psychology' (ALBOP) programme, and its development and rationale for its content. This chapter discusses this as part of the research design process, with the data measurement questionnaire and its 18 questions linked to the 'self-world capacity' and psychological theories, using a Likert scale.

After ALBOP was drafted, the CDG reviewed it and amended it based on the group's participants' feedback. The discussion chapter reviews the CDG feedback. Teachers then reviewed the programme before being delivered to Y5 students. School staff were allowed to contact the researcher regularly during the programme delivery to ensure any issues or problems could be addressed.

4.8.8 Qualitative Research Methods

To undertake qualitative research effectively, the researcher's epistemological stance must be grounded in the practical knowledge they bring to the study. This alignment should also encompass their views on supporting the mental health and well-being of primary-aged students. These unconscious forces can influence researchers' actions, making it crucial to recognise their intentions and assess their potential impact on the research (Scott, 2014).

Carter and Little (2007) provide a diagram (Fig. 4.9) that appears to depict a complex yet precise relationship among method, methodology, and epistemology in qualitative research. This diagram is a good indication of the relationships involved in research and the implications of epistemology for qualitative research. Awareness of these contributions was crucial to the researcher's decisions during the study.

Figure 4-9

The Contributions of Method, Methodology, and Epistemology
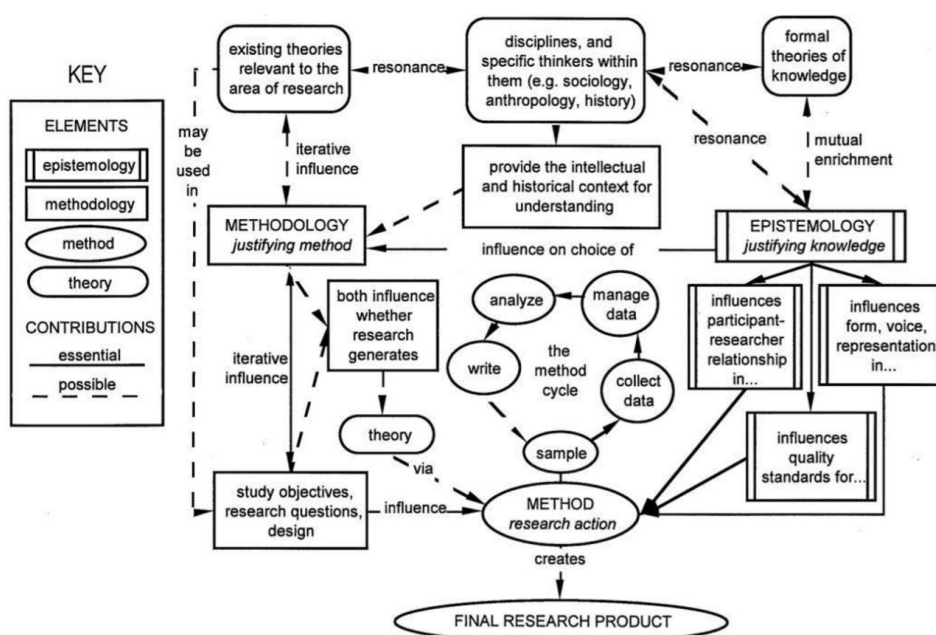
Carter and Little (2007) highlight that a crucial aspect of the research process is the relationship between the research question and the chosen methodology. The methodology is shaped by the researcher's epistemological stance, which encompasses their existing knowledge and justifies their selection of research methods. Epistemology also shapes the relationship between the researcher and the participants, thereby influencing the quality of the methods. This study used qualitative research methods, including interviews with teachers and focus groups with students. This method facilitated data collection, management, and analysis to evaluate the feasibility and acceptability of an intervention by all participants. The collected data played a crucial role in answering the research question. In the following section, the researcher discusses the selected qualitative data collection methods. This includes interviews with teachers and focus groups, data familiarisation, data coding, and data analysis through reflexive thematic analysis. The reasons for these choices, along with the identified positives and negatives of the data analysis, will also be discussed.

Qualitative research methods – data collection.

Use of Interviews and Focus Groups. Participants, including students and teachers, were asked to participate in individual interviews and focus groups voluntarily. Interviews and focus groups are suited to experience-type research questions and for exploring, understanding, and perception research questions (Braun & Clarke, 2013). Before the programme's delivery, parental permission and student and teacher consent forms (see Appendix G) were provided with information on the programme. Ethical considerations were followed in accordance with the study's ethical guidelines.

A semi-structured interview technique was adopted to gain an in-depth, contextualised understanding of the students' experiences participating in lessons over the preceding nine weeks and the teacher's experiences working with the programme. The teacher selected students for the focus group interviews on the day of the interviews. The researcher asked for an eclectic mix of individuals to be interviewed. However, they could not ascertain if this was the case, as no individual student data had been collected. This was not included in the research study plan and did not have ethical approval.

Qualitative data in the form of semi-structured interviews provided an appropriate means of answering the research question, enabling the researcher to communicate face-to-face with participants whilst allowing them to have a voice regarding their feelings about the ALBOP programme and their experiences. The researcher used a 'non-directive interviewing' style, where the interviewer takes a non-judgmental stance and uses active listening to encourage interviewees to respond more freely. A non-directive interview has been recognised as a method to uncover a person's feelings and thoughts and allow them to explore further any questions they may have had about their experience, unbiasedly (Rogers, 1945, p. 282).

Their teacher asked students if they wanted to participate voluntarily in the focus groups. They were encouraged to voice their views. As the researcher cannot fully know what the students' experience of the nine weeks of the ALBOP intervention would have been, questions were prepared to gather data relevant to the research question, as discussed in this chapter. The focus group sessions with the students in their natural setting provide an easy way to conduct a question-and-answer session, as they are familiar with this format in class. As the researcher was comfortable in this environment, having had previous experience in schools, the focus group interviews were relaxed, and participants were forthcoming, providing rich, explanatory, in-depth, and sensitive

narrative data. Conversations, in this way, are a rich source of knowledge and should not be taken for granted (Brinkman, 2016).

The benefit of focus groups is that the researcher might gain insights that would not emerge in a one-on-one setting, as the group dynamic can reduce the perceived power imbalance between the researcher and participants (Braun & Clarke, 2013). There was also the opportunity for the students in the focus group to feel safe and unchallenged, which can lead to empowerment, as they are not in a whole-class scenario. The flow of the questions helped the researcher provide a narrative for the participants. In some cases, the researcher rearranged the questions to facilitate the free flow of the conversation.

The researcher provided the overview at the start of the interview, outlining the ground rules. These included students raising their thumbs before speaking so no one talked over anyone, and ensuring that all students in the group could hear what their peers contributed to the session. Students were told that there was no right or wrong answer and that they were free to discuss anything about their experiences with the programme; however, if they were uncomfortable with anything, they could talk about it with the school listener rather than in the focus group. The ethical guidelines and considerations were outlined in the risk assessment (see Appendix C) provided to schools at the outset of the visit. The researcher's role, as discussed in this chapter, is essential for getting students to talk; it is about facilitating, not controlling (Bloor, 2000).

Disadvantages of focus groups were identified: the narrative is confined to a single focus group session per school, and there is no opportunity to follow up on individual participants' views or experiences to provide a more in-depth analysis (Braun & Clarke, 2013). It can also be difficult for a researcher to act as a facilitator whilst managing the group, and logistical issues can arise. In one

school, the focus group took place in a room near the school's reception area, and the researcher had to pause the interview because, at the same time, the photocopy machine was in use; the noise was too loud to hear the student's contribution. Focus groups offer a flexible, controlled way to gather data. However, there is a potential for unreliable responses, so probing is effective (Bernard, 2000). Focus groups need to be organised in quite a lot of detail to ensure both the researcher and the students have a positive experience. Once the data had been collected from the sessions, the researcher began analysing students' talk sequences and examining their narratives, which are imperative for understanding the data (Silverman, 2013). While this is very important for the researcher, it was also time-consuming, so researchers need to allocate enough time to a study.

Each focus group in the three schools had six participants, selected by their class teacher. Although each group differed in gender, all were from the same year group. A class teacher from each school was interviewed individually.

The CDG in Phase 1 was not a strictly focused group and did not include individual interviews. Their role was primarily to provide feedback on the intervention programme after viewing the videos, activities, and resources. They also had an opportunity to complete an online survey discussed in the results and discussion chapters.

Development of Interview Questions. The interview and focus group questions (see Appendix H) were chosen to elicit the views and impressions of the intervention group and the class teacher delivering the ALBOP programme. Only students with parental consent could participate in the focus group interviews. A few open-ended questions focused on specific areas of the programme, as the interviews lasted only 30 minutes.

Individual interviews were conducted with the teacher who delivered the ALBOP programme. The interview questions had a different focus, but all the questions in the student focus groups and teacher interviews focused on the research question: Is an intervention fostering the components of a self-world capacity acceptable and feasible to deliver in primary school to support students' MHWB?

In writing the student focus group and interview questions, the researcher focused on the research question, with the flexibility to be more deductive in the interview process; however, there was little time to delve deeper as the interviews took place in the schools on a penultimate day before the end of term, so there was only a short window of time for data collection from the schools.

In the student focus group questions, there was an introduction to outline the interview's focus, the rules for listening to others, and information on safeguarding for students. The questions consisted of four main areas. The first question focused on the video lessons and what students thought of them, notably how the videos introduced the lesson's subject. The questions then went on to determine if students found the videos easy to understand, watch, and listen to, as the researcher, when developing the intervention programme, had wanted to ensure a multi-sensory approach to support learning for all different needs in the class. The questions began to probe deeper, asking the students how they felt about learning about the mind and body, how they can affect our emotions, and whether they felt this had changed any aspect of their behaviour. The questions moved to a lighter tone, returning to the videos, their length, visuals, and the number provided. The reason for this sandwich-type approach was to seek 'goldilocks' viewpoints from the students on whether they felt the videos were just right, ok or too much, but also to elicit responses allowing students to share their feelings about what they had experienced (Braun & Clarke, 2013).

The questions for students were aimed at discussing the practical activities, whether they had enjoyed them, and whether they had learnt anything from them. The questions focused on the conversations they may or may not have had with their peers during the nine weeks (see Appendix H). The researcher felt that these questions were the most revealing, as they centred on what the students had experienced firsthand and what they felt they had learned from the discussions. The last questions were to wrap up the interview, ensure the students were allowed to say what they wanted, and, hopefully, leave them with a positive feeling that they had contributed to the group discussion.

The four main question headers were chosen to identify topics supporting the research questions, as identified below (see Table 4.2). They also allow students to share their viewpoints unrelated to a question. The researcher was aware of the unique situation and that, as the focus group interview would eventually become a transcript and later data for RTA, any feedback on the programme would be valuable.

Table 4-2

Student Focus Group Interview Questions Topics with their Main Headings

FOCUS GROUP QUESTION HEADERS	LEANING TOWARDS IDENTIFYING
Thinking about the video lessons	Accessibility, feasibility, and learning
Thinking about the practical activities	Inclusivity, meaningful enjoyment
Conversations	Emotions, sharing, and discussion
Other thoughts	Access, learning, mental health and well-being

As a counsellor and teacher, the researcher has had experience with the interview technique over the years. This links with the researcher's epistemological and ontological stance in this study.

The interview technique is to restate an interviewee's response and incorporate it into later questions throughout the interview, as Willig (2019b) recommended. This demonstrates that the researcher is listening and allows the interviewer to check that their understanding of the participant's comments is correct. This strategy also provides coherence and continuity, supporting the interviewees and the interviewer in their roles.

The teacher interview questions were also semi-structured interviews. They took a different pathway, as the questions focused on the programme's practical aspects, including the ease of delivery for teachers and the concepts of the lessons, which support new knowledge and skills to support the MHWB of students. The teacher's question headers aligned with the questions, enabling the researcher to infer from the teacher's responses the acceptability and feasibility of the ALBOP programme as a class intervention to support MHWB (see Table 4.3).

Table 4-3

Teacher Interview Question Topics with their Main Headings

TEACHER QUESTION HEADERS	LEANING TOWARDS ACCEPTABILITY AND FEASIBILITY
General feelings on intervention.	Is it deliverable to students? Environment/technical/risk/ease of access/safeguarding/compliance/adequacy?
Communication prior to and post-intervention.	Access to the programme and reliability of support with training.
Implementation issues.	Difficulties which arose/resources/and time constraints.
Impact of ALBOP on students.	Noticeable changes for students/success/appropriateness/reasonableness?
Contribution of the programme to the whole school.	Intervention effect on other areas of the school.
Other views which have not been included.	Catch up on anything the researcher might have missed in the interview questions.

The teacher interview questions began with a general question about how they described the programme's main aims. This question was intended to identify whether there was a mismatch between the researcher's aim and their research question, and what the teacher felt the ALBOP intervention had delivered to the students over the nine weeks. This information would identify any misconceptions, limitations, or confusion that may not be evident in the quantitative data results as part of the triangulation process for this study. The following general question was intended to elicit a more personal viewpoint and address any preconceived ideas the teacher may have had about the programme that the researcher had not considered. This was important as the research study sought to answer whether the intervention was acceptable and feasible. Questions that fully cover the issues raised by research questions and do not ignore key aspects contribute to the validity of the data (Arksey & Knight, 1999).

The following section discusses the aspects of communication and teacher training. This was linked to the research question, as knowing whether the programme delivery was acceptable, enabling the teacher to deliver the intervention to students in class with confidence, was a key attribute in establishing a positive outcome. These questions also provided the researcher with feedback on any issues that might have affected the data outcomes and with suggestions from the teacher on how they might have designed or delivered the programme differently. Again, this established other opportunities to gather information directly related to the research question.

The researcher included questions about the implementation and how the programme may have influenced their behaviour or mindset in class, with students, or when teaching other subjects. These questions sought to establish if the intervention concepts had permeated other areas of the school, which could provide further evidence of its positive or negative impact.

The final sections of the interview questions focused on what the teacher had observed happening in class for the students. These questions focused on whether the nine-week ALBOP intervention had any impact on the students.

The final questions closed the interview, allowing the teacher to contribute thoughts, feelings, and ideas. A semi-structured interview can limit the interviewee's responses, as the questions follow a predetermined path. Therefore, the final questions allow for some diversity in the interview. Arksey and Knight (1999) offer a set of guidelines for interviewing researchers to limit variation across interviews. When writing the interview questions, the researcher was aware that each interview would be unique, with guided opportunities to probe that could yield richer qualitative data for the study. Rubin and Rubin (2005) explain that interviewing must be reliable with valid, consistent, and neutral questions:

'Overall, qualitative interviewing requires more intense listening than normal conversations, a respect for and curiosity about what people say, a willingness to acknowledge what is not understood, and the ability to ask about what is not yet known.' (Rubin & Rubin, 2005)

Qualitative Data from Student Focus Groups. Qualitative data from student focus groups included notes taken during the interviews. The groups consisted of six students from each participating school.

The semi-structured interviewing method enabled the researcher to listen to participants discuss the intervention programme 'A Little Bit of Psychology' (ALBOP), as discussed in Chapter 3, and its effects on their emotions and thoughts since its start. It also allowed the researcher to understand and perceive the knowledge and skills gained. Focus group interviews are often seen as

one way to gain more 'naturalistic' accounts of participants' experiences in qualitative research

(Braun & Clarke, 2013). The students were responsive and listened to their peers supportively. The

researcher gave them an overview of the aim of the focus group interview (Cohen et al., 2002) and

how they could contribute by offering their views and thoughts on the questions.

The text collected from the interview notes was transcribed for thematic coding to produce

a reflexive thematic analysis, which is discussed in the results and discussion chapters.

Qualitative Data from Teacher Interviews. Once the programme was completed, the

researcher interviewed the teacher who implemented the ALBOP intervention session held at the

teachers' schools. The interview sessions lasted 30 minutes, and although semi-structured with a set

of questions to guide the conversation, the teachers answered most of the researcher's questions

within the allotted time. The researcher focused on the prepared questions (see Appendix H) and

took notes during the interview. The researcher was aware that they might have missed a nuance or

additional information that would add depth to the teacher's answer, as they looked down to ask

the next question. In eliciting depth, you are extending the development opportunity for both the

interviewer and the interviewee (Rubin & Rubin, 2005). The content of the questions is discussed in

the results and discussion chapters.

The teachers also provided written feedback (see Appendix I) on the planning documents

the researcher provided, as well as field notes, which are discussed in Chapter 6. The teachers

participating in the programme also completed a survey, which is discussed in the quantitative and

analysis sections of this chapter.

Qualitative Research Methods: Data Familiarisation One of the five steps of thematic

analysis (Braun & Clarke, 2006; Creswell et al., 2020) is the skill of reading and interpreting data,

which requires insight into the meaning of each piece of data, remembering the context of where

the data came from and how it arrived in the researcher's hands. Getting to know the data is

imperative, as coding is unlikely to emerge without a deep understanding of it, and, consequently,

the data would not form any themes. This is a crucial step in the data analysis process. While the

interviews were very much fresh in the teacher's mind, and the experiences the researcher had in

each school were unique, the focus group and teacher interviews provided the important,

substantial text, including a narrative with many stories, feelings, and emotions, which the

researcher recognised once again when reading the transcribed notes. At that first point of

familiarisation, it would have been easy to gather ideas and thoughts that could be considered pre-

emptive; instead, the researcher extracted data by focusing on the research questions, supporting

the coding stage by making notes and highlighting words.

Qualitative Research Methods: Data Coding. Coding for analysis involves a range of actions,

from data reduction through a subjective process to establishing the credibility of the findings

through transparent data analysis (Adu, 2019). Bazeley (2020) characterises qualitative coding as a

rigorous process that involves making meaning of the data collected by examining and interpreting

participants' responses to determine what is essential to follow up on as evolving themes.

Qualitative coding is a subcategory of qualitative analysis. It is a systematic, subjective, and

transparent process of reducing data to meaningful and credible concepts that adequately represent

the data and address the research problem, purpose or questions (Adu, 2019). There needs to be an

orderly series of actions a qualitative code takes, from taking the raw data to choosing relevant

information from it by labelling it and grouping labels into codes, which can be seen as abstract

concepts that generate categories and themes (Saldaña, 2021). As responses to the focus group and

teacher interview questions were grouped into specific programme experiences, this helped identify data on the programme's feasibility and acceptability in schools as part of the PSHE curriculum. The researcher was aware of the relevant components of acceptability and feasibility; however, when coding the participants' responses, the researcher made a conscious decision to treat the comments as new information to develop a theory of what the participants had experienced. However, there still needs to be a systematic process that maintains consistency by repeating the qualitative coding steps to ensure the believability of the findings (Adu, 2019). To maintain consistency, the researcher follows the steps outlined by Braun and Clarke (2022) for a reflexive thematic analysis (RTA). Promoting repeatability means describing corrections and decisions for the data analysis procedure and ensuring believability by systematically demonstrating how the data were collected and analysed. This can all be shown in the analysis and discussion chapters.

One issue with the data is how we reduce it to ensure the summarised data is adequately condensed, while including the participants' responses to the interview questions and anything relevant. They can emerge as themes (Saldaña, 2021). However, a rich set of data appeared to be available for further exploration, and the researcher decided to gather the data in one place and analyse it using computer-assisted qualitative data analysis software (CAQDAS). NVivo was selected as it prioritises and maintains the original language and allows codes to develop organically (Leavy, 2022). The software program managed the data by organising it using nodes, memos, and cluster analyses, which gave the researcher a choice of how to use the data, enabling themes to develop in the analysis.

Qualitative Research Methods: Data Analysis. Qualitative data analysis is the interpretation of material in the form of words or text. Collecting information, called data, is the very start of the data analysis process. Data has to be collected and organised, which can be overwhelming given the

sheer volume of text comprising transcriptions of interviews, discussions, and field notes. The researcher's role is to ensure structural coherence when transforming raw data into interpretable and meaningful forms. The choices for the researcher ranged from descriptive to interpretative, the latter being more interrogative and seeking to gain a deeper understanding of what the data might reveal (Braun & Clarke, 2013). The researcher chose reflexive thematic analysis because it is commonly used in social science research and offers the flexibility and systematic approach the researcher desired. However, according to Braun and Clarke, the researcher should be applying 'analytic sensibility', not 'following the rules' (Braun & Clarke, 2013).

Qualitative Research Methods: Thematic Analysis. Thematic analysis has played an increasingly significant role in quantitative research, undergoing significant change. It became popular during the 1980s and 1990s, when Boyatzis (1998) introduced a more structured approach that incorporated coding and theme development. Thematic analysis is known for its flexibility and adaptability, allowing it to be applied to different data types to answer research questions. It is often used alongside theoretical frameworks, enhancing its credibility within social and behavioural sciences (Braun & Clarke, 2022). Among the primary forms of thematic analysis commonly used in health and well-being, the most widely used are applied thematic analysis, framework analysis, and reflexive thematic analysis. While applied thematic analysis and framework analysis use predefined frameworks to identify themes from textual data, reflexive thematic analysis is more organic, relying on the researcher's expertise to generate codes and patterns related to the research question.

Thematic analysis (TA) is a versatile and accessible approach with multiple sub-methods. Boyatzis (1998) considers TA a tool across various methods, whereas Braun and Clarke (2006) argue that it is a method in its own right. Researchers employ thematic analysis to meaningfully identify, analyse, and interpret qualitative data. This systematic process generates codes leading to theme

development. TA offers theoretical freedom and flexibility to uncover patterns of meaning ('themes')

through iterative rounds of coding. The researcher's role is crucial in creating patterns within and

across data, reflecting participants' experiences, thoughts, and behaviours through meticulous

familiarisation and coding (Clarke & Braun, 2017).

Researchers use thematic analysis to identify, analyse, and interpret qualitative data. This

process involves familiarising with the data, identifying related themes, and grouping and organising

data for interpretation. Themes are identified either through a 'bottom-up' approach, which depends

on the data and what it contains, or through a 'top-down' approach, in which the researcher

explores theoretical ideas with the data.

In 2006, Braun and Clarke provided a deeper understanding of implementing thematic

analysis with a reflexive approach, establishing it as a preferred method for qualitative research

(Braun & Clarke, 2006). Criteria set in subsequent years distinguished reflexive thematic analysis

from other forms of analysis. These criteria introduced three important principles: coding reliability,

codebook approaches, and reflexive approaches to TA (Braun & Clark, 2019). Using a structured

codebook, assessed by Cohen's Kappa (Braun & Clarke, 2013), provided a more systematic method.

Braun and Clarke's six-phase process includes familiarising with data, generating initial codes,

searching for themes, reviewing them, defining and naming them, and producing a report. Reflexive

thematic analysis, with its flexible approach, allows for the use of different theoretical frameworks

and research paradigms. Its popularity stems from its accessibility and the availability of supporting

computer software.

Reflexive thematic analysis is unique because it requires the researcher to balance self-

awareness and impartiality throughout the process (Braun & Clarke, 2013). The researcher's

emotions and personal knowledge enhance interviews, but insider knowledge can influence

responses. Researchers must consider their theoretical assumptions, epistemological stance, and

whether their research approach is inductive or deductive.

Braun and Clarke have championed reflexive thematic analysis since their early papers

(Braun & Clarke, 2019). They describe RTA as a theoretically flexible method that allows researchers

to reflect on and interrogate theories. The RTA approach provides a reliable analysis while

considering ethical research practices. RTA allows researchers to consider qualitative paradigms,

recognising the researcher's epistemology and ontological stance when working with the data.

Justifying the Choice of Reflexive Thematic Analysis in the Study. This study used reflexive

thematic analysis (RTA) to explicitly and interpretively identify themes. RTA involves choosing

between deductive and inductive approaches. In this study, an inductive approach was chosen

because deductive analysis does not allow for interpretation, potentially leading to themes that

relate to the research questions. Inductive analysis involves coding data without fitting it into a pre-

existing frame, making it data-driven. Deductive thematic analysis, driven by research objectives,

extracts specific data, though it may be less comprehensive (Braun & Clarke, 2022).

The analytic process followed the six stages of reflexive thematic analysis to extract meaning

from data, including student and teacher interviews. Avoiding bias was a primary concern

throughout this process (Braun & Clarke, 2013).

Having not used RTA or any other thematic analysis before, the researcher chose RTA

because it had focus groups and teacher interviews. The reflective thematic analysis of data from

focus group interviews with Y5 students in three schools used interview questions to elicit

responses. Each of the three focus groups had six students. The researcher interviewed each focus

group with a teacher in place for safeguarding. The interviews lasted between 19 and 31 minutes

and were recorded and transcribed into a Word document. An active approach, exploring the

perspectives of the student participants across the six phases (Braun & Clarke, 2022) of the reflexive

thematic analysis, was used through an iterative process. Before the six stages listed below (see Fig.

4), the researcher engages in reflexivity.

Figure 4-5

Six Steps of Reflexive Thematic Analysis (Braun & Clarke, 2022)
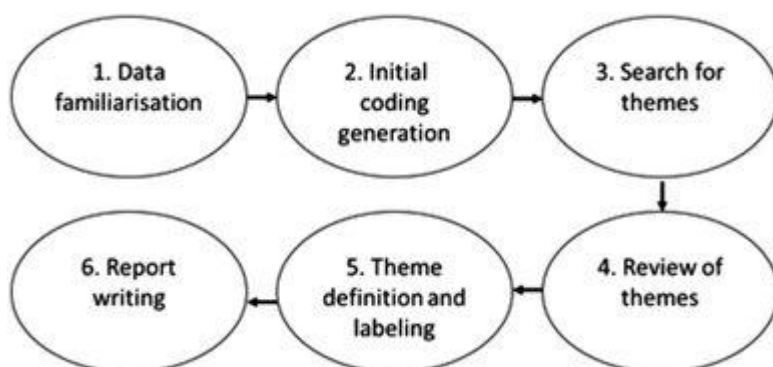
Qualitative Research Methods: The Process of Reflexivity. Before familiarising themself with

the data, the researcher engaged in reflexivity. This examination process helps them reveal

themselves as individuals and researchers. This ongoing process is about understanding how

personal biases, assumptions, expectations, choices, and actions may influence the research process.

Emphasising self-awareness is about who you are and what you may bring to the analytic process. As

the researcher is a teacher, counsellor and designer of the ALBOP programme, the researcher had to

ensure integrity, so questions were asked:

1. Did I feel I gave the students enough time to answer the questions?

2. When the students answered, was I actively listening to specific topic words

such as awareness, emotions, and enjoyment?

3.   Was I hoping to hear certain revelations on the program's impact from the students?

4.   Did I try to steer towards specific answers from students as they fed back their ideas and thoughts?

5.   Did the reflexive process thoroughly consider the participant's responses?

After the reflexive process, I was confident I had explored as many influences as possible that could affect the thematic analysis, as further discussed in Chapter 6.

The researcher then embarked upon the six stages of the RTA. Each stage outlines the methods and explains how the researcher approached it. The stages enabled the qualitative data collected from the interviews to be coded and provided themes that contributed to the establishment of a theory and subsequent hypothesis.

Qualitative Research Methods: RTA Theme Construction. The following sections on the outcome of the researcher's interviews with teachers and the student focus groups present the results of the reflective thematic analysis of the participants' responses. The researcher recognises the data sample is small for RTA, but considers it justified by the depth of the insightful responses from those who participated in the study. These responses contributed to interesting data that helped the researcher analyse and support the research question. The researcher reminds the reader that, in using RTA, the researcher possesses 'theoretical knowingness' (Braun & Clarke, 2019), which refers to the epistemological and ontological stance of the researcher when coding the data in relation to the research question.

4.8.9   Student Focus Groups.

Stage 1: Data Familiarisation. Data collection began with the design and development of the student focus group and teacher interview questions. It continued with the final collection of both interviews and their subsequent responses, which were then precisely transcribed from the verbal exchanges in both the student focus group and the teacher interviews. The transcribed data was then uploaded into NVivo.[8] software under different files, as the coding was separated for students' and teachers' responses. The researcher used NVivo software; prior to this, they had considered using Excel and Post-it Notes. However, they were concerned about the space needed for Post-it notes and the researcher's handwriting, which they recognised as not always legible, slowing the analysis. Having watched some tutorials on using NVivo for RTA, the researcher appreciated the idea of keeping everything tidy in one place while still allowing exploration of the data coding to identify themes for analysis.

The familiarisation process included re-reading from the bottom several times to ensure a deeper understanding of the data; even though the researcher had been the designer and developer and, therefore, totally immersed in the data from the outset, they were able to give their attention to every student's and teacher's responses as they had been present for these responses. The researcher felt they had an almost 3D experience of the data, recalling each interview with all their senses. With auditory memory and in transcribing and reading the responses to the questions, they felt they had become richly familiar with the data before they began the analysis. However, in reading the transcriptions, the researcher became aware of data they had not been fully aware of during the interviews. They had been actively involved as interviewers, not necessarily as listeners. Reading the data several times thoroughly helped provide deeper insights into students' and

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[8] NVivo: Leading Qualitative Data Analysis Software | Lumivero

teachers' experiences during the programme, both independently and as a class. In addition, the researcher's annotations and memos, written as a subjective storyteller after these actions, enabled them to view the data from a different angle, offering a contextual, holistic story rather than a series of responses.

Stage 2: Systematic Data Coding. The researcher coded each school's interview transcriptions separately, working systematically from the top down. The researcher moved on to another transcription only after they had explored every student's or teacher's response to the interview questions. They also had to consider that they had included some reflections on the students' responses. In these cases, students often responded with a simple 'yeah', so in selecting parts of the narrative for coding, the researcher ensured the extract included all relevant text. The process was iterative, going back and forth; then, using NVivo's graphing tools, the researcher could identify coding for each school (see Fig. 4.6).

Figure 4-6

Student Focus Groups' Initial Codes from Reflexive Thematic Analysis

Name	Files	References
Accessibilty and Acceptability	3	82
Changing mindset	3	29
Connection through sharing	3	26
Feeling educated	3	36
Recognising and Understanding emotions	3	58
Solving situations	3	23

Stage 3: Generating Initial Themes from Initial Codes. The process of generating initial themes from the data involved reviewing the coding, and the researcher sought concepts that captured meaning in the transcripts of the student-focused interviews. The researcher was constantly reading and re-reading the dataset at this stage and, in some cases, changing the code

labels until they felt the codes reflected their intuitive understanding of the overall messages from students and teachers. For the students, there were now six initial themes. At this point, the researcher had to step back from the RTA process phases to reflect on the work they had achieved so far. Returning to the initial themes, they saw possible groupings. The researcher noted from coding the interview transcripts after the 'A Little Bit of Psychology' programme finished, "I am not sure how the label for the coding came about., I believe I was asking What is this student trying to say? Instead of, I think they are trying to say this…?"

The researcher needed to be sure what the students in the focus group meant, how their responses linked with those of the other groups, and the interaction between the interviewer and the students as interviewees. So, the initial theme labels became organic and colourful, possibly because they were familiar with the programme. As they wrote the labels, they felt they relived the students' experiences accessing the programme over those nine weeks. The researcher felt it was quite an extraordinary process.

As the researcher had not previously undertaken this method of RTA or any TA exercise, they were influenced by examples of RTA on the Braun & Clarke companion website. [9]Pairing the complementary codes with the research question, they read the memo notes they had made again and began to see how the memo notes related to several codes discussed in Chapter 6 of the analysis (see Fig. 4.7). The responses from students that led to these codes can also be found in this chapter.

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[9] www.thematicanalysis.net/examples-of-good-practice - Braun & Clarke's website for Thematic analysis examples,

Figure 4-7

Coding the Transcripts from Student Focus Group Interviews
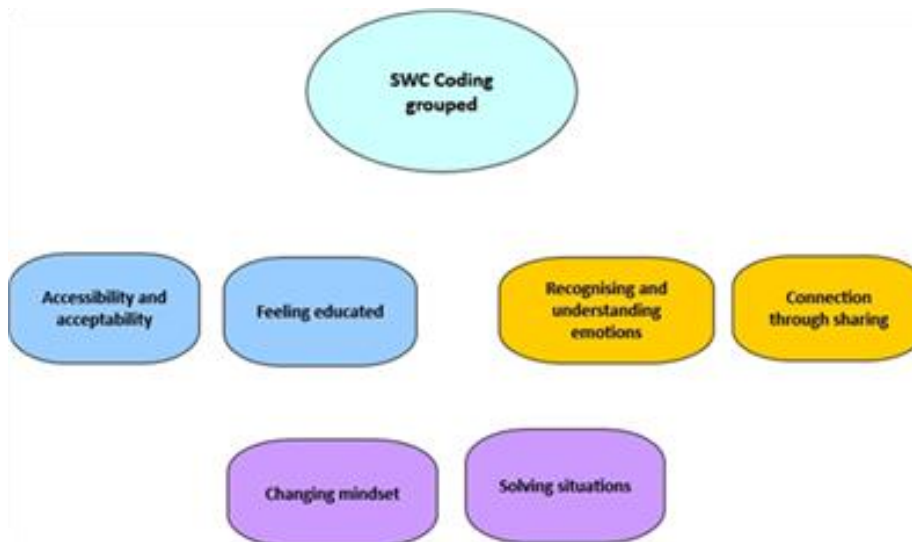
Stage 4: Developing and Reviewing Themes. The researcher was now looking for some

connection between themes. Once again, going back and forth, reading the memos they had written

earlier as stories for each school, they were beginning to see emerging chapters; whether this was

the same as patterning (Braun & Clarke, 2006), they were unsure. However, through the coding,

some evolving themes emerged, while others were not fully developed; at this point, these themes

appeared to be connected to the research question.

Three initial sets of themes merged into two main themes. This was a natural phenomenon,

as it also read like a story. The first was better attuned to the participants' mental state. If you can

recognise and understand your emotions, then you may be able to change your mindset to help you

resolve uncomfortable situations. This is more closely linked to the 'self-world capacity' components

discussed in Chapter 3. The other coding set was more problematic, as it included more practical

aspects: access to the programme, how students in the focus groups felt about that access, how

they felt about undertaking the activities, and what transpired for them. Both coding sets aligned

with the research question; the researcher then identified the initial themes from these two sets to

produce the outputs of the RTA analytic process (see Fig. 4.8). The results and discussion on the

outcomes are detailed in Chapters 5 and 6.

Figure 4-8

Initial Main Themes from the RTA of Student Focus Group Interviews
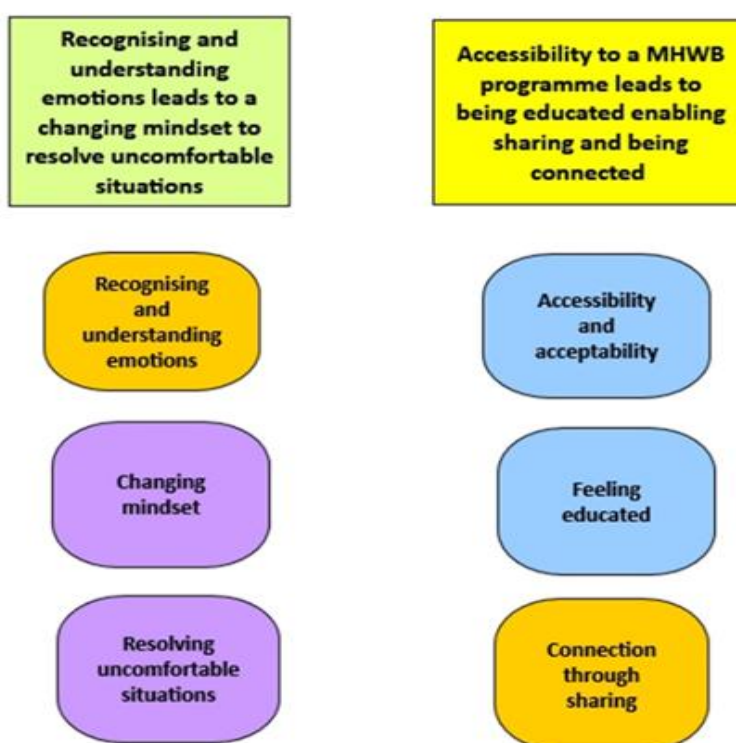
        Stage 5: Refining, Defining and Naming Themes. The analytic focus now became two foci,

each in a completely separate way. The first theme focused on the impact of actions that reacted to

the theme. In contrast, the second focused on actions already experienced through accessibility and

acceptance of that accessibility. In examining how these themes relate to the research question,

there seemed to be a connection to the first theme through the 'self-world capacity'.

Stage 6: Producing the Report. Writing the report meant piecing together the analytic narrative with the themes and corroborative data extracts from the transcripts to offer insight and interpretation of the findings related to the research question. It was not just a summary of what the students had shared in their responses; it was an interpretation of the data, while maintaining a balance between data and narrative.

The main themes from the RTA and the research question. The two main themes generated after the RTA, 'recognising and understanding emotions leads to a changing mindset to resolve uncomfortable situations' and 'accessibility to an MHWB programme leads to being educated, enabling sharing and being connected', are analysed in the results and discussion chapters as to their contribution in answering the research question (see Fig. 4.9). There are also results and a discussion in these chapters on the correlation between the themes and the 'self-world capacity' multi-components (see Fig. 4.10), which were linked with the psychological theories, and whether these can be cross-referenced with the themes to align with the components. The keywords in the theme colours identify these possible correlations.

Figure 4-9

Main Themes were Generated from Initial Themes Focus Group Interviews
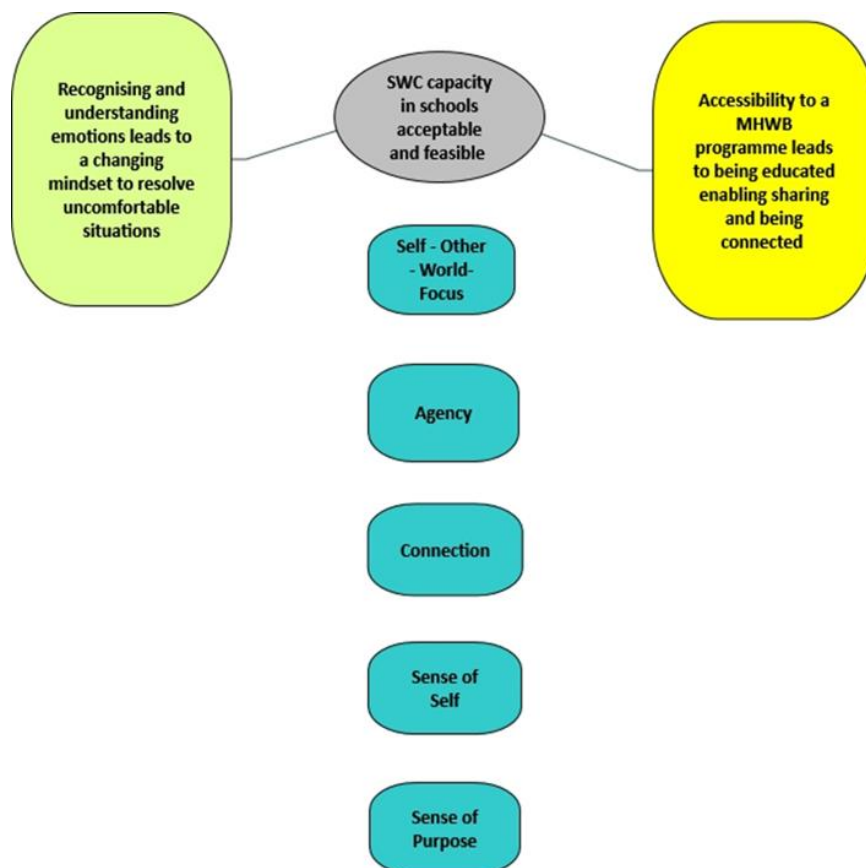
Figure 4-10

The Link Between SWC and the Two Main Themes

Self-Other-World (SOWF)	Connect/ Disconnect (COD)	Solidity of Self (SOS)	Sense of Purpose (SOPL)	Agency (A)
Present	Attachment	Fixed	Compassion	Boundaries
Change	Relationship	Changeable	Self	Destiny
Acceptance	Behaviours	Communication	Unconditional	Self-esteem

4.8.10 Teacher Interviews.

The teacher's responses were more aligned with the question. As this was a one-to-one interview, there was no opportunity to bounce ideas off another interviewee, so the responses were more practical. A clear division of themes addressed the research question as the responses became themed. However, some responses went beyond the themes, allowing the researcher to explore their potential meanings. The researcher was concerned about having too few responses, as teachers had nothing to add, a concern further discussed in the analysis and discussion chapters. For the researcher, this data set was less exciting than the focus group interviews, which were more sensitive and explored feelings and emotions. However, the researcher recognised that this data set was the practical aspect of establishing the intervention's acceptability and feasibility.

Stage 1: Data Familiarisation. The researcher began by reading all the responses from the teacher interviews while recalling the individual interviews with the teachers in their schools. At this point, there was no note-taking on what the researcher found interesting or noteworthy. The researcher had a copy of the questions to refer to and, at times, would review the question and read the response to ensure that what had been said was linked with the interview question. After reading it a couple of times, the researcher began taking notes on the teachers' overall feelings about the programme they had worked with the students on over the term. During the data familiarisation process, the researcher noted the following words: encouraging, positive, supportive, helpful, and accessible.

Stage 2: Systematic Data Coding. The three teacher interview transcripts, with responses to the interview questions, were coded by reviewing the responses and identifying key messages. Although the teachers responded to direct questions from the researcher, each with a different

heading, as discussed in the methodology section, the researcher focused on the responses to establish a code for each answer, representing a different aspect of the study's data.

The responses to the researcher's questions were sometimes very short or went into detail, depending on the question. These became NVivo nodes, sometimes called codes, from which the researcher began clustering, forming initial themes. The codes represent teachers' responses to the researcher's interview questions.

The codes focus on different areas of the study, and the semi-structured interview questions are designed to elicit as much feedback as possible on aspects of the programme that relate to the research question. The codes capture the essence of participants' experiences before, after and during the nine-week programme.

A few examples are 'activities structured', 'good teaching style' and 'content of lesson', which were generated by the particular response by the teachers. These codes were generated from teachers' discussions of how they received and used their resources during lessons. In some cases, teachers repeated their responses to a question, which also helped support the generated code, while other responses were unique and provided fuller responses.

Other codes were generated by discussing with the students what had transpired during the lessons. Teachers discussed the changes they witnessed and how their relationships with students developed as they worked through the lessons; in some cases, they noted they were learning alongside their students, which provided a positive learning experience for both. Once the researcher had developed the codes, the next stage was to generate initial themes.

Stage 3: Generating Initial Theme Groups from Coded Data. Braun and Clarke's process in reflexive thematic analysis explains that the researcher undertaking this process will bring their assumptions and preconceptions, which will impact the themes generated (Braun & Clarke, 2013). The researcher is aware of this phenomenon and includes an outline of their position regarding the data thematic analysis below.

Initial themes, sometimes called sub-themes, were generated by reflecting on the codes, which were informed by the teachers' responses and the researcher's reflexive thematic analysis. The researcher began by examining, reading, and reviewing the codes to identify a pattern or shared grouping which may become an initial theme. When generating initial themes, the researcher must continually review their involvement in the study and their epistemological stance to, where possible, eliminate or reduce biases. It would be easy for the researcher to code the data as they would like the responses evaluated or develop a theme related to the research question; however, to answer the research question justifiably, there needs to be accountable evidence of the data analysis. The researcher has, where possible, approached the data as independent in the reflexive thematic analysis, which has helped the researcher work closely with the data for analysis and at a distance for personal aims. In some instances, during this process, the initial themes began with codes collected into a single code that was related to other codes. The initial themes were evident in the recorded responses identified below.

The initial theme, 'changing behaviours', seen below in the yellow box (Fig. 4.11), was generated from the codes 'change in students' behaviour' and 'class management behaviour', which became 'students' behaviours'. The teachers' responses about changes they had noticed in students during the nine-week programme, which is discussed further in the analysis chapter, generated the code 'together moments with the teacher and student'.

The initial theme for 'support knowledge and skills' shown in the pink box (see Fig. 4.11) is derived from several codes, which reflect responses that include how teachers were supported. These include codes 'planning', 'provisions of training', 'change in the provision of resources and training', and 'communication with the researcher'.

The initial theme, 'resources for teaching and learning,' shown in the blue box (Fig. 4.11), was generated from the codes 'activities structured, video snappy, resources to understand and ease of programme'.

The initial theme 'learning opportunities', seen below in the green box (Fig 4.11), is generated from the codes 'good teaching style', 'content of lesson', 'psychology terminology good', 'enabled learning' and 'recommend to other schools'. Again, these codes were summarised to help support the development of the theme.

Figure 4-11

Initial Themes Generated from Coding for Teacher Interview Data
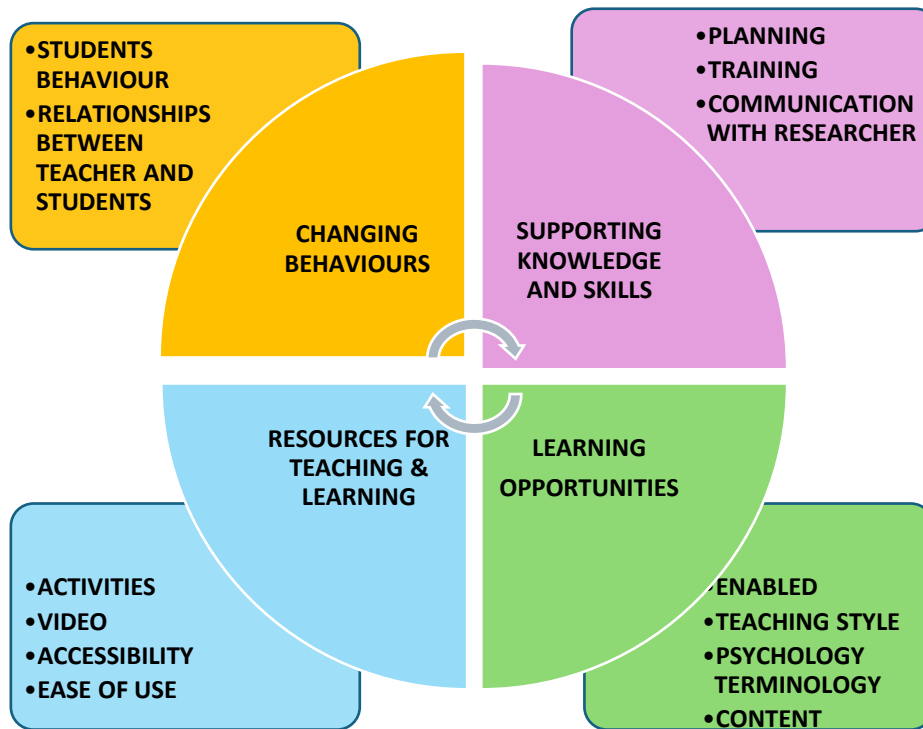
Stage 4: Developing and Reviewing Themes. This phase explores the initial themes and provides an accurate account of what transpired during the research interviews with the teachers and the focus group students. In this study, the researcher grouped initial themes by identifying common threads or patterns of shared meaning, leading to themes of supporting knowledge and skills, resources for teaching and learning, changing behaviours, and learning opportunities. The initial themes were generated from the initial coding of the teacher interview data transcripts.

Figure 4-12

Initial Themes Become Four Distinct Groups, Each Grouped into Two Themes.
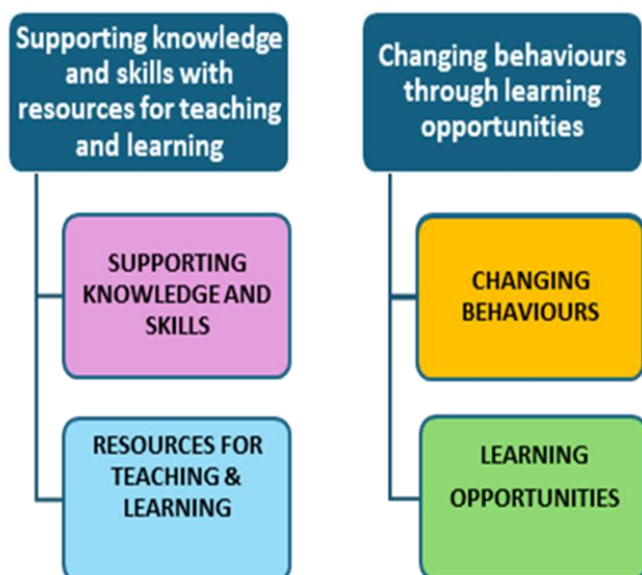
Stage 5: Refining, Defining and Naming Themes. Developing, redefining, and naming themes engages a 'centralising organising concept' for each theme when undertaking RTA (Braun & Clarke, 2013). The researcher, in re-reading the initial themes, was able to provide the narrative by linking themes together by examining the dominant patterns to produce two main themes supporting knowledge and skills (see Fig. 4.12), resources for teaching and learning, changing behaviours, and learning opportunities, which contributed to the evidence that answers the research question. An analysis and discussion of the themes' relevance to the research question are presented in Chapters 5 and 6.

4.8.11 Qualitative Reflections

In choosing a mixed methods approach for this study, the researcher looked to the paradigms of pragmatism and interpretivism for their approach to align with the research question: Is an intervention fostering all the components of a 'self-world capacity' acceptable and feasible to deliver in primary schools to support students' mental health and well-being? However, the positivist paradigm also fits well with a mixed methods approach, especially with reflexive thematic analysis, as its predictive approach allows the researcher to make predictions based on patterns and, together with the quantifiable analysis, enables triangulation, providing a range of perspectives (Olsen, 2004). Although a constructivist approach, with its focus on human perception, enables interpretation and understanding of the subject, the qualitative paradigm of a pragmatic approach helps the researcher focus on practical solutions, blending both qualitative and quantitative data from the study. Through its strategy, the design process enabled the researcher to generate interesting data to explore in a new RTA research experience.

4.8.12 Quantitative Research Methods

Quantitative data collection methods are key to the rigour of a research paradigm. A paradigm is a belief in an objective reality that can be discovered through the scientific method. It is a paradigm that, through the construction of robust evidence, allows the researcher to either support or reject the answer to their research question, as they understand the relationships embedded in the data (Crotty, 1998; Phillips & Burbules, 2000). The quantitative data in this study are consistent with a positivist research paradigm, as evidenced by statistical tests and meaningful effect sizes, which are further discussed in Chapters 5 and 6.

Quantitative research, a 'top-down approach' described by Fallon (as cited in Leavy, 2022), provides comprehensive answers to questions such as who, what, when, where, and how many. It is a deductive approach in which you analyse the data according to your specific hypothesis, and the data answers your question with numbers and a potential explanation. Therefore, questionnaires or surveys lend themselves to being transformed into statistics with graphs and charts. In this research study, quantitative data support qualitative data as it seeks to answer the research question through a mixed method approach, using interviews and questionnaires completed by students, teachers, and parents. Gelo et al. (2008) state that quantitative and qualitative methods provide a 'fruitful' context for psychological research, which has relied heavily on experimental studies to test hypotheses in quantitative data.

Researchers use quantitative data and content analysis methodologies, including observational, correlational, experimental, and case-study research. This study's experimental design tested the hypotheses of the research question by isolating and controlling variables to establish a cause-and-effect relationship (Kivunja & Kuyini, 2017).

The quasi-experimental design of this study has two levels: an intervention group and a control group. The students were selected by convenience sampling, as the schools volunteered for the research study from an academy of schools. The students' ages ranged from 10- to 11-years-old, as they were in Year 5. All groups participated in pre- and post-intervention testing; however, only the intervention group received the intervention programme, while the control group received none, allowing for a comparison of its effects. Quantitative data were collected by using questionnaires. The researcher developed a one-off questionnaire for the 'self-world capacity' components, ensuring the questions were contextually and age-appropriate. The 'self-world capacity' questionnaire, however, was not validated, and this was a limitation of the study discussed in Chapter 6 under

limitations. The validity of the 'self-world capacity' questionnaire was examined to determine whether the questions captured elements of information sought by the researcher and whether they adequately captured what is sometimes referred to as a specification error. (DeMaio & Landreth, 2004; Groves et al., 2009). Any measurement error could be related to the 'self-world capacity' being a paper-based self-completion questionnaire or to students providing inaccurate answers due to misunderstandings or misinterpretations of the questions. The researcher took steps to provide some validation by asking for feedback from the coordination development group. Although the group were considered professional teachers, they were not experts in questionnaire validation; they provided feedback solely on the questionnaire's acceptability and understanding. Another step for validation is piloting the questionnaire, which the researcher had hoped to undertake.

The 'self-world capacity' student questionnaire was to be piloted in Phase 2 to assess reliability, using a sample comparable to that used in the study. This was considered appropriate, as the researcher felt that using students to establish the programme's access and questionnaire reliability was ethical. The questionnaire was intended to be evaluated, which meant any need to delete or ignore questions could be actioned if they showed poor correlations or lacked a sound basis for inclusion in the analysis, thereby affecting the interpretation of the data. However, because the pilot school was unavailable, the CDG piloted the questionnaire.

A standardised PANAS-C and Strengths and Difficulties (S&D) questionnaire provided further insight into students' well-being, as discussed in this chapter and Chapters 5 and 6. The teachers and parents completed this pre- and post-intervention testing. In addition to the student and teacher questionnaires, the CDG also participated in a survey during Phase 1 of the study. The CDG were asked to give feedback on the intervention using a Likert scale. These were '1 Exceptional, 2 Good, 3 Adequate, 4 Poor, 5 Unsuitable'. The CDG's feedback was independent rather than as a group, which

the researcher felt was vital, as they were aware that participants in the CDG may not have felt

comfortable voicing their views in a group, thereby giving the group more opportunities to provide

feedback. The survey included feedback on the design/visuals, language/vocabulary, access to

use/resources, feasibility/appropriateness, and safety/support. The results and discussions of this

survey are presented in Chapters 5 and 6.

Quantitative Research Methods: Data Collection. The primary source of quantitative data

for this study is the 'self-world capacity' questionnaire administered to student participants. In

addition, the students completed the PANAS-C, and parents and teachers completed the S&D

questionnaires. The questionnaires were distributed to students using printed materials posted to

the school in advance. The teachers were given a code sheet listing the participants' names and

corresponding numbers, which served as their serial identifiers, and these numbers were then

written on all the questionnaires. The researcher then matched the pre- and post-intervention

questionnaires with the PANAS-C and S&D to form a data pack for each participant. The teachers

also had access to blank questionnaires through a shared Google Drive in case they needed more

resources. There is a reliance on the teacher's administrative actions to ensure that all the students'

data is collected and numbered. There was also a reliance on parents' consent to participate in the

study and return the documentation. The teacher's survey was sent via a Qualtrics link.[10] to be

completed online. Several issues with the non-return of documentation led to missing data and an

unusable dataset, as no parent consents were collected.

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[10] https://www.qualtrics.com/

The quantitative research collected data from participants, enabling numerical analysis and the development of themes to address the research questions. Students were also informed that their names would not be disclosed, in accordance with the researcher's university ethical standards.

The 'self-world capacity' student questionnaire, both pre- and post-intervention, with 18 statements provided a choice of responses on a Likert scale from 'never, a little bit, some of the time, most of the time, all of the time'. The Likert scale provides a composite score for statistical data analysis. The Likert scale for data collection is considered more subjective than objective, as the researcher can never be sure there is no bias. On a five-point scale, it can be difficult for the participant to choose, since there is always a middle option. One limitation of using a student questionnaire is the difficulty of administering it. This is discussed further in the limitations and discussion chapter.

The 'self-world capacity' questionnaire aimed to provide sufficient data to establish, at the outset, the student's awareness of the five components of the 'self-world capacity' and, after the intervention, whether that awareness changed. This data analysis also provided insight that could be triangulated with the qualitative analysis, including student focus groups and teacher interviews. A PANAS-C and S&D questionnaire also provided additional information on the students' mental health pre- and post-ALBOP intervention. In addition, the teacher survey (see Appendix J) offered teachers the opportunity to provide feedback on the intervention programme from their perspective, including its content, delivery, and impact. This allowed the teachers to reflect on the experience of working with the programme.

Other quantitative data included the CDG and its role in identifying specific issues with the intervention during its development, to ensure the researcher had a viable intervention that would

be acceptable and feasible to deliver in primary schools. Having participants with experience as teachers and counsellors working in primary schools with year 5 students was key to establishing a safe intervention, with the key learning being self-world capacities for supporting mental health and well-being. They had a survey to respond to individually, which is discussed in Chapter 6.

Student Questionnaire Pre- and Post-Intervention. The researcher chose fixed choice question response questions, which are statements in which participants choose what fits best with their reflection for the statement and choice of answers, which can be thought of as a disadvantage as this does not allow the participants to be able to voice their feelings and thoughts (Cicourel, 2004); however, as this study has a mixed methods research design, the researcher felt that this questionnaire was sufficient as it allowed for variables to be established which would contribute to answering the research questions. There is also the view that fixed-choice questionnaires exhibit less bias. Questionnaires to be viable need enough participants (Stangor & Leary, 2006); the researcher had hoped for a more significant number of participants; however, the number of participants for this study is sufficient to provide some analysis in answering the research questions as the total number of available students in the intervention group and the number that participated give an almost 95% confidence level with a 5% margin of error.

A questionnaire was designed to measure students' understanding and recognition of behaviours, actions, and emotions as an evaluation of the ALBOP programme, using the 'self-world capacity' and its corresponding theories, to allow for pre- and post-intervention programme responses. The 18 questions focus on establishing students' understanding of what they know before and after the delivery of the ALBOP intervention, using questions that begin with 'I understand.' Using the word 'understand' means establishing what they already understand about several physical and psychological thoughts, actions, experiences, and emotions. The questions are

presented on a 5-point Likert scale (Joshi et al., 2015): 'never, a little bit, some of the time, and all the time'. The results of the student questionnaires, analysed using SPSS, are presented in Chapter 5.

The CDG viewed the questionnaire as a means for the researcher to assess the readability and understanding of the questions. The group commented that the language was acceptable, but some words may not be known in the brain's context, so they were changed before Phase 3. The CDG agreed that the statements used the word 'understanding' because it was a term the study participants would be familiar with and recognise as relevant to the questions. This was based on the group's teaching experience working with Year 5 classes.

Strengths and Difficulties Questionnaire: Teachers and Parents. The Strengths and Difficulties (S&D) questionnaire is a short behavioural screening questionnaire for students between the ages of two and 17 (see Appendix F). The scale has good internal consistency (mean Cronbach's alpha = .73) and a 4-to-6-month test-retest reliability of 0.62 (Goodman, 2001). The S&D Questionnaire is widely used in research because it is helpful and has been shown to provide a comprehensive view of children's mental health status pre- and post-evaluation (Hobbs et al., 2007). There are several versions, and each version has at least 25 items on psychological attributes, some of which are positive and others negative. The 25 items are divided between 5 scales. These are emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour. The questionnaire is completed by parents or teachers (Goodman, 1997). The researcher used a single-sided version without the impact supplement, an A4 one-sided S&D Questionnaire for parents or teachers for 4- to 17-year-olds. Teachers and parents were asked to complete an S&D questionnaire for their child to assess the student's current MHWB pre- and post-intervention. The S&D questionnaires were provided in paper format, and parents' S&D

questionnaires were sent home for completion and returned to the class teacher at both the outset of the ALBOP programme and after its completion, about 9 weeks later.

There are sometimes difficulties sending documents home for parents to complete and return to school. The researcher's experience, as both a teacher and parent, was aware that there would be missing data due to this action and sending out a Qualtrics survey to use either by phone or email to individual parents would have probably generated more responses; however, this would have meant accessing parent addresses and the researcher did not have the resources to undertake this method of data collection.

As previously stated, the pre- and post-intervention questionnaires were printed and provided to the class teachers so that students in both the intervention and control groups could complete them by hand; each questionnaire was numbered, with each number corresponding to a student's name. The student pre- and post-intervention evaluation questionnaires were designed to assess changes in students' experiences over the nine-week ALBOP intervention programme. As discussed in Chapter 3, the statements are linked to the lesson content, with lessons that use a multi-component approach and are grounded in psychological theories. The 18 statements explore the student's experiences during the nine classes. The data from these questionnaires provides insight into what happened during the nine weeks. The 18 statements were on a 5-point Likert scale, and the teacher was given a slide with resources to explain how to complete the questionnaire (see Fig. 4.13). The students' choices were randomised by number. However, they included all five components of the 'self-world capacity' (see Table 4.4). Further discussion on the design of the 'self-world capacity' questionnaire is discussed in Chapter 3.

Table 4-4

Student Questionnaire with 18 Questions for the Five Components of the SWC

I understand that I can change what I believe.		I understand I can choose who I want to be.		
I understand that others may change what they believe.		I understand how I can take care of myself when in conflict situations.		
I understand that the world and my environment can change.		I understand why I don't always feel in control of my emotions.		
I understand why it's important to be self-aware.		I understand how I can help others positively and take care of myself.		
I understand why we need to ask for help.		I understand how I can make a positive difference to my family and friends.		
I understand why being connected to others is important.		I understand why compassion is important to me and others.		
I understand I may change the way I think as I grow older.		I understand why it's important to love myself.		
I understand that what I want may change as I grow older.		I understand I can make a positive difference in the world.		
I understand I can change myself at any time.		I understand why it's helpful to feel you have a purpose in life.		

Figure 4-13

Student Lesson One Video Screenshot of Likert Scale 1-5.
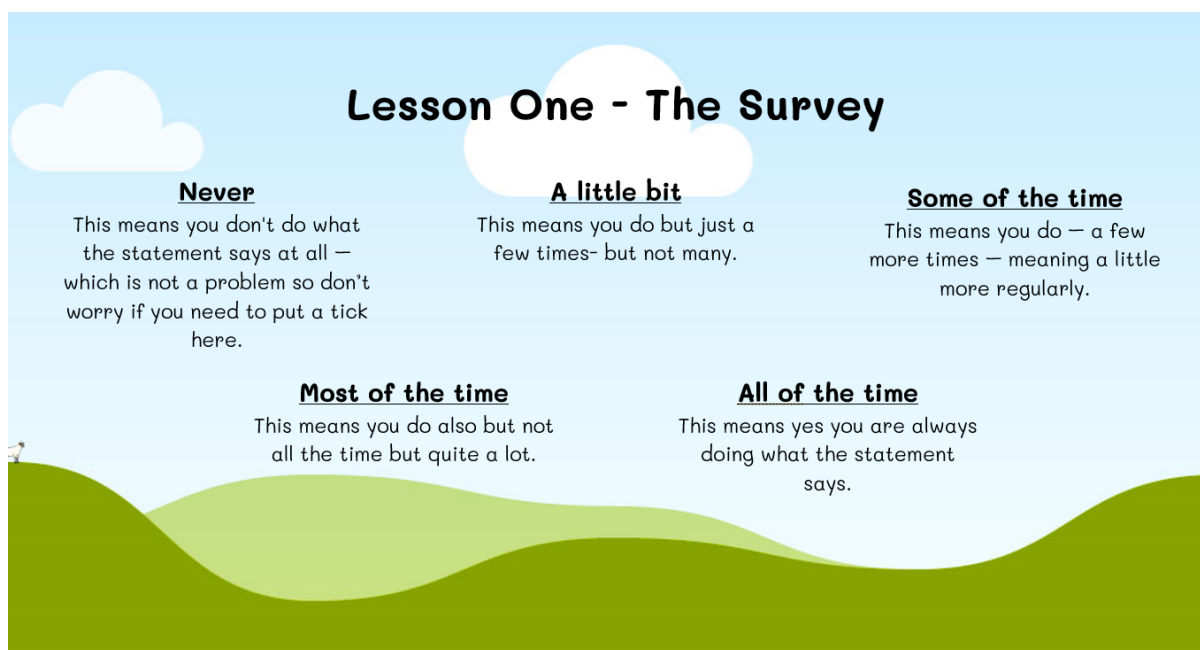
Data from the 'self-world capacity' intervention questionnaires for the intervention and control groups were entered into the Statistical Package for the Social Sciences (SPSS) software. The teacher questionnaire responses were analysed on a 0-5 scale and within sub-scale groups for pre- and post-intervention. Each question was aimed at relating to the intervention and the research question.

PANAS-C Questionnaire: Student. The study also included the Negative Affect Schedule (PANAS) for children, which was used for the intervention to gather information on the students' mental health. PANAS-C was selected because the research established that the scales demonstrated good convergent and discriminant validity with existing self-report measures of students' various mental health issues, including anxiety and depression (Ebesutani, et al., 2012).

PANAS-C is a self-assessment questionnaire that measures students' emotions and feelings, and it was considered an essential contribution to data analysis for this reason. Students can sometimes feel energised and proactive, but at other times, they may feel angry and upset. At the same time, these positive and negative feelings, or a mix of both, may affect how they think about themselves, their lives, and possibly their academic work at school. PANAS-C aimed to determine whether there was a significant difference in their PANAS-C scores, which could be a consequence of the ALBOP intervention. The PANAS-C scale has two sections to measure both positive and negative effects. The positive impact refers to the student's tendency to experience positive emotions; the higher the positive impact, the more prevalent these emotions are. The adverse effect is the opposite and refers to the negative emotions the students might be experiencing. The current thinking is that students with positive affect will surpass the aspect of an adverse effect and will, therefore, be more positive and resilient and better able to cope with challenging situations positively; however, those students who have a higher adverse effect are more likely to exhibit anxiety or be disengaged and are less likely to be involved in their learning at school.

Students with a positive effect will generally seem more cooperative and engaged with others, supporting their learning at school. The PANAS scale was developed by three American psychologists in 1988 (Watson et al., 1988). They aimed to improve the reliability and accuracy of mood measurement. However, the results were questionable, and PANAS is now primarily used as a

research tool in social science and clinical settings. There are several different versions of the PANAS scale, and for this study, PANAS-C was chosen as it is designed to measure the mood of school-age children. The PANAS-C asks students to rate adjectives of varying mood states based on how often they have felt that way in the past few weeks, using a 5-point Likert scale ranging from 1 ("very slightly or not at all") to 5 ("extremely"). There are 24 items—12 positives (e.g., excited, inspired) and 12 negatives (e.g., upset, afraid). Students were asked to complete their PANAS-C questionnaire pre-intervention and post-intervention. The period between the initial and final completion of these questionnaires was about nine weeks, which provided the researcher with an overview of students' emotional states before and after the intervention through their responses on a 5-point Likert scale for each positive and negative emotion. PANAS-C recognises that you can feel both positive and negative at the same time. Then, participants' scores for positive and negative responses were totalled before and after the nine-week ALBOP programme. The advantages of the PANAS-C are that it is easy for participants to use, and the disadvantages are that it is a subjective, self-reported measure. Hence, accuracy depends on participants' understanding and on their emotional state at that moment. The researcher will discuss the results of the PANAS-C questionnaires completed by the students in the results and discussion Chapters.

Teacher Survey. The teacher survey was provided to all three schools, and two teacher surveys were completed anonymously online through Qualtrics. The teacher surveys were completed post-intervention to ascertain the teachers' experiences delivering the programme. They were centred on the research question, which sought to determine whether the ALBOP programme was acceptable and feasible to deliver within a PSHE programme in primary schools. The ten questions were closed responses within a 5-point Likert scale: (1) strongly disagree, (2) somewhat disagree, (3) neither agree nor disagree, (4) somewhat agree, and (5) strongly agree. The ten questions focused on the programme's delivery, understanding, and experience. The questions were

chosen to address the research question of whether a school intervention to support students' MHWB was acceptable and feasible to deliver within a PSHE programme in primary schools (see Table 4.5).

Table 4-5

Teachers' Survey Questions

Teacher's survey at the end of the nine-week ALBOP intervention programme
I understood the programme's aims: (1)
I understood the content of the programme (2)
I liked the concept of a multi-component approach (3)
I think the knowledge in the lessons is helpful for pupils' mental health (4)
I think the skills in the lessons are helpful for pupils' mental health (5)
I believe the lessons were appropriate for the year group (6)
I would like to see more psychology in the primary curriculum (7)
I felt comfortable teaching the topics in the lessons (8)
I learnt something new from the programme about how to support self-regulation (9)
I would like to see the learning of mental health for pupils as part of the programme for the primary curriculum in schools (10)

Data were analysed in light of the research question, based on teacher questionnaires and teacher notes on planning documents, as discussed in the qualitative section of this chapter.

Coordination Group Survey (CDG). Using Qualtrics, the CDG was invited to provide feedback on the ALBOP intervention programme after 4 weeks, with five questions assessing whether the programme is safe, feasible, and age-appropriate for students' learning. The 5-point Likert scale was represented by (1) exceptional, (2) good, (3) adequate, (4) poor, and (5) unsuitable. The results are discussed in the analysis and discussion chapters.

Q1 - What do you think about the language/vocabulary used in the videos to support student learning?

Q2—What do you think about the teacher's/student's ease of use and access to the video/resources for learning?

Q3 - What do you think about the feasibility and appropriateness of the videos/resources as an intervention to support mental health and well-being for Year 5 students?

Q4 - Do the videos and resources support the safety of the users, in this case, the teachers/students?

Q5 - What do you think about the design/visuals of the video to support student participation?

The CDG's contribution was significant for the researcher, as this group had considerable experience working in schools with students using a sensitive and inclusive approach. The programme covered new topic areas in a subject not currently in the curriculum. Therefore, the CDG contributed to the risk assessment by ascertaining whether content or vocabulary would cause concern.

Quantitative Research Methods – Data Analysis. Data analysis provides a method for determining answers to the research hypothesis through statistical analysis, often presented in charts, graphs, or tables. The participants' data for quantitative analysis in this study were entered into IBM SPSS after data preparation. The researcher chose descriptive (Beins & McCarthy, 2018; Pallant, 2020) and inferential analyses (Adler & Clark, 2011).

Data preparation included removing incomplete resources involving several options, including accepting, eliminating, or reconstructing values to organise the data (Pallant, 2020). The researcher made adjustments concerning missing data. The student questionnaires were only those with parental consent and were checked for incomplete responses. There were very few missing

responses from students. In the 'self-world capacity' questionnaire for students' pre-intervention, there was only one missing item out of the 25 possible responses, so the 'mean' of the reactions was provided; however, in some cases, rows had to be deleted as there was no corresponding post-intervention test. This may have been due to a student's absence on the day the post-intervention test questionnaire was completed. The teacher's completion of the pre- and post-intervention S&D questionnaires saw few adjustments: only one response was missing, and a 'mean' was provided to complete the record. Only one S&D teacher questionnaire post-intervention was deleted; again, this was due to the pre-intervention questionnaire not being available, possibly because students were absent on the day of the pre-intervention test. The S&D parent questionnaire had more deletions due to missing pre- and post-intervention data, which are discussed in the analysis and discussion chapters. The PANAS-C pre- and post-intervention questionnaires completed by the students also had a small number of missing responses; a 'mean' was provided, and again, a significant number of rows were deleted due to missing pre- and post-intervention tests for students (see Table 4.6). Again, this could have been because the tests were conducted on a day when students were absent, since the post-intervention tests were administered in the last week of the term.

In addition to adding missing data and incomplete records, the data were checked for anomalies, and the researcher used Excel to combine the data for copying and pasting into SPSS. The PANAS-C responses to negative items had to be recoded and reversed for input into SPSS, so that all reactions could be measured. Once the data had been cleaned and prepared, the researcher began analysing them in SPSS (see Table 4.7).

Table 4-6

Record of Missing Data and Action Taken on Quantitative Data

Document	The number of items where 'mean' is provided to provide for missing data	The number of items where rows were deleted
SWC Questionnaire Pre	1	6
SWC Questionnaire Post	4	6
S&D Pre Teacher Questionnaire	2	0
S&D Questionnaire Teacher	0	1
S&D Questionnaire Pre Parent	0	17
S&D Questionnaire Post Parent	0	30
PANAS Questionnaire Pre	4	21
PANAS Questionnaire Post	7	23

Table 4-7

Record of Tests Undertaken for Quantitative Data - Questionnaires

Document the number of responses per questionnaire	Reliability	Descriptive	Normality	T-Test Paired	Two-Way ANOVA	Notes
PANAS Pre and Post (24)	Cronbach's Alpha	Summary item Statistics	Kolmogorov-Smirnov and Shapiro-Wilk tests Pre and post	Bootstrap		Positive and Negative - negative scores reversed.
S&D Teacher Pre and Post (25)	Cronbach's Alpha with subscales	Summary item Statistics with five subscales	Kolmogorov-Smirnov and Shapiro-Wilk tests Pre and post	Wilcoxon Test Ranks five subscales and total difficulties		Subscales = Prosocial, hyperactivity, conduct, peer problems, emotional, and total difficulties

Table 4 7 continued

Record of Tests Undertaken for Quantitative Data - Questionnaires

Document the number of responses per questionnaire	Reliability	Descriptive	Normality	T-Test Paired	Two-Way ANOVA	Notes
S&D Parent Pre and Post (25)	Cronbach's Alpha with subscales	Summary item Statistics with five subscales	Kolmogorov-Smirnov and Shapiro-Wilk tests	Wilcoxon Test Ranks five subscales and total difficulties		Subscales = Prosocial, hyperactivity, conduct, peer problems, emotional, and total difficulties
SWC (18)	Cronbach's Alpha	Summary item Statistics with five subscales	Kolmogorov-Smirnov and Shapiro-Wilk tests	Wilcoxon Test Ranks five subscales	Descriptive, within and between-subject effects	Subscales —= (SOW), (COD), (OS),(SOP), (A)

4.8.13   Quantitative Reliability, Normality and Inferential

Reliability Testing

Reliability tests using Cronbach's Alpha were conducted on all data, including responses from students, teachers, and parents participating in the study, with consent for both pre- and post-intervention testing. The reliability test was tested within five Strengths and Difficulties Questionnaire subscales. The total difficulties subscale included all subscales except the prosocial, as indicated by the Strengths and Difficulties Questionnaire.

According to Fallon (as cited in Leavy, 2022), reliability testing provides a measure of internal consistency to ensure that the questionnaire's items elicit consistent responses. Cronbach's Alpha provides a coefficient that ranges from 0 to 1. A higher value of 0.70 is considered acceptable in social science research. All results on the questionnaires' reliability are in the results chapter of this study.

Descriptive Statistics and Normality Intervention Testing

Descriptive statistics provide insight into the research study's outcomes by providing

measures of central tendency, such as mean, median, and mode (Beins & McCarthy, 2018; Pallant,

2020). Normality testing measured skewness and kurtosis of the responses to assess distributional

normality; a non-significant result (Sig. value > 0.05) suggests normality. The results of the reliability

and normality tests indicated that the data for the PANAS-C, S&D questionnaires for teachers, and

'self-world capacity' were suitable for parametric testing, such as T-tests and analysis of variance;

however, the S&D Parents' data fell outside normality ranges, and therefore, non-parametric testing

was used.

All the questionnaires provided descriptive statistics. The PANAS-C questions were

completed by students participating in the intervention, and their scores were used to identify pre-

and post-intervention changes. There were no PANAS-C results for the control group, as the control

group classes in the schools had not been administered the test. Whilst the S&D questionnaires for

teachers were completed with pre- and post-intervention tests in the intervention groups, there was

a poor response from parents in both the intervention and control groups, so data were excluded

when there was a mismatch between the pre- and post-intervention tests.

Inferential statistics

Various inferential statistical tests were conducted to test the quantitative hypotheses posed

by the research question. Using statistical testing to establish the hypothesis that the school

intervention 'ALBOP' to support mental health and well-being had a positive effect on participants, as

evidenced by a more positive attitude and increased understanding of the 'self-world capacity' from

pre to post-delivery of the nine weekly lessons. A null hypothesis would indicate that there was no change in participants' positive attitude or in their increased understanding of the 'self-world capacity' following the delivery of the school intervention 'ALBOP'.

Independent-samples t-tests were conducted on the PANAS-C, S&D questionnaires for teachers and parents, and the 'self-world capacity' questionnaires for students. The aim was to compare mean productivity scores between the pre- and post-intervention testing groups and to assess the intervention's significance relative to the control group.

A two-way analysis of variance (ANOVA) was performed on the 'self-world capacity' student questionnaires to examine differences between pre- and post-intervention testing and between the independent and control groups, using both between- and within-subjects testing.

Software used

SPSS was used to analyse all quantitative data, except the teacher and CDG surveys, which were analysed in Qualtrics.

Interpretation of results

Chapter 5 analyses all quantitative data, including those obtained through reflexive thematic analysis.

4.8.14   Quantitative Reflections.

In choosing a mixed methods approach with quantitative methods for this experimental study, the researcher looked to the paradigm of positivism for its research approach to align with the research question: Is an intervention fostering all the components of a 'self-world capacity' acceptable and feasible to deliver in primary schools to support students' MHWB? Its deductive approach allows the researcher to test a hypothesis by analysing its data. Using standardised research instruments such as SPSS and Qualtrics to compare groups and link variables, quantitative methods provide data validity and reliability while remaining impartial and unbiased, enabling triangulation with their qualitative counterparts and offering a range of perspectives (Olsen, 2004).

4.8.15 Ethical Considerations and Limitations

This study involved several ethical considerations affecting all participants and the researcher, with a focus on participants' mental health and well-being and on the programme's implications. The researcher took precautions at the design stage and in Phase 1, when several counsellors, teachers, and special needs teachers reviewed and discussed the programme to ensure inclusivity and safety in its content and the use of its accompanying resources. The researcher was aware of the schools' demographics and recognised the importance of language and culture in communication, of respecting all participants, of listening, and of asking questions. The researcher attempted to provide a safe, controlled approach that was risk-aware yet fun and engaging, helping participants feel welcome and involved. Participants were assured that the data was anonymised and they could access the final report. A thorough training session for teachers was provided to outline the implications of delivering a programme that may bring emotions, feelings, and thoughts into focus, which can be a possible trigger for some people, including teachers. The researcher considered the students' rights to participate and the questions that may arise when parents and teachers complete the S&D questionnaire. The researcher offered evening online question-and-answer sessions for schools, which were relayed to the parents. As it happened, parents did not take up this provision in any of the schools.

4.8.16 Role of the Researcher

The researcher supported the school staff and parents from the outset and built a strong relationship, enabling regular contact throughout the intervention programme. Feedback from teachers was coming in during this time, which was helpful for field notes. The main programme was accessed through a Google Drive login, which gave teachers access to all the videos, resources, and

documents. With online access to Zoom, prior training for school staff and voluntary information sessions for parents were made available. As a former primary school teacher, the researcher had conducted action research in their schools and had a good understanding of how precious time is in schools. The researcher believes that having ready-made resources, planning already completed, and access to easy-to-understand and follow teaching resources were key to the teacher's programme delivery. This is from their perspective and reflects the feedback they received verbally throughout the programme.

4.8.17 Informed Consent Forms

This research required all participants' consent, especially as all participants are under 16 years of age, and a consent form was signed by a parent/carer so students under 16 could participate in the intervention. These were given to teachers to hand out to students, for students to take home to their parents/carers for signing, and to return to the school. In addition, each student was required to sign a consent form before completing the pre-intervention questionnaire. The parent consent form allowed their child to volunteer to participate in a semi-structured interview as part of a focus group. There were opportunities to ask questions and discuss the intervention programme's aims and content with their teacher before it was delivered. Participants were informed of the right to withdraw from the research study at any point without giving a reason (see Appendix G)

4.8.18 Limitations

The limitations of a mixed methods research design include limited time, energy, and resources. Although a mixed methods approach can offer greater validity and reliability, providing a

more holistic view of the issue under scrutiny, there is a juxtaposition between constructivism, in which reality is subjective, and positivism, in which reality is measured and therefore objective and universal. The researcher believes that pragmatism in this study supports a mixed methods design, as it offers a complementary approach that yields deeper insights into the research data.

4.9   Ethics Statement and Risk Assessment

The researcher's values are intertwined across the roles of researcher, teacher, and counsellor. As a counsellor, the researcher is bound by the BACP ethical guidelines; as a teacher, by the teaching standards and safeguarding protocols provided by the UK Government and the Department for Education; and as a researcher, by the University of York's ethical approval.

As a counsellor, the researcher's values and principles are deeply rooted in respecting human rights and dignity, alleviating symptoms of personal distress and suffering, improving people's well-being and capabilities, enhancing the quality of relationships between people, increasing personal resilience and effectiveness, and upholding ethical principles such as trustworthiness, respect for autonomy, promotion of well-being, and prevention of harm. These values and principles serve as a strong foundation for the study's ethical conduct, reassuring the audience of the researcher's commitment to the highest standards of research ethics.

The researcher was fully aware of and trained in child protection and safeguarding as a teacher. Although this was not required in school research, the 'self-world capacity' was an MHWB intervention. Due to this knowledge, the researcher undertook a comprehensive risk assessment (see Appendix C). This was provided to schools at the very outset to support the teacher's understanding of any risks, particularly to themselves, other staff, the school listener, and, of course,

the students. School staff needed to understand that the programme being delivered may trigger

thoughts and emotions, causing uncomfortable feelings not just for students but for them as well,

and leading to a desire to discuss their triggers in an open setting. Understanding that teachers were

not trained counsellors was an important issue for the researcher, as they could put the school staff

in a precarious position. Hence, the main aim of the risk assessment was to identify all possible risks

to the safety of students, school staff, and the researcher. It was equally challenging as the

researcher would not be in class when the lessons were being delivered and would not know what

was transpiring. Every consideration was taken to ensure everyone's safety.

As per the Data Management Plan (see Appendix K), the data was stored in accordance with

the Data Protection Act, and the researcher's university provided guidance. Timeliness was

important, as the intervention should have been delivered in 2022. However, due to the impact of

COVID-19 on students' MHWB and academic performance, the intervention was pushed back to

2023. Phase 2, which did not take place, was scheduled for the spring term, and Phase 3 took place

in the summer term of 2023.

4.10   Methodology and Conclusion

The research study began with the researcher's concern about the MHWB among young

people. After examining the literature on school-based interventions to support MHWB, the

researcher found that interventions mainly focused on specific aspects of social and emotional

learning at any given time and wondered whether more was required. The researcher began with a

scoping review and, from there, formulated a research design by considering their philosophical

stance, which led to the approach they adopted. A strategy was implemented, and a process led to a

mixed methods approach. This mixed methods approach used qualitative data from focus groups and

individual interviews, with a reflexive thematic analysis to interpret the data and address the

research question. The other method chosen was a pre- and post-intervention questionnaire and

teacher questionnaires to evaluate the programme, to generate a hypothesis. The intervention was a

series of nine lessons that the researcher had developed with resources, so the teacher could pick up

the programme and run with it. This mixed methods approach provided insight and reliable,

measurable data, which the researcher used to yield interesting and valuable findings discussed in

Chapters 5 and 6.

5. Results

5.1 Qualitative Data

5.1.1 Results of Reflexive Thematic Analysis

Research Question: *Is an intervention fostering all the components of a self-world capacity acceptable and feasible to deliver in primary schools to support students' mental health and well-being?*

This study's design and methods are grounded in an experimental research framework, combining inductive and deductive approaches to qualitative and quantitative data collection. This chapter analyses data from teacher and student focus group interviews. Three schools were actively involved at the start of the summer term 2023.

The 'self-world capacity' intervention program, 'A Little Bit of Psychology' (ALBOP), was introduced into schools for Year 5 students, with intervention and control groups. The 'self-world capacity', with its five components, is a multi-component approach linked to psychological theories that delivers a programme to support MHWB, as discussed in Chapter 3. Students were asked to take pre- and post-intervention tests, yielding qualitative data. At the end of the nine-week intervention program, the teachers and students in focus groups were interviewed using semi-structured interview questions to ascertain their views on the 'self-world capacity' programme. Permission was sought from parents and school staff in accordance with the ethical guidelines.

The methodology chapter describes the qualitative data analysis methods, including reflexive thematic analysis for the qualitative dataset, and explains the researcher's reasons for choosing this type of analysis. This chapter analyses the study's qualitative data results.

5.1.2   Results of the RTA Student Focus Group and Teacher Interviews

At the outset, the researcher decided how to analyse data and at what level the analysis would take place to identify themes explicitly and interpretively. The thematic analysis involved adopting one of the two approaches: inductive and deductive. The researcher used an inductive approach to interpret and develop themes. The reason for this approach is that a 'theoretical' deductive thematic analysis is more likely to involve the researcher pulling themes from their research objectives, so it is analyst-driven. In contrast, an inductive analysis is a process of coding the data without trying to fit it into a pre-existing coding frame; therefore, it is data-driven rather than researcher-driven. This is the process used in this study. This form of thematic analysis tends to yield more specific, less comprehensive data (Braun & Clarke, 2022).

The analytic process for analysing the focus group and teacher interviews involved the six stages of reflexive thematic analysis (RTA) to extract meaning from the data. This analysis chapter focuses only on interpretive themes, deferring discussion of theories, research, and broader connections to the methodology and discussion chapters.

5.1.3   Results of Student Focus Group Interviews

The two main themes, **'Recognising and understanding emotions leads to a changing mindset to resolve uncomfortable situations'** and '**Accessibility to an MHWB programme leads to being educated, enabling sharing, and being connected',** are generated from six initial themes that

provided a narrative to reflect the analysis process. In developing these central themes, the

researcher below outlines the initial findings from the RTA so the reader can experience how the

initial themes relate to the two main themes (see Fig. 5.1).

Figure 5-1

Themes Blue, Purple and Orange Lead to Main Themes Yellow and Green
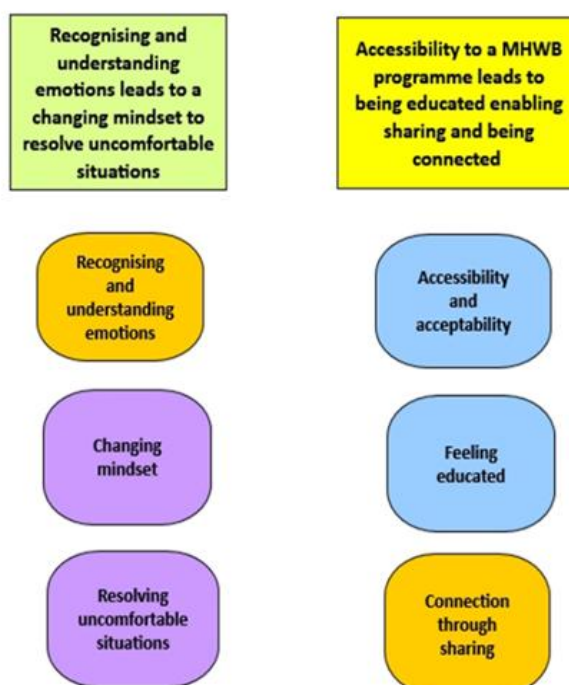
Theme 1 - Recognising and understanding emotions leads to a changing mindset to resolve

uncomfortable situations.

This theme comprises initial themes: recognising and understanding emotions, changing

mindsets, and resolving uncomfortable situations.

In recognising emotions, we need to have compassion for ourselves. Knowing that we are not alone in having these feelings, which can be emulated in different behaviours, we can change our mindset to resolve uncomfortable situations. This supports the setting of boundaries for ourselves, which can raise self-esteem and foster a sense of acceptance in the wider world. This can lead to a more positive connection with others, better relationships and an understanding that we are not fixed in our behaviours and outlook but can change.

Students were interested in why they have emotions, where they come from, and how the mind and body work; they found the lessons helpful and thought they gave them information on how to be better by changing their behaviours or mindsets. They saw how they changed their thinking through awareness of what was happening in their minds and bodies, and how their peers became calmer and less argumentative. They were optimistic about changing their mindset about who they want to be in their lives, although they recognised this could be different for some people, as not everyone would want to change. They recognised, by becoming more self-aware, that in certain situations they could resolve uncomfortable situations by changing their behaviour. This analysis was arrived at through the following three sub-themes, detailed below.

Recognition and Understanding of Emotions. This sub-theme emerged as the students in the focus group interviews answered the interview questions. They spoke a lot about emotions and how the different lessons raised different aspects of emotions. Students during the interview session spoke of their ability to recognise various emotions; one student stated:

"I always feel interested in this kind of thing because when you have got all these different emotions in your body that they've always been there, and it's nothing that's new or

anything. It's just always been there. There's emotions in your body and it's something not many people like know everything about. I don't think anybody fully understands all of the emotions and circumstances with them but I myself I like learning about this sort of emotional things… . it always interests me or sort of like what sort of things trigger the different emotions and stuff that's interesting."

The student recognised and understood that emotions play a part in our lives yet felt we did not know enough about the different emotions and how they are triggered. Under this same sub-theme, another student said they had never considered being in a hyperarousal state when angry, and another referred to the window of tolerance and the hyperarousal state. This student was reflecting on the need to act:

"And for the window of tolerance, if I am on like feeling hyperarousal I can like understand that maybe I need something to cheer me up or to like brighten my spirits… ., calm me down".

Another student commented:

"I thought also, I said I think the lessons are very helpful especially the different situations like the window of tolerance. I think lots of people in my class liked it, including me as well we all could relate to that …….oh that's what happened to me at this time or like that's how like people could like try to stop doing things or start helping with things".

One student explored the concept of the window of tolerance and explained that they had always thought that people were either in a hyperarousal state, considered extroverts, or were in

the hypoarousal state, as introverts. The existence of a window of tolerance between the two was a complete revelation to the student. They had assumed there were only good emotions and destructive emotions. They welcomed the idea that, as humans, we did not have to be in a hyper or hypo state but could manage our emotions between these two states - the student called it 'a place not over the top'.

Another student commented that they had started thinking of certain situations, particularly with the lesson on the drama triangle. They had seen the drama triangle in daily life; they stated it was very common and that it was interesting to see how people act when 'stuff' like this happens. It was something they had never learned before. One student explained how the drama triangle helped them stop and think, and another commented that it helped them understand a different perspective:

> *"Cause like, let's say you are angry at somebody and you want to punch them while you're angry. You don't…you just think that's the way you're thinking right now, but there's also your body working with your brain and your mind."*

> *"Yeah, I would say the drama triangle was pretty like helpful as well. Just because like it helps you understand how an argument like works like, 'cause but it also depends which perspective you look from, 'cause like if from your perspective you could be the victim, the other person's the …….and then the other…and then there's…… . But from theirs, it could be completely the other…completely the other way around."*

One student reflected on the lessons' impact on his understanding of himself and his emotions—a sense of self-awareness, maybe? This led to a discussion about whether we should control our emotions. Another student said we should leave them in the school drawer at the end of the day and sort them out the next morning:

"Yeah. Because at first the…I think it was like, how to control your emotions or that…I think as someone said. But you could like control your emotions. Like when you've watched them…before the video, you might have thought, I don't know how to control my emotions like you don't, you don't know how to tell, to tell anyone, but when you've watched the video, you might've have been understanding more about how you "

Another student reflected that the lessons were too focused on real life, with everyone arguing, which could get emotional at times. The students were referring to the lesson in which the characters, rescuers, persecutors, and victims, became embroiled in a scene that highlighted the impact of being in a drama triangle. However, when asked whether the number of lessons and their content were sufficient to understand how their emotions affect their behaviours, the students stated they wanted to learn more about how the brain works:

"At times I felt like it was a bit too much. 'Cause they were all based on like arguments and…yeah. It got a little bit emotional sometimes, but…a couple more lessons would be good. Just to like understand how the brain works a little bit more."

The focus group student interviews yielded a strong response to this sub-theme on recognising emotions. As mentioned, the references for this sub-theme were relatively high. The questions that asked students to recognise and understand emotions produced rich data, but the researcher felt there was much more to learn from these students.

Changing Mindset. The changing mindset sub-theme emerged as students discussed how they had changed in response to the information in the sessions. One student said they enjoyed the programme because it taught them to be a better person and to develop a better mindset. Another student explained how they could see how the students could become more conscious of what they were doing and how they spoke to each other. Another student talked about the drama triangle:

"….and especially the drama triangle going on because like everyone like changed like a bit after because everyone used to have like loads of arguments and they needed teachers to sort it out with for them but now if they have arguments they sort out themselves".

The 'Lifescript' lesson helped the students to realise they could change their minds and use the concept of changing their mindset in their daily lives:

"So at the start, I was a bit like different. Like I don't know like how different but I was like a bit more like different to now because now I feel like we … . covered with all these topics about like our mindset. And now I can like understand all of it and like use it in like my daily life."

"At the start of the lessons like but this is for example the live script one…at the start of that I always wanted to be a footballer and now I found out all these new jobs. That's zookeeper. I

mean marine biologist. I'm not really interested into those as well. So it's changed my

mindset from being one of these thing to another."

However, in one instance, changing your mindset from a different perspective was not for everyone; one student felt that changing their mindset might make them a completely different person, and they were not keen on this, as they wanted to keep their childhood dreams:

"I want my childhood to be able to experience all those dreams that I have now, and I don't want to be a completely different person who wants to do something stupid. I don't know…I don't want that."

This was a concept the researcher had not considered, and yet it's clear that changing one's mindset might not be everyone's choice.

Resolving Uncomfortable Situations. At the beginning of coding, the sub-theme of resolving situations was a common topic among students. Then, it became more apparent that the students discussed being in uncomfortable situations. So, the coding was relabelled. Students talked a lot about how they had used the drama triangle and other lessons to change their perceptions, their positions, and, consequently, their mindset, enabling them to get out of an uncomfortable situation. In some cases, it led to a harmonious outcome.

Students found the drama triangle relatable to their experiences when in difficult situations. One student said they would try to think about using the drama triangle next time to prevent a situation from happening in the first place:

"I love the drama triangle. I think that would really help me because if I'm ever in a situation with my friends then I can think back to that and try and solve a way to stop that happening."

Some students recognised situations they had been in from the videos and quickly realised they could see a way forward if this happened again:

"I think a bit like what ……says is that especially things like the circumstances that were played out like for example, the drama triangle one, you could recognise whether you were like in one of those because it played out the circumstances in a way that you could tell if you were in one of those circumstances and you knew as what happened in the video that solved it. You could try and have that happening."

" So like for example me and my friends always played football. And since we started to do this that we used to do loads of like football challenges and that and right now we're not doing as many challenges you know and… we're getting more friendly with each other."

One student remarked that resolving issues often led to shouting, but they could now discuss them more calmly. There was a consensus that they knew how to resolve problems using the knowledge and skills described in the videos:

"So I can like still like talk to them a bit more like calmer because before like, I was like really really open like sometimes like people just like kind of want to start shouting, but now this time I just a bit more calmer now talking."

"Yeah. I find….I find it helpful how like it explains like how to deal with problems."

The drama triangle seemed to be a practical, informative message for the students, as they were very vocal about how arguments work and how everyone has a different perspective. They recalled from the lesson that if we look at the problem from a different position, we get a different perspective and a different solution:

" Yeah, I would say the drama triangle was pretty like helpful as well. Just because like it helps you understand how an argument like works like, 'cause but it also depends which perspective you look from, 'cause like if from your perspective you could be the victim, the other person's the rescuer and then the other…and then there's. However, from theirs, it could be completely the other…completely the other way around."

"Drama triangle? Because like it shows, like how to resolve a situation with other people."

This student was able to delve deeper into their processing of the drama triangle, to the point of believing it would prevent violence. The discussion chapter further explores this student's understanding and ideas:

"Yeah. When you've got…when you're on the playground, and you get mad before um like you would…some people would immediately think ' hit them or do physical violence' and then after they'd actually think about it and talk it out with the person….and then…but if you didn't do that before and you watched the video, then you probably wouldn't have like, used violence."

Theme 2 - Accessibility to a MHWB programme leads to being educated, enabling sharing, and being connected.

This theme comprises sub-themes: 'Accessibility, Being educated and Sharing and being connected.'

The ALBOP programme's accessibility in supporting MHWB is attributed to students' responses to questions, which were specific to a section of the focus group interviews. The first part of this themed statement focuses on the need for education about MHWB. The remaining statement identifies that, through education, students can share their feelings and, in doing so, feel connected.

The students in the focus groups seem to have provided enough evidence that the programme's structure, with nine lessons, including short videos, activities, and content that they felt they understood, was beneficial in their daily lives.

They found the videos fun and engaging, and appreciated the soothing voiceover and language, which enabled them to listen to and understand the individual lessons. The students related to real-life scenarios and uncomfortable situations they might encounter at school and at home. They seem to understand how they can help themselves and others with the new knowledge they have gained. They relayed that they were not ready to share deep emotions but knew they had their teacher and parents to support them if they chose. They welcomed the activities, noting that they were inclusive and easy to engage with, and that they enjoyed being creative. However, they were happy to share some of their emotions in the lessons. This analysis was arrived at through the following three sub-themes, detailed below.

Accessibility. This initial theme had the highest number of references from coding, as the interview questions reflected the research question on acceptability and feasibility. For the programme to be acceptable, it had to be accessible to the students during the nine weeks.

For various reasons, all the students in the focus group interviews remarked on the '*cartoony*', animated and short videos. They reflected that the videos' fun aspect kept them from getting bored, and they liked the voice because it was soothing and calm. They particularly liked the short videos, as they allowed them to revisit the lesson video if they needed to recap on anything. One focus group said they had revisited the drama triangle video a few times, as it was more complicated. Another student noted that the longer videos provided more information to help them understand the learning:

> *"I think, I think what drew my attention is the way that things were always changing on the screen because there wasn't just the same characters always on the screen - they were always changing and the fact that they were actually moving their poses and stuff that interested me as well."*

> *"It's always changing so you couldn't get bored because when you're about to get bored then it moved away from that particular space. And that interests me."*

This was interesting, as in the phase 1 part of the project, one of the feedback comments from the coordination development group was that the characters were all different, and maybe the researcher could have developed fewer characters with a similar theme for all nine lessons. This is discussed in the chapter on developing the intervention and its resources.

Another aspect of accessibility was the use of language expressed by a student:

"It wasn't using a bunch of like really hard vocabulary. It was using like typical vocabulary

but it was also saying in like a way that we could understand it."

One of the more positive reflections from students was that they felt the programme was inclusive; they went on to explain that the activity sheets had something already started for them to complete, which was helpful for some students who would find it challenging to start with a blank sheet.

Being Educated. This initial theme, related to the codes, included content, duration, and what the students felt they had learned from the programme. The students were also keen to reflect on what they had found important in the lessons. They enjoyed the animations with the characters. They stated that the animations helped them be more involved with the lessons and more likely to listen to the information provided. They mentioned the importance of education:

"I would say they're fine just because the animations like get you more deeply into it then

you'll listen more to it. All the lesson that's in it is that really like educated."

One student recognised that they were given new information in the lessons about the psychologists who had developed the theories explored as part of the various multi-components of the 'self-world capacity'. They remarked that this was interesting, and other students also agreed:

"So I thought that I like, I like learning but like on when the...in the videos they were saying

about different scientists that discovered them. I thought that was quite interesting. And also

how they had a scenario to act out everything like the drama triangle there was some like

different scenarios that were acting like what could have actually happened."

Some students said the real-life role-play scenarios were very helpful because they could relate to them in their own lives and in others'. They recognised that brain states can change and that one's mindset can change how one feels:

"….and that we're doing loads of this work on the brain and how your mindset can change. And she said "Well what are you doing in it?" And I said that really fun lessons on how you can affect like yourself and change how you feel."

"Like, it gave…it gave, like, with the scenarios that it gave, that the scenarios are like things that like you liken, that could usually happen."

"Yeah. I find….I find it helpful how it explains how to deal with problems."

When the researcher asked whether the nine lessons provided were too much information or not enough, the students were quick to respond that they would have been happy with a few more lessons focused on the brain:

"Couple more. Just to like understand how the brain works a little bit more."

Sharing and Being Connected. The sub-theme for this coding first emerged as 'connection through sharing', and it was later, after re-reading the transcripts, that it changed to 'sharing and being connected' as it was starting to become evident that the students had individually different

experiences and some of these were; sharing what they had learnt, sharing their emotions, how they were connected to their peers and how they were connected to the family and friends. These separate happenings all relayed what they experienced, their emotions, and how they felt about the learning. In other cases, it was about what they were learning about each other:

> *"That one was quite good because you got to work with your table and find out all their ideas about it as well."*

> *"I looked around the table, and not one of us had any of the same ideas because, like, all of us had different ideas of how we were doing it, and we were all doing it in different colours and different patterns."*

They were asked how they shared with their parents and family:

> *"I told my parents about how to not get involved into other people's situations."*

> *"I told them about the drama triangle because me and my sister sometimes get into dramas."*

> *"Usually I go…when I go home after we've done the lessons usually I spend a lot of time with my sister so I usually just tell everything about like all my lessons to her."*

> *"She found it quite interesting, and she said that when I was telling her, especially I think about the drama triangle - she's got two best friends. So she was able to notice because I went really in detail about that one especially. So she was able to notice different times that she was in the drama triangles."*

One of the questions the students were asked in the interviews under the conversation section was whether they could talk to their peers about their emotions—one focus group said yes, sometimes, especially in the last lesson, which introduced 'Maslow's Hierarchy of Needs'. A student responded:

"Yeah. I didn't feel confident enough to share most of it, but I shared a little bit."
The other students interacted by saying:

" I think there are some things that you can share and some things to just like, I'm not really ready for this yet."

"A lot of like deep emotions, I can't do that."

"And I think some of us were a bit…not very brave enough to share what we thought and…"

The final questions centred on whether they thought other students should have access to this programme. They all agreed, and some said younger students should have access. One student believed this would enable them to sort situations out:

"It would be a really good thing to learn at that early stage so that when they carry on life, they won't, they'll know how to sort the situations out."

"I think this is a good chance for them if they ever do because they'll get to learn more about how your brain works and like the different stages of it…"

Some students would have liked their parents to see the video as they found it hard to describe, but if they had the video right in front of them and sat down with their parents, they felt their parents would understand what they were learning. Some suggested that their parents could come to school to watch the video. This suggestion was quickly discarded:

"I don't think it would be easier. I think it would just be a bit weird 'cause you are then combining home and school when they're not two different things but like, but they sort of are, they're like, if you know what I mean? They're sort of like…"

5.1.4 Overview of Themes 1 & 2 of the Focus Group Interviews

The overall results of the student focus group interviews, with the two emerging themes, provide the following analysis.

Students reflected that recognising and understanding emotions can lead to a changing mindset to resolve uncomfortable situations, as they learnt the following:

- Ways to recognise different emotions

- How emotions are an important part of our lives

- Why is it important to stop and think

- How perception can help change your mindset to resolve issues

Students also reflected that accessibility to a MHWB programme leads to being educated, enabling sharing, and being connected:

- Knowing you can help yourself if you have the relevant knowledge

- Sharing deep emotions is difficult, but some emotions we can share help us feel connected

- Short, snappy videos with inclusive age-appropriate language, new knowledge and fun activities help us learn

The last section of the RTA provides an overview of how the two themes, as part of the RTA, link with 'self-world capacity'. The discussion chapter explores this link further, focusing on student focus groups linked to the SWC and the research question (see Fig. 5.2).

Figure 5-2

Linking the Themes with the Research Question
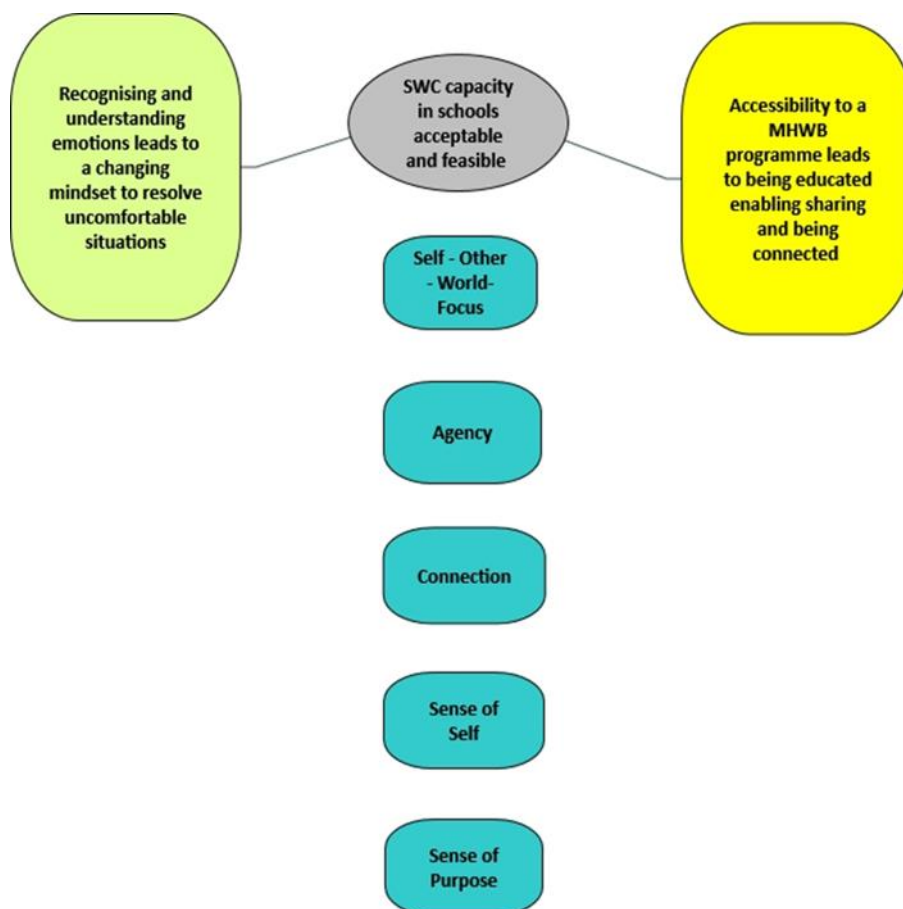
The two main themes, 'supporting knowledge and skills with resources for teaching and learning' and 'changing behaviours through learning opportunities' (see Fig. 5.3), are generated from four initial themes that provided a narrative to reflect the analysis process. In developing these central themes, the researcher below outlines the initial themes derived from the RTA, so the reader can see how they relate to the two main themes.

Figure 5-3

Two Themes from the Teacher Interviews RTA Analysis
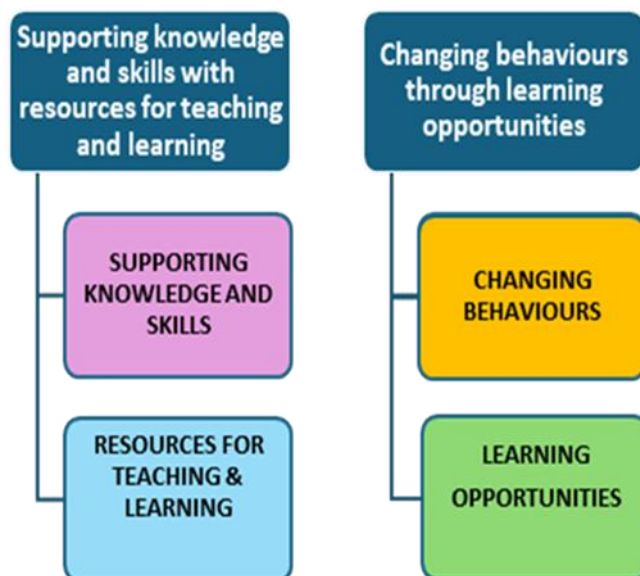
Theme 1 - Supporting knowledge and skills with resources for teaching and learning

This theme comprises initial themes, changing behaviours, and learning opportunities.

Supporting Knowledge and Skills. This theme focused on the support the researcher provided to schools, as this affected the programme's acceptability and feasibility. Insufficient support for school programmes has been an issue the researcher has experienced first-hand in delivering programmes as a school leader.

The theme is broken down into planning, training, and communication. The questions focused on what went well for the schools concerning teacher support. The teachers' feedback on any changes to the programme regarding training, planning, or communication revealed that nothing else was required in this area, except that a little more time would have been helpful. However, they completed the statement, stating the information was clear:

"Maybe a bit more time, but all very clear."

The researcher understood this response, in the context of the question, as meaning the programme, with its videos, files, and activity resources for individual lessons with planning, including the background and ethos of the programme, consisted of a considerable amount of information to understand and that possibly having more time would have allowed the teachers to explore the ALBOP programme aims.

Other responses included factual information on how the ALBOP programme's resources were received and accessed, as well as the value of the documents. The planning documents (see Appendix D) benefited the teachers by providing all the necessary information to deliver complete lessons, including activities and resources. One teacher suggested the 'little' folder was not really that useful; it was designed to be on the desk as a reminder of each lesson, with snapshots of video excerpts and pictures of the resources to use. This was provided in case the teacher used their

screen in the classroom for the video and wanted to recap what the lesson entailed, so it depended on the teacher's choice of how to work with the resources:

"The box was delivered well, and using Google Drive was easy - all very organised the response was good and so was TEAMS - all great"

"I didn't need to ask questions; concise and clear."

"Good, the teams call - overwhelmed by the provision of training and communication, files, etc."

"Fine all there – lesson plans etc"

"The plans were good, but the little folder was not really an aide memoire."

"Used planning docs mainly"

The general response was very positive. The teachers felt supported with planning, training, and communication to run the programme. It was clear they had not encountered any difficulty working with the programme over the nine weeks.

Another source of support was the school's leadership; the headteacher at one school was very keen on the programme. The researcher also observed this during visits to the schools, meetings with the headteachers, and discussions of the programme's aims and the school staff's expectations regarding involvement:

"Just went along easily as the headteacher was very keen, too."

One teacher said the programme surpassed their expectations, but realised that more time was required. It was unclear what time was necessary, and this was where, once again, the researcher could not delve deeper into why teachers felt more time was needed:

"Surpassed what I had thought, didn't know what to expect week on week, maybe more time is given to the programme."

Resources for Teaching and Learning. Resources include videos, planning documents, photocopied pictures, and diagrams (see Appendix L), which were posted to the school along with the consent forms and questionnaires. These were also all provided online through a shared drive. Each school also had two sock puppets and a puppet for the teacher, which supported the role-play activities. The teachers' feedback was very positive, with a consensus that the resources were enough. He was also given feedback on the planning documents:

"I didn't use all resources – adapted, didn't need to photocopy, I had videos."

"Really well - short video – snappy – activities structured all done!"

"No, simple to understand."

"No changes – so creative - I could see what the students needed."

"No barriers, have used Jigsaw before."

Theme 2 - Changing behaviours through learning opportunities

This theme comprises initial themes, changing behaviours, and learning opportunities.

The 'changing behaviours' theme is how the teachers responded to the intervention programme. The responses from teachers indicated they had seen a change in the students'

behaviour since the start of the programme, which continued after the programme. The teachers noted a change in students' behaviour as they began to understand their own and others' behaviours through the information provided in the nine-week ALBOP programme. There were what is described by a teacher as 'together moments' with the teacher and the students through communication facilitated through the language learnt in the programme:

"I was apprehensive at first, but the tone and recipe of the programme enabled learning, giving a together moment for the children and myself."

"They have the language to communicate with adults – they bonded and are keen to be compassionate – they have a deeper conversation of emotions - with more skills in questions."

Another teacher recognised that the videos in the ALBOP programme also fit well with the school's work on zones of proximal development. The students took on the stance of one of the characters, whom they called the wiggle man, and they enjoyed wiggling like the character at the end of each lesson. The teacher stated it was a very multisensory experience for the students:

"The school teaches about brain styles in the morning. Obviously, this has had a big impact as the use of zones of regulation has shifted to brain states, which has helped with the animations. The students loved the wiggle man—they all do the wiggle man dance at the end of a lesson."

There seems to have been a change in behaviour among the students, as a teacher reported that they were now more willing to discuss their feelings and becoming more tolerant of talking about them. One teacher stated that a parent had seen a change in their child's obsessive-

compulsive disorder (OCD) and that they had started to relax. It would have been interesting to delve deeper into this, but due to ethical considerations, the researcher was comfortable with this statement on its own:

> *"Feelings – they were closed by children now much more willing to discuss and are actively involved and tolerant about talking through things."*
>
> *"A parent messaged that a child with OCD started to relax."*

Teacher feedback through the interview questions also revealed notable changes in students' attitudes and behaviours. From the responses, students appeared to become more aware of their 'self', which helped them connect more positively with their peers. They seemed to become more aware of who they are and, more importantly, who others are, leading to a more positive outlook. This awareness would, in my opinion, support the practice of self-regulation, and this has been an important element for MHWB:

> *"Produces children who know who they are – they are at peace."*
>
> *"The children are much more open-minded to how other people think after ALBOP – this generation is not always tolerant of other people."*
>
> *"The children are more connected with others, there have been less interpersonal disputes, a greater sense of self and they are beginning to understand themselves more."*
>
> *"The different parts – the different bits helped students have a deeper understanding of themselves."*
>
> *"It is about how they think, seeing how others think, they are much more open, they understand how emotions affect others, how to look after themselves, and are not so closed off."*

Learning Opportunities. The final theme, 'learning opportunities,' is centred on the students' learning from participating in the programme. The teachers' questions focused on the impact of the ALBOP programme on students, whether this was reflected in changes in their behaviour or in their self-regulation knowledge and skills.

One teacher reported that all their students could access some parts of the ALBOP programme, which has a multi-component approach, and another teacher stated that the programme had more layers, skills, and creativity:

"With this multi-component approach, all children accessed some parts of the programme and were engaged in it."

"More mindful than PSHE, it has the skills which are more relevant. The way it looks at zones of regulation. The ALBOP programme is layered. Self-regulation is getting bigger, and I feel ALBOP falls into this with creativity."

Students found that the information in the ALBOP lessons helped them better understand how the brain and the body work together. Sometimes, they referred to the brain and how it works at other times outside of the ALBOP lessons:

"Children understand how the brain works and how it impacts our feelings and behaviours and how it all comes back to our body and brain."

"The language of the brain state – the students do refer to it in between the sessions - especially Maslow's Hierarchy of Needs."

Teachers responded that the multi-component approach worked well. They liked the layering, as it starts with the mind and body, then the brain, and then the different theories that explain how our behaviours affect us. By understanding aspects of ourselves, we can find ways to feel better and help others:

"It made the children think about how they were feeling, they could empathise more and help other children."

5.1.5   Overview of Themes 1 & 2 of the Teacher Interviews

The overall results of the teacher interviews with the two developing themes (see Fig. 5.4) provide the following analysis: Supporting knowledge and skills with resources for teaching and learning:

- All questions answered in the planning and resources provided

- Good training and communication with the researcher

- Maybe more time for the programme

- No barriers to learning with a multi-component approach

- Changing behaviours through learning opportunities

- Students are actively involved

- Students are more connected with others

- Students seem to have a deeper understanding of themselves

- Students' behaviours changed, and they gained more empathy.

Figure 5-4

The Two Themes for the RTA for Teacher Interviews
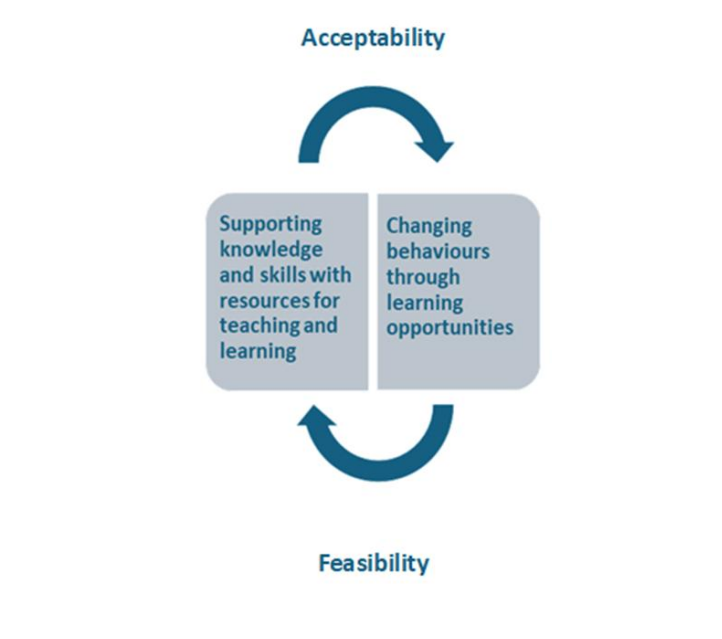
5.1.6   Narrative Analysis of Teachers' Planning and Feedback

The researcher chose a structured narrative analysis to bring together feedback from the teachers' accounts of what had transpired from their perspective over the nine weeks of the intervention, ALBOP. This differed from the semi-structured interviews in that they were non-directed and conducted at the teachers' convenience. Therefore, the reader felt it warranted a descriptive narrative account. The original documents used for this structural narrative account are used to provide a structural narrative analysis of the teacher's notes and feedback from planning documents (see Appendix D), which revealed the following:

Functionality. The teachers found the lessons smooth and comfortable, and students could relate to situations in their own lives. The new concepts were transferable to other lessons. The lessons engaged the students and gave them confidence. The teachers found the lessons impactful and challenging to students' perceptions.

Learning. The teachers reported that students understood the drama triangle, life script, Maslow's hierarchy of needs, the three brain states, and the window of tolerance, but found the drama triangle terminology difficult. The teachers stated that the lessons generated questions and found the lessons and activities inclusive for all students.

Actions. The teachers reported that students were calmer, able to talk about their feelings and used self-regulation strategies. The students generated thoughts, feelings, and ideas and were focused on these actions. The teacher commented on increased student confidence through role-plays and creativity.

5.2 Quantitative Data

5.2.1 Positive and Negative Affect Schedule

Reliability Analysis. The PANAS-C scales demonstrated high internal consistency across both subscales, with Cronbach's alpha values exceeding the conventional threshold of alpha = .7. These results indicate strong reliability for measuring emotional states pre- and post-intervention.

When combining positive and negative affect items into a composite scale of 24 items, Cronbach's alpha values were .879 (see Table 5.1) and .872 (see Table 5.2) for pre- and post-

intervention scores, respectively. This composite measure underscores the PANAS-C's overall

reliability.

Table 5-1

PANAS Pre Positive and Negative Reliability Statistics

Cronbach's Alpha	N of Items
.879	24

Table 5-2

PANAS Post Positive and Negative Reliability Statistics

Cronbach's Alpha	N of Items
.872	24

Descriptive Statistics & Normality Tests. Positive pre- and post-intervention descriptive

statistics revealed moderate-to-high mean scores, indicating that participants generally reported

positive emotional states. Negative pre- and post-intervention descriptive statistics indicated

relatively high scores for negative emotional states. The PANAS-C negative affect scores were

reversed to enable comparison. For example, a score of 1 for 'scared' becomes 5. This allows for

comparing the scores between pre- and post-intervention across all 24 effects. The mean for all pre-

intervention scores (see Table 5.3) is (M=3.797), and post-intervention (see Table 5.3 and 5.4) is

(M=4.089).

Table 5-3

PANAS Pre Positive and Negative Descriptive Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	3.797	3.212	4.462	1.250	1.389	.146	24

Table 5-4

PANAS Post Positive and Negative Descriptive Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	4.089	3.346	4.615	1.269	1.379	.095	24

The Kolmogorov-Smirnov and Shapiro-Wilk tests were used to evaluate the normality of the data for positive and negative effects pre- and post-intervention (see Tables 5.5 and 5.6). While these statistical tests identified significant deviations from normality for some variables, the skewness and kurtosis values for all scores fell within acceptable ranges, supporting the suitability of applying parametric tests.

Table 5-5

PANAS Pre Positive and Negative Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
PositiveAffect__Pre	.106	52	.200[*]	.971	52	.240
NegativeAffect_Pre	.133	52	.023	.940	52	.011

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction

Table 5-6

PANAS Post Positive and Negative Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
PositiveAffect_Post	.064	52	200[*]	.952	52	.037
NegativeAffect_Post	.156	52	003	.894	52	<.001

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction

Descriptive statistics provide further clarity. Positive affect data pre-intervention exhibited a skewness of -0.246 and a kurtosis of -0.778, which are well within conventional thresholds for normality (Hair et al., 2010; Byrne, 2013).

Positive affect data post-intervention demonstrated slightly higher skewness of –0.836 and a kurtosis of 1.916, indicating a modest leftward skew and a somewhat peaked distribution, yet within acceptable limits.

Negative affect pre- and post-intervention had skewness values of -0.690 and -0.854, respectively, with kurtosis values of -0.200 and -0.180, reflecting moderate skewness and relatively flat distribution shapes that are not extreme. The skew value of a normal distribution is zero.

Although the Shapiro-Wilk and Kolmogorov-Smirnov tests flagged some distributions as significantly non-normal, the study's skewness and kurtosis values indicate that the data distributions are sufficiently close to normal to justify parametric methods. These findings support the application of parametric statistical analyses for both Positive Affect and Negative Affect scores (see Table 5.7)

Table 5-7

PANAS Pre and Post Positive and Negative Descriptive Statistics

	N	MIn	Max	M	SD	Skewness	Std. Error	Kurtosis	Std. Error
PositiveAffect_Pre	52	24	59	42.60	8.936	-.246	.330	-.778	.650
PositiveAffect_Post	52	16	60	46.52	8.449	-.836	.330	1.916	.650
NegativeAffect_Pre	52	25	60	48.54	8.868	-.690	.330	-.200	.650
NegativeAffect_Post	52	31	60	51.62	7.954	-.854	.330	-.180	.650
Valid N (listwise)	51								

Paired-Samples T-test. A paired-samples t-test was conducted on Positive Affect and

Negative Affect scores to evaluate changes from pre- to post-intervention. Given potential deviations

from normality in the data and the relatively small sample size (N = 51), bootstrap methods were

used to ensure robust results. Bootstrapping, which involves resampling the dataset to generate

estimates, provides confidence intervals and standard errors that are less sensitive to deviations

from distributional assumptions (see Table 5.8).

Table 5-8

PANAS Pre and Post Positive and Negative Paired Samples Statistics

				Bootstrap[a]			
					Std.	95% Confidence Interval	
			Statistic	Bias	Error	Lower	Upper
Pair 1	PositiveAffect_Pre	Mean	42.53	-.03	1.22	40.04	44.88
		N	51				
		Std. Deviation	9.012	-.069	.675	7.596	10.259
		Std. Error Mean	1.262				
	PositiveAffect_Post	Mean	46.57	.05	1.15	44.29	48.72
		N	51				
		Std. Deviation	8.526	-.120	1.127	6.425	10.727
		Std. Error Mean	1.194				
Pair 2	NegativeAffect_Pre	Mean	48.39	.01	1.24	45.96	50.92
		N	51				
		Std. Deviation	8.893	-.127	.832	7.162	10.345
		Std. Error Mean	1.245				
	NegativeAffect_Post	Mean	51.67	.01	1.11	49.55	53.86
		N	51				
		Std. Deviation	8.024	-.103	.751	6.309	9.321
		Std. Error Mean	1.124				

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

The analysis revealed a significant increase in Positive Affect scores from pre- to post-

intervention. The mean difference between Positive Affect scores pre-intervention (M = 42.53, SD =

9.01) and Positive Affect scores post-intervention (M = 46.57, SD = 8.53) was -4.04, t(50)=−3.56,

p=.001 (see Tables 5.8 and 5.9).

A significant reduction in Negative Affect scores was observed from pre- to post-intervention.

The mean difference between Negative Affect scores pre (M = 48.39, SD = 8.89) and Negative Affect

scores post (M = 51.67, SD = 8.02) was -3.28, t(50)=−2.36, p=.022 (see Tables 5.8 and 5.9)

Table 5-9

PANAS Pre and Post Positive and Negative Paired Samples Test

| | | Paired Differences | | | | | | | Sig |
| | | M | SD | Std. Error Mean | 95% Confidence Interval of the Difference | | t | df | Two-Sided p |
					Lower	Upper			
Pair 1	PositiveAffect_Pre - PositiveAffect_Post	-4.039	8.102	1.134	-6.318	-1.761	-3.560	50	<.001
Pair 2	NegativeAffect_Pre - NegativeAffect_Post	-3.275	9.926	1.390	-6.066	-.483	-2.356	50	.022

Bootstrapped confidence intervals for the Positive Effect mean difference ranged from -6.22

to -1.89, confirming the significance of the observed increase. Bias-corrected estimates showed

minimal bias (-0.025), and the bootstrapped standard error (1.095) closely aligned with the

parametric estimate, indicating the robustness of the result's effect size (see Table 5.10).

Bootstrapped confidence intervals for the Negative Effect mean difference ranged from -5.80

to -0.70, further substantiating the significance of this increase. The bias-corrected mean difference

(0.067) and bootstrapped standard error (1.294) again supported the reliability of these results (see

Table 5.10).

Table 5-10

PANAS Pre and Post Positive and Negative Bootstrap for Paired Samples

		Mean	Bootstrap[a]			95% Confidence Interval	
			Bias	Std. Error	Sig. (2-tailed)	Lower	Upper
Pair 1	PositiveAffect_Pre - PositiveAffect_Post	-4.039	-.025	1.095	.002	-6.216	-1.882
Pair 2	NegativeAffect_Pre - NegativeAffect_Post	-3.275	.067	1.294	.021	-5.804	-.706

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Effect Sizes. The S&D Teacher questionnaire's pre- and post-intervention attributes show a medium effect size (see Table 5.11).

Table 5-11

PANAS Pre and Post Paired Samples Effect Sizes

		Standardizer[a]	Point Estimate	95% Confidence Interval	
				Lower	Upper
Pair 1	PositiveAffect_Total_Pre - PositiveAffect_Total_Post				
	Cohen's d	8.102	-.499	-.788	-.205
	Hedges' correction	8.226	-.491	-.776	-.202
Pair 2	NegativeAffect_Total_Pre - NegativeAffect_Total_Post				
	Cohen's d	9.926	-.330	-.610	-.046
	Hedges' correction	10.078	-.325	-.601	-.046

a. The denominator is used to estimate the effect sizes.
Cohen's d uses the sample standard deviation of the mean difference.
Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

5.2.2   Strengths and Difficulties Questionnaire: Teachers.

Reliability Analysis. The reliability analysis of the S&D Questionnaires completed by teachers for students participating in the study indicates that the twenty-five positive and twenty-five negative item statements are reliable pre- and post-intervention (Cronbach's alpha = .861).

Cronbach's alpha values were calculated for the five subscales: prosocial, hyperactivity, conduct, peer problems and emotional. These demonstrated acceptable reliability across subscales, supporting the internal coherence of the items within each subscale (see Table 5.12).

Table 5-12

SDQ Teacher Pre and Post-Five Subscales Reliability Statistics

Cronbach's Alpha	N of Items
.861	50

The **Prosocial Behaviour** pre- and post-intervention subscale exhibited acceptable reliability Cronbach's alpha = .833. The item means and standard deviations for this subscale indicate consistent item scoring with moderate response variability (see Table 5.13).

Table 5-13

SDQ Teacher Prosocial Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.833	10

The reliability of the **Hyperactivity subscale** was strong, with post- and pre-intervention Cronbach's alphas of .936. This high internal consistency suggests that the items in this scale reliably measure hyperactivity in teacher assessments of students. The standard deviations for individual items were relatively low, indicating limited response variability (see Table 5.14).

Table 5-14

SDQ Teacher Hyperactivity Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.936	10

The **Conduct Problems** subscale presented moderate reliability, with Cronbach's alpha = .804 pre- and post-intervention. Although lower than other scales, these values suggest reasonable internal consistency (see Table 5.15).

Table 5-15

SDQ Teacher Conduct Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.804	8

The **Peer Problems** subscale demonstrated robust reliability pre- and post-intervention (Cronbach's alpha = .893), with consistent item scoring and moderate variability across items. This suggests that the scale effectively measures teachers' perceptions of peer difficulties (see Table 5.16).

Table 5-16

SDQ Teacher Peer Problem Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.893	10

For the **Emotional Problems** subscale, which includes items assessing somatic complaints, worries, unhappiness, clinginess, and fears, Cronbach's alpha = .879 for the pre- and post-intervention data, indicating good internal consistency. These results suggest that the subscale provides a consistent measure of emotional problems as reported by teachers across both time points (see Table 5.17).

Table 5-17

SDQ Teacher Emotional Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.879	10

The **Total Difficulties** scale, which aggregates the **Emotional Problems**, **Conduct Problems**, **Hyperactivity**, and **Peer Problems** subscales, was highly reliable. Pre- and post-intervention, Cronbach's alpha =.914, indicating robust internal consistency (see Table 5.18)

Table 5-18

SDQ Teacher Total Difficulties Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.914	2

The reliability results indicate that the subscales are well-constructed and capture consistent participant assessments. While some subscales, such as Conduct Problems, have slightly lower reliability scores, they remain within an acceptable range for exploratory purposes (Goodman, 2001). These findings support the validity of the teacher-reported data as a foundation for further analyses examining changes in the measured dimensions over time.

Descriptive Statistics. Normality tests using the Kolmogorov-Smirnov and Shapiro-Wilk tests indicated significant deviations from normality for all total scores (p < .05) (see Tables 5.19 and 5.20). However, the descriptive statistics, including skewness and kurtosis, suggest that while some distributions exhibit non-normal tendencies, others fall within acceptable ranges for parametric analysis. As the data did not meet the assumptions for parametric tests — such as normality — and because the sample size was small, a nonparametric test, the Wilcoxon signed-rank test, was used for the paired pre- and post-intervention data to assess whether the ranks of the differences between the two related groups were significant.

Table 5-19

SDQ Teacher Sub-Scales Pre and Post Intervention Scores

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
ProsocialBehavior_Pre	.181	59	<.001	.867	59	<.001
ProsocialBehavior_Post	.181	59	<.001	.875	59	<.001
Hyperactivity_Pre	.175	59	<.001	.889	59	<.001
Hyperactivity_Post	.196	59	<.001	.844	59	<.001
EmotionalSymptoms_Pre	.198	59	<.001	.886	59	<.001
EmotionalSymptoms_Post	.271	59	<.001	.767	59	<.001
PeerProblems_Pre	.259	59	<.001	.757	59	<.001
PeerProblems_Post	.314	59	<.001	.682	59	<.001
ConductProblems_Pre	.279	59	<.001	.753	59	<.001
ConductProblems_Post	.347	59	<.001	.635	59	<.001
TotalDifficulties_Pre	.153	59	.001	.924	59	.001
TotalDifficulties_Post	.158	59	<.001	.884	59	<.001

a. Lilliefors Significance Correction

Table 5-20

SDQ Teacher Five Sub Scales Pre and Post Descriptive Statistics

	N	Min	Max	M	SD	Variance	Skewness		Kurtosis	
								Std. Error		Std. Error
ProsocialBehavior_Pre	59	2	10	7.10	2.721	7.403	-.680	.311	-.840	.613
ProsocialBehavior_Post	59	2	10	7.90	2.098	4.403	-.811	.311	-.087	.613
Hyperactivity_Pre	59	0	10	2.83	2.692	7.247	.834	.311	.092	.613
Hyperactivity_Post	59	0	10	2.46	2.719	7.390	1.036	.311	.395	.613
EmotionalProblems_Pre	59	0	9	2.66	2.482	6.159	.719	.311	-.583	.613
EmotionalProblems_Post	59	0	7	1.73	2.250	5.063	1.112	.311	-.090	.613
PeerProblems_Pre	59	0	9	1.53	2.087	4.357	1.652	.311	2.793	.613
PeerProblems_Post	59	0	10	1.24	1.942	3.770	2.256	.311	6.767	.613
ConductProblems_Pre	59	0	6	1.00	1.352	1.828	1.647	.311	2.941	.613
ConductProblems_Post	59	0	6	.68	1.166	1.360	2.354	.311	6.811	.613
Valid N (listwise)	59									

Paired-Samples T-test. A Wilcoxon test was used to compare S&D Questionnaire subscale scores between the pre- and post-tests. The Wilcoxon signed-rank results highlight significant changes in all five subscales and the total difficulties subgroup (see Table 5.21).

SDQ problem scores Hyperactivity, Emotional, Peer Problem, and Conduct (together, they are 'Total Difficulties'). Where the SDQ student scores increase, this suggests increased symptoms of the problem/difficulties. In the Wilcoxon tests for the SDQ teacher, negative scores indicate a reduction in symptoms, positive scores indicate an increase in symptoms, and ties indicate no change.

An example is the pre- and post-intervention Wilcoxon test for SDQ Teacher emotional problems: 34 students had negative rank scores, indicating a decrease in symptoms; 10 had positive rank scores, indicating an increase in symptoms; and 15 had no change. This result is further analysed, with the pre and post-test results having a critical z-score of -3.612 (p < .001), outside the z-score range of -1.96 to +1.96 standard deviations, thereby rejecting the null hypothesis.

Prosocial problems are calculated in the reverse: as the SDQ student scores increase, this indicates a decrease in prosocial problems. The pre- and post-intervention Wilcoxon test for SDQ Teacher prosocial problems: 15 students had negative rank scores, indicating an increase in prosocial problems; 34 had positive rank scores, indicating a decrease; and 10 had no change. This result is further analysed, with the pre and post-test results having a critical z-score of -2.289 (p < .022), outside the z-score range of -1.96 to +1.96 standard deviations, thereby rejecting the null hypothesis. A breakdown of the results is shown below.

The **Prosocial Behaviour** test indicated increased scores from pre- to post-intervention (Z = -2.289, p = .022). Most participants demonstrated positive ranks (n = 34), as shown in Tables 5.21 and 5.22

In contrast, the **Hyperactivity** scale did not show a statistically significant change (Z = -1.845, p = .065). While more participants had negative ranks (n = 23) than positive ranks (n = 11), the difference was not statistically significant. A substantial portion of participants (n = 25) exhibited no change in scores.

The **Emotional** problems scale significantly reduced scores (Z = -3.612, p < .001). This was reflected in more negative ranks (n = 34) than positive ones (n = 10).

The **Peer Problems** scale, although the number of participants with negative ranks (n = 16) exceeded those with positive ranks (n = 9), the change was not statistically significant (Z = -1.750, p = .080). A notable number of participants (n = 34) showed no change in their scores.

The **Conduct** problems scale revealed a significant reduction in scores from pre- to post-

intervention (Z = -2.639, p = .008). Negative ranks (n = 19) outweighed positive ranks (n = 6),

Finally, the **Total Difficulties** scale showed a significant reduction in overall difficulties post-

intervention (Z = -4.034, p < .001). Most participants exhibited negative ranks (n = 39), reflecting a

reduction in total difficulties; only 13 participants showed increases, and 7 showed no change.

Table 5-21

SDQ Teacher Five Sub-Scales Pre and Post Wilcoxon Test Ranks

		N	Mean Rank	Sum of Ranks
Prosocial Behaviour_Post Prosocial Behaviour_Pre	Negative Ranks	15[a]	25.67	385.00
	Positive Ranks	34[b]	24.71	840.00
	Ties	10[c]		
	Total	59		
Hyperactivity _Post Hyperactivity_Pre	Negative Ranks	23[d]	17.52	403.00
	Positive Ranks	11[e]	17.45	192.00
	Ties	25[f]		
	Total	59		
Emotional Problems_Post Emotional Problems_Pre	Negative Ranks	34[g]	23.47	798.00
	Positive Ranks	10[h]	19.20	192.00
	Ties	15[i]		
	Total	59		
Peer Problems_Post Peer Problems_Pre	Negative Ranks	16[j]	14.13	226.00
	Positive Ranks	9[k]	11.00	99.00
	Ties	34[l]		
	Total	59		
Conduct Problems_Post Conduct Problems_Pre	Negative Ranks	19[m]	13.47	256.00
	Positive Ranks	6[n]	11.50	69.00
	Ties	34[o]		
	Total	59		
Total Difficulties_Post Total Difficulties_Pre	Negative Ranks	31[p]	31.23	968.00
	Positive Ranks	21[q]	19.52	410.00
	Ties	7[r]		
	Total	59		

a. Prosocial Behaviour_Post < Prosocial Behaviour_Pre
b. Prosocial Behaviour_Post > Prosocial Behaviour_Pre
c. Prosocial Behaviour_Post = Prosocial Behaviour_Pre
d. Hyperactivity_Post < Hyperactivity_Pre
e. Hyperactivity_Post > Hyperactivity_Pre

f. Hyperactivity_Post = Hyperactivity_Pre
g. Emotional Problems_Post < Emotional Problems_Pre
h. Emotional Problems_Post > Emotional Problems_Pre
i. Emotional Problems_Total_Post = Emotional Problems_Total_Pre
j. Emotional Problems_Post = Emotional Problems_Pre
k. Peer Problems_Post > Peer Problems_Pre
l. Peer Problems_Post = Peer Problems_Pre
m. Conduct Problems_Post < Conduct Problems_Pre
n. Conduct Problems_Post > ConductProblems_Pre
o. Difficulties_Post = Difficulties_Pre
p. Total Difficulties_Post < Total Difficulties_Pre
q. Total Difficulties_Post = Total Difficulties_Pre
r. Total Difficulties_Post = Total Difficulties_Pre

Table 5-22

SDQ Teacher Five Subscales Pre and Post Test Statistics

	Prosocial Behaviour Pre and Post	Hyperactivity Pre and Post	Emotional Problems Pre and Post	Peer Problems Pre and Post	Conduct Problems Pre and Post	Total Difficulties Pre and Post
Z	-2.289[b]	-1.845[c]	-3.612[c]	-1.750[c]	-2.639[c]	-2.559[c]
Asymp. Sig. (2-tailed)	.022	.065	<.001	.080	.008	.010

a. Wilcoxon Signed Ranks Test
b. Based on negative ranks.
c. Based on positive ranks.

Effect Sizes. The S&D Teacher questionnaire's pre- and post-intervention attributes show a

medium effect size (see Table 5.23).

Table 5-23

SDQ Teacher Pre and Post Paired Samples Effect Sizes

		Standardizer[a]	Point Estimate	95% Confidence Interval Lower	Upper
Pair 1 SDQT_Pre - SDQT_Post	Cohen's d	3.07988	.363	.098	.625
	Hedges' correction	3.12044	.358	.097	.617

a. The denominator used in estimating the effect sizes.
Cohen's d uses the sample standard deviation of the mean difference.
Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

5.2.3   Strengths and Difficulties Questionnaire: Parents

Reliability Analysis. The reliability analysis for the S&D Questionnaire Parent study showed consistent results across the scales. Cronbach's alpha for the Prosocial Behaviour scale (.661) showed low internal consistency pre and post-intervention (Table 5.24).

Table 5-24

SDQ Parent Prosocial Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.661	10

The **Hyperactivity** scale demonstrated moderate reliability at pre- and post-intervention, with Cronbach's alpha = .860. This is lower consistency in parent-reported hyperactivity scores compared to teacher-reported scores (Table 5.25).

Table 5-25

SDQ Parent Hyperactivity Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.860	10

For the **Conduct Problems** scale, reliability was acceptable for both pre- and post-intervention data, with Cronbach's alpha = .709. This subscale had moderate internal consistency (Table 5.26).

Table 5-26

SDQ Parent Conduct Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.709	8

The **Peer Problem** scores are presented pre- and post-intervention, with Cronbach's alpha

=.893.

This subscale shows moderate reliability (Table 5.27).

Table 5-27

SDQ Parent Peer Problem Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.893	10

For the **Emotional Problems** subscale, pre- and post-intervention with Cronbach's alpha =

.795, data indicated moderate internal consistency for parent-reported emotional problems (Table

5.28).

Table 5-28

SDQ Parent Emotional Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.795	10

The **Total Difficulties** scale, which combines items across four subscales, was reliable for pre-

and post-intervention data. Cronbach's alpha = .906 for pre- and post-intervention data. These

values suggest a high consistency in parent-reported difficulties across both time points (Table 5.29).

Table 5-29

SDQ Parent Total Difficulties Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.906	2

Descriptive Statistics. Normality testing for the S&D Questionnaire study parent scores shows that the subscales of the S&D Questionnaire for both pre- and post-intervention are statistically significant in their deviations from normality in both the Kolmogorov-Smirnov and Shapiro-Wilk tests (see Table 5.30). For example, the Prosocial Behaviour scale had significant results in both the Kolmogorov-Smirnov and Shapiro-Wilk tests ($p < 0.001$ for both pre- and post-intervention, necessitating non-parametric tests. Similarly, scales such as Peer Problems, Conduct Problems, and Total Difficulties showed significant deviations from normality, necessitating non-parametric tests.

Table 5-30

SDQ Parent Pre and Post Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
ProsocialBehavior_Pre	.416	18	<.001	.591	18	<.001
ProsocialBehavior_Post	.342	18	<.001	.728	18	<.001
Hyperactivity_Pre	.166	18	.200[*]	.949	18	.411
Hyperactivity_Post	.191	18	.081	.883	18	.030
EmotionalSymptoms_Pre	.190	18	.087	.910	18	.087
EmotionalSymptoms_Post	.198	18	.060	.875	18	.022
PeerProblems_Pre	.229	18	.014	.823	18	.003
PeerProblems_Post	.229	18	.013	.830	18	.004
ConductProblems_Pre	.301	18	<.001	.716	18	<.001
ConductProblems_Post	.298	18	<.001	.709	18	<.001
TotalDifficulties_Pre	.193	18	.076	.883	18	.030
TotalDifficulties_Post	.159	18	.200[*]	.876	18	.023

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction

Paired-Samples T-test. The Wilcoxon Signed Ranks Test results for the S&D Questionnaire parents, pre- and post-intervention, indicate no statistically significant changes across the scales when comparing pre- and post-intervention scores. Each scale, along with its descriptive statistics and rankings, is shown (see Table 5.31).

Table 5-31

SDQ Parent Sub-Scales, Total Difficulties Pre and Post Wilcoxon Test Ranks

		N	Mean Rank	Sum of Ranks
ProsocialBehavior_Post - ProsocialBehavior_Pre	Negative Ranks	3[a]	2.17	6.50
	Positive Ranks	1[b]	3.50	3.50
	Ties	14[c]		
	Total	18		
Hyperactivity_Post - Hyperactivity_Pre	Negative Ranks	6[d]	7.75	46.50
	Positive Ranks	6[e]	5.25	31.50
	Ties	6[f]		
	Total	18		
EmotionalSymptoms_Post - EmotionalSymptoms_Pre	Negative Ranks	8[g]	7.19	57.50
	Positive Ranks	4[h]	5.13	20.50
	Ties	6[i]		
	Total	18		
PeerProblems_Post - PeerProblems_Pre	Negative Ranks	6[j]	6.50	39.00
	Positive Ranks	7[k]	7.43	52.00
	Ties	5[l]		
	Total	18		
ConductProblems_Post - ConductProblems_Pre	Negative Ranks	4[m]	5.88	23.50
	Positive Ranks	5[n]	4.30	21.50
	Ties	9[o]		
	Total	18		
TotalDifficulties_Post - TotalDifficulties_Pre	Negative Ranks	8[p]	8.75	70.00
	Positive Ranks	6[q]	5.83	35.00
	Ties	4[r]		
	Total	18		

a. ProsocialBehavior_Post < ProsocialBehavior_Pre

b. ProsocialBehavior_Post > ProsocialBehavior_Pre
c. ProsocialBehavior_Post = ProsocialBehavior_Pre
d. Hyperactivity_Post < Hyperactivity_Pre
e. Hyperactivity_Post > Hyperactivity_Pre
f. Hyperactivity_Post = Hyperactivity_Pre
g. EmotionalSymptoms_Post < EmotionalSymptoms_Pre
h. EmotionalSymptoms_Post > EmotionalSymptoms_Pre
i. EmotionalSymptoms_Post = EmotionalSymptoms_Pre
j. PeerProblems_Post < PeerProblems_Pre
k. PeerProblems_Post > PeerProblems_Pre
l. PeerProblems_Post = PeerProblems_Pre

m. ConductProblems_Post < ConductProblems_Pre

n. ConductProblems_Post > ConductProblems_Pre

o. ConductProblems_Post = ConductProblems_Pre

p. TotalDifficulties_Post < TotalDifficulties_Pre

q. TotalDifficulties_Post > TotalDifficulties_Pre

r. TotalDifficulties_Post = TotalDifficulties_Pre

The **Prosocial Behaviour** scale showed minimal variation between pre- and post-intervention scores: three participants reported decreased scores, one reported increased scores, and the majority (14 participants) remained unchanged. This is reflected in the Wilcoxon test statistic, Z = -.557, and a non-significant p-value of 0.577 (see Tables 5.32 and 5.33).

The **Hyperactivity** scale similarly demonstrated no significant difference pre- and post-intervention. An equal number of participants (6 each) reported either an increase or a decrease in scores, with the remaining six showing no change. The test statistic (Z = -.609, p = 0.543) indicates no significant difference. (see Tables 5.32 and 5.33).

For the **Emotional Problems** scale, eight participants reported decreased scores and four reported increased scores, but no statistically significant change was observed (Z = -1.466, p = 0.143). This suggests variability in responses but no meaningful overall shift (see Tables 5.32 and 5.33).

The **Peer Problems** scale also did not exhibit significant changes between pre- and post-intervention. Of the 18 participants, six reported decreased scores, seven reported increases, and five had no change (Z = -.479, p = 0.632) (see Tables 5.32 and 5.33).

The **Conduct Problems** scale showed slight variation: four participants reported lower scores, five higher, and nine reported no change. The test statistic (Z = -.122, p = 0.903) indicates no significant difference (see Tables 5.32 and 5.33)

Finally, for the **Total Difficulties** scale, eight participants reported decreased scores, six reported increases, and four reported no change. Despite this distribution, the test statistic (Z = -1.105, p = 0.269) does not indicate a significant overall change (see Tables 5.32 and 5.33).

Table 5-32

SDQ Parent Sub-Scales, Total Difficulties Pre and Post Wilcoxon Test Statistics

	Prosocial Behaviour Pre and Post	Hyperactivity Pre and Post	Emotional Problems Pre and Post	Peer Problems Pre and Post	Conduct Problems Pre and Post	Total Diff Pre and Post
Z	-.557[b]	-.609[b]	-1.466[b]	-.479[c]	-.122[b]	-1.105[b]
Asymp. Sig. (2-tailed)	.577	.543	.143	.632	.903	.269

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.
c. Based on negative ranks.

Effect Size. The pre- and post-intervention attributes of the S&D Parent questionnaire indicate a small effect size (see Table 5.34).

Table 5-33

SDQ Parent Pre and Post Paired Samples Effect Sizes

		Standardizerᵃ	Point Estimate	95% Confidence Interval Lower	Upper
Pair 1 SDQP_Pre - SDQP_Post	Cohen's d	3.63893	.214	-.257	.678
	Hedges' correction	3.80996	.204	-.245	.648

a. The denominator is used to estimate the effect sizes.
Cohen's d uses the sample standard deviation of the mean difference.
Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

The S&D Questionnaire Parent response scores will not be analysed in the discussion chapter, as the paired subscale data are not significantly different.

5.2.4 'Self-World Capacity' Assessment

Reliability Analysis. The **Self-Other-World (SOW)** subscale demonstrated moderate reliability. For pre- and post-intervention scores, Cronbach's alpha = .767, reflecting moderate internal consistency across the three items. Descriptive statistics indicated moderately high mean scores for SOW1_Pre (M = 3.59, SD = 1.136), to Post SOW1 (M = 4.18, SD = 1.021). The remaining items, SOW2 and SOW3, showed little change (see Tables 5.34 and 5.35)

Table 5-34

SWC Self-Other-World Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.767	6

Table 5-35

SWC Self-Other-World (SOW) Pre and Post Item Statistics

	Mean	Std. Deviation	N
SOW1_Pre	3.59	1.136	68
SOW1_Post	4.18	1.021	68
SOW2_Pre	4.18	1.021	68
SOW2_Post	4.46	.905	68
SOW3_Pre	4.16	.940	68
SOW3_Post	4.19	.918	68

The **Connect or Disconnect (CD)** subscale showed slightly below-acceptable reliability pre- and post-intervention, with Cronbach's alpha = .659, indicating limited internal consistency among the items. Pre-intervention mean scores were moderate, with CD1_Pre (M = 3.57, SD = 1.273) slightly lower than CD2_Pre (M = 4.15, SD = 1.136). Post-intervention, reliability improved modestly, with mean scores slightly increasing across all items, particularly CD1_Post (M = 4.15, SD = 0.966 (see Tables 5.36 and 5.37).

Table 5-36

SWC Connect or Disconnect Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.659	6

Table 5-37

SWC Connect or Disconnect (CD) Pre and Post Item Statistics

	Mean	Std. Deviation	N
CD1_Pre	3.57	1.273	68
CD1_Post	4.15	.966	68
CD2_Pre	4.15	1.136	68
CD2_Post	4.01	1.152	68
CD3_Pre	3.88	1.166	68
CD3_Post	4.03	1.079	68

The **Solidity of Self (SOS)** subscale exhibited moderate reliability pre-intervention, with a Cronbach's alpha of .770. Descriptive statistics showed moderate pre-intervention means, with SOS1_Pre (M = 3.85, SD = 1.200) being slightly higher than SOS3_Pre (M = 3.53, SD = 1.355). Post-intervention means scores also increased, particularly for SOS1_Post (M = 4.09, SD = 1.129). **(**see Tables 5.38 and 5.39)

Table 5-38

SWC Solidity of Self Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.770	6

Table 5-39

SWC Solidity of Self (SOS) Pre and Post Item Statistics

	Mean	Std. Deviation	N
SOS1_Pre	3.85	1.200	68
SOS1_Post	4.09	1.129	68
SOS2_Pre	3.82	1.221	68
SOS2_Post	4.04	1.215	68
SOS3_Pre	3.53	1.355	68
SOS3_Post	3.81	1.225	68

The **Sense of Purpose (SOP)** subscale showed strong reliability pre- and post-intervention, with a Cronbach's alpha of .870, indicating high internal consistency among the six items. Post-intervention mean scores were generally high, with SOP1_Post (M = 4.13, SD = 1.145) and SOP2_Post (M = 4.22, SD = 1.020) showing the highest averages. SOP6_Post (M = 4.04, SD = 1.298) also demonstrated elevated levels (see Tables 5.40 and 5.41)

Table 5-40

SWC Sense of Purpose Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.870	12

Table 5-41

SWC Sense of Purpose (SOP) Pre and Post Item Statistics

	Mean	Std. Deviation	N
SOP1_Pre	3.97	1.159	68
SOP1_Post	4.13	1.145	68
SOP2_Pre	3.96	1.190	68
SOP2_Post	4.22	1.020	68
SOP3_Pre	3.88	1.204	68
SOP3_Post	3.94	1.131	68
SOP4_Pre	3.62	1.487	68
SOP4_Post	3.90	1.236	68
SOP5_Pre	3.51	1.333	68
SOP5_Post	3.81	1.213	68
SOP6_Pre	3.87	1.245	68
SOP6_Post	4.04	1.298	68

The **Agency (A)** subscale demonstrated moderate pre-intervention reliability, with Cronbach's alpha of 0.697. Pre-intervention mean scores were moderate, with A1_Pre (M = 4.07, SD

= 1.250) being notably higher than A3_Pre (M = 3.19, SD = 1.406). Post-intervention reliability

decreased slightly to 0.654, with post-intervention mean scores showing a small improvement,

particularly for A1_Post (M = 4.19, SD = 1.188) (see Tables 5.42 and 5.43)

Table 5-42

SWC Agency Pre and Post Reliability Statistics

Cronbach's Alpha	N of Items
.781	6

Table 5-43

SWC Agency (A) Pre and Post Item Statistics

	Mean	Std. Deviation	N
A1_Pre	4.07	1.250	68
A1_Post	4.19	1.188	68
A2_Pre	3.54	1.343	68
A2_Post	3.68	1.202	68
A3_Pre	3.19	1.406	68
A3_Post	3.62	1.222	68

Descriptive Statistics. The normality of the SWC subscale scores pre- and post-intervention

was assessed using the Kolmogorov-Smirnov and Shapiro-Wilk tests (see Tables 5.44 and 5.45). These

tests consistently indicated significant deviations from normality across all subscales ($p < .05$),

suggesting non-normal distributions. However, the skewness and kurtosis values for all subscales

were within acceptable ranges, supporting the application of parametric tests despite the formal test

results.

For **Self-Other-World (SOW)**, the pre-intervention total score had a mean of 11.93 (SD =

2.314), skewness of -0.690 and kurtosis of -0.471. Post-intervention, the mean increased to 12.82 (SD

= 2.192), with a skewness of -0.828 and a kurtosis of -0.155. These values indicate a slight negative skew and relatively flat distribution, but remain within acceptable thresholds.

For **Connect or Disconnect (CD)**, pre-intervention scores had a mean of 11.60 (SD = 2.516), with a skewness of -0.715 and a kurtosis of 0.322, suggesting a modest leftward skew. Post-intervention, the mean rose to 12.19 (SD = 2.345), with a similar skewness (-0.709) and slightly negative kurtosis (-0.199), indicating only minor changes in distributional shape.

The **Solidity of Self (SOS)** subscale had a pre-intervention mean of 11.21 (SD = 2.702) with skewness of -0.679 and a kurtosis of -0.135, indicating a near-normal distribution. Post-intervention, the mean increased to 11.94 (SD = 2.947), with skewness of -0.871 and kurtosis of -0.076, indicating a slightly more pronounced leftward skew but still within acceptable limits.

For **Sense of Purpose (SOP)**, the pre-intervention mean was 22.81 (SD = 5.272), with a skewness of -0.468 and a kurtosis of -1.012, indicating a slightly flattened and leftward-skewed distribution. Post-intervention, the mean increased to 24.04 (SD = 5.335), with skewness of -0.759 and kurtosis of -0.559, indicating a more symmetrical, peaked distribution.

The **Agency (A)** subscale exhibited a pre-intervention mean of 10.81 (SD = 3.159), with skewness of -0.747 and kurtosis of -0.579, indicating moderate skewness. Post-intervention, the mean rose to 11.49 (SD = 2.778), with a skewness of -0.737 and a kurtosis of 0.077, maintaining a similar distribution shape.

Table 5-44

SWC Five Components Pre and Post Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
SelfOtherWorld_Pre	.168	68	<.001	.911	68	<.001
SelfOtherWorld_Post	.190	68	<.001	.871	68	<.001
ConnectDisconnect_Pre	.151	68	<.001	.934	68	.001
ConnectDisconnect_Post	.135	68	.004	.918	68	<.001
SoldityofSelf_Pre	.131	68	.005	.939	68	.002
SoliodityofSelf_Post	.155	68	<.001	.887	68	<.001
SenseofPurpose_Pre	.176	68	<.001	.922	68	<.001
SenseofPurpose_Post	.174	68	<.001	.892	68	<.001
Agency_Pre	.220	68	<.001	.899	68	<.001
Agency_Post	.134	68	.004	.930	68	<.001

a. Lilliefors Significance Correction

Table 5-45

SWC Five Components Pre and Post Descriptive Statistics

	N	Min	Max	Mean	Std. Deviation	Skewness		Kurtosis	
		Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
SelfOtherWorld_Pre	68	6	15	11.93	2.314	-.690	.291	-.471	.574
SelfOtherWorld_Post	68	7	15	12.82	2.192	-.828	.291	-.155	.574
ConnectDisconnect_Pre	68	4	15	11.60	2.516	-.715	.291	.322	.574
ConnectDisconnect_Post	68	6	15	12.19	2.345	-.709	.291	-.199	.574
SoldityofSelf_Pre	68	4	15	11.21	2.702	-.679	.291	-.135	.574
SoliodityofSelf_Post	68	4	15	11.94	2.947	-.871	.291	-.076	.574
SenseofPurpose_Pre	68	11	30	22.81	5.272	-.468	.291	-1.012	.574
SenseofPurpose_Post	68	12	30	24.04	5.335	-.759	.291	-.559	.574
Agency_Pre	68	3	15	10.81	3.159	-.747	.291	-.579	.574
Agency_Post	68	3	15	11.49	2.778	-.737	.291	.077	.574
Valid N (listwise)	68								

Paired - Samples T -Test. The Wilcoxon Signed-Rank Test was used to evaluate changes in

the 'self-world capacity' subscales between pre- and post-intervention assessments. This non-

parametric test was applied due to observed deviations from normality. Each scale, along with its corresponding descriptive statistics and rankings, is discussed below (see Tables 5.46 & 5.47).

The analysis revealed a statistically significant increase in the **Self-Other-World (SOW)** scores from pre- to post-intervention (Z = -3.513, p < .001).

There was no statistically significant change in the **Connect or Disconnect (CD)** scores (Z = -1.673, p = .094). Although the mean scores increased slightly post-intervention, the observed difference was not strong enough to be considered significant.

Post-intervention, the **Solidity of Self (SOS)** scores significantly increased (Z = -2.277, p = .023). This score shows a slight increase between pre- and post-intervention.

The **Sense of Purpose (SOP)** scores also significantly improved post-intervention (Z = -2.373, p = .018). This scale also shows a slight increase, with means increasing slightly between pre- and post-intervention.

The **Agency (A)** score change approached statistical significance but did not meet conventional thresholds (Z = -1.955, p = .051). While the scores indicated a trend toward improvement, this result should be interpreted cautiously.

Table 5-46

SWC Five Components Pre and Post Wilcoxon Signed Rank Test

	N	Mean	Std. Deviation	Minimum	Maximum
SelfOtherWorld_Pre	68	11.93	2.314	6	15
ConnectDisconnect_Pre	68	11.60	2.516	4	15
SoldityofSelf_Pre	68	11.21	2.702	4	15
SenseofPurpose_Pre	68	22.81	5.272	11	30
Agency_Pre	68	10.81	3.159	3	15
SelfOtherWorld_Post	68	12.82	2.192	7	15
ConnectDisconnect_Post	68	12.19	2.345	6	15
SolidityofSelf_Post	68	11.94	2.947	4	15
SenseofPurpose_Post	68	24.04	5.335	12	30
Agency_Post	68	11.49	2.778	3	15

Table 5-47

SWC Five Components Pre and Post Test Statistics

	Self-Other-World Pre and Post	Connect Disconnect Pre and Post	Solidity of Self Pre and Post	Sense of Purpose Pre and Post	Agency Pre and Post
Z	-3.513[b]	-1.673[b]	-2.277[b]	-2.373[b]	-1.955[b]
Asymp. Sig. (2-tailed)	<.001	.094	.023	.018	.051

a. Wilcoxon Signed Ranks Test
b. Based on negative ranks.

Two-way ANOVA. A two-way ANOVA was conducted to investigate the effects of time (pre vs. post) and group (intervention vs. control) on the total of the five subscales of the 'self-world capacity' study. The results of within-subject contrasts, interaction, and between-subject effects are summarised below. Mean scores increased from pre- to post-intervention; however, the magnitude of changes varied by subscale and group. The between-subjects effects showed no significant differences between the intervention and control groups for any subscale (all p > .05) (see Tables 5.48, 5.49, 5.50 and 5.51).

Table 5-48

SWC Five Components Pre and Post Two-Way ANOVA Descriptive Statistics

	Group	Mean	Std. Deviation	N
Self_Other_World_Pre	Intervention	11.75	2.495	53
	Control	12.53	1.407	15
	Total	11.93	2.314	68
Self_Other_World_Post	Intervention	12.81	2.245	53
	Control	12.87	2.066	15
	Total	12.82	2.192	68
Connect_Disconnect_Pre	Intervention	11.55	2.613	53
	Control	11.80	2.210	15
	Total	11.60	2.516	68
Connect_Disconnect_Post	Intervention	12.21	2.483	53
	Control	12.13	1.846	15
	Total	12.19	2.345	68
Solidity_of_Self_Pre	Intervention	11.26	2.761	53
	Control	11.00	2.563	15
	Total	11.21	2.702	68
Solidity_of_Self_Post	Intervention	12.08	2.967	53
	Control	11.47	2.924	15
	Total	11.94	2.947	68
Sense_of_Purpose_Pre	Intervention	22.77	5.686	53
	Control	22.93	3.595	15
	Total	22.81	5.272	68
Sense_of_Purpose_Post	Intervention	24.13	5.677	53
	Control	23.73	4.044	15
	Total	24.04	5.335	68
Agency_Pre	Intervention	10.58	3.371	53
	Control	11.60	2.165	15
	Total	10.81	3.159	68
Agency_Post	Intervention	11.58	3.016	53
	Control	11.13	1.727	15
	Total	11.49	2.778	68

The between-subjects effects showed no significant differences between the intervention and control groups for any subscale (all $p > .05$). This indicates that group participation did not independently influence scores on Self World Other, Connect or Disconnect, Solidity of Self, Sense of Purpose, or Agency (see Table 5.49).

Table 5-49

SWC Pre and Post Tests of Between-Subjects Effects

Measure: SWC
Transformed Variable: Average

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	464653.083	1	464653.083	1586.392	<.001	.960
Group	1.259	1	1.259	.004	.948	.000
Error	19331.351	66	292.899			

The within-subjects contrasts revealed a significant effect of time for the 'self-world capacity' subscales (all $p < = 0.05$). Interaction effects between time and group were not significant (all $p > .05$). This suggests that the intervention group did not experience significantly greater changes over time than the control group. (see Tables 5.50 and 5.51)

Table 5-50

SWC Pre and Post Tests of Within-Subjects Contrast

Measure: SWC

Source	Time	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Time	Linear	235.966	1	235.966	4.630	.035	.066
Time * Group	Linear	68.377	1	68.377	1.342	.251	.020
Error(Time)	Linear	3363.527	66	50.963			

The 'self-world capacity' subscales in the pre-, post-intervention, and control groups show a moderate increase in mean scores over time.

Table 5-51

*SWC Pre and Post Group * Time*

Measure: SWC

| Group | Time | Mean | Std. Error | 95% Confidence Interval | |
				Lower Bound	Upper Bound
Intervention	1	67.925	1.771	64.388	71.461
	2	72.811	1.831	69.157	76.466
Control	1	69.867	3.329	63.219	76.514
	2	71.333	3.441	64.463	78.203

The plot shows the estimated marginal means of the 'self-world capacity' over time (pre- and post-intervention) for the intervention and control groups, with error bars representing 95% confidence intervals. The intervention group demonstrated a slight increase in scores from pre- to post-intervention, while the control group showed a slight increase. However, the overlap of confidence intervals suggests that these changes may not be statistically significant (see Table 5.52)

Table 5-52

Estimated Marginal Means of the SWC
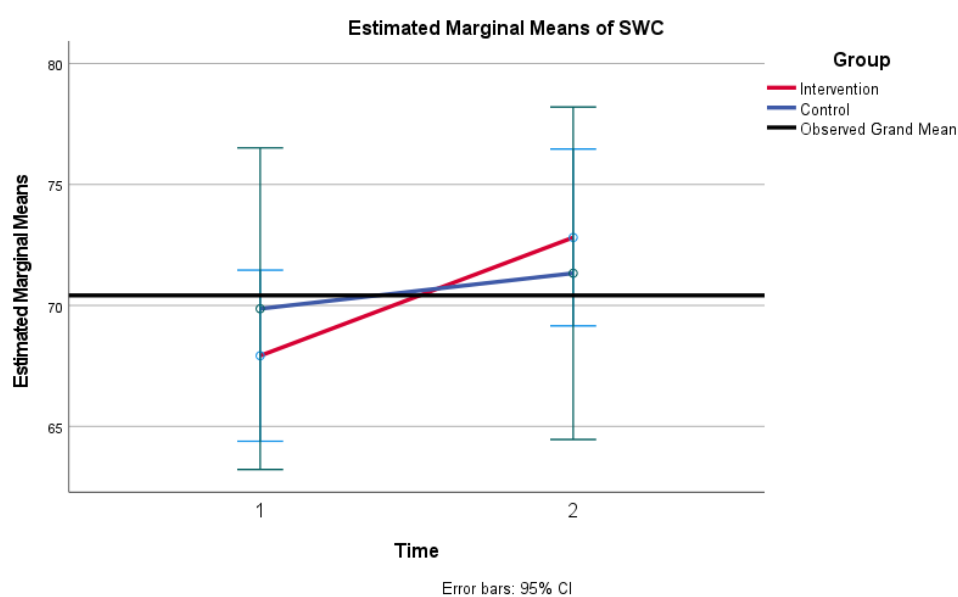
Effect Sizes. The 'self-world capacity' subscales pre- and post-intervention show a moderate effect

size (see Table 5.53)

Table 5-53

SWC Pre and Post Paired Samples Effect Sizes

				Point	95% Confidence Interval	
			Standardizer[a]	Estimate	Lower	Upper
Pair 1	SWC_Pre - SWC_Post	Cohen's d	10.122	-.408	-.654	-.159
		Hedges' correction	10.237	-.404	-.647	-.158

a. The denominator is used to estimate the effect sizes.
Cohen's d uses the sample standard deviation of the mean difference.
Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

5.2.5 Teacher Acceptability Questionnaire

The teacher questionnaire, comprising 11 questions and sent via Qualtrics, yielded 2

responses, with a high mean of 4.77. The focus and content of the survey questions are discussed in

the methodology chapter, and the outcomes are discussed in the discussion chapter.

5.2.6 CDG Qualtrics Survey

The CDG survey, with results from the four groups, showed 66.7% with a good score and

33.3% with an excellent score. The focus and content of the survey questions are discussed in the

methodology chapter, and analysis is provided in the discussion chapter.

That finalises the results of the quantitative data from the PANAS-C, S&D Questionnaire, teachers and parents, 'self-world capacity' Student questionnaires, and teachers' survey.

6.   Discussion

6.1   Introduction

This chapter presents the key findings related to the research question: Is an intervention fostering the components of a 'self-world capacity' acceptable and feasible to deliver in primary schools to support students' mental health and well-being? This is the first study to explore how a school intervention for mental health and well-being (MHWB), utilising a multi-component approach that incorporates the five components of the 'self-world capacity' framework (Dorjee, 2021), which has a psychological base for a knowledge and skills curriculum, could be integrated into PSHE studies for primary-aged students.

The chapter examines the quantitative and qualitative data collected from participants, interprets the findings, and compares them with similar previous studies. The findings were analysed by reflecting on the results alongside the literature in the narrative review. This discussion offers a reflection on the research findings, and a critical analysis of the implications, limitations, recommendations and future directions suggested by this study. To address the research question, the researcher has triangulated qualitative and quantitative data findings to provide a holistic account of what transpired in this study.

6.2   Key Findings

This section provides a brief overview of the key findings from the quantitative data, addressing the hypothesis 'if a school intervention incorporates all five components of the 'self-world capacity', then the school intervention, if acceptable and feasible, could support students' mental

health and well-being' and with qualitative data, including narrative evidence from the students to develop a theory that the five components of the 'self-world capacity' within a framework of psychological theories in a knowledge and skills primary school curriculum can support students' mental health and well-being. In interpreting the qualitative and quantitative data, the intervention appears to have provided an acceptable and feasible programme with the 'self-world capacity' to support students' mental health and well-being.

Students found ways to recognise different emotions, understand how emotions are an important part of our lives, and why it is essential to pause and reflect. They learnt how perception can help change your mindset to resolve issues and that you can help yourself if you have the relevant knowledge. They found that sharing deep emotions is challenging, but certain emotions can be shared, which helps us feel connected. They enjoyed learning with short, snappy videos that used inclusive, age-appropriate language, introduced new knowledge, and incorporated fun activities to facilitate learning. Over the nine weeks, their positive and negative emotional states changed significantly as measured by the Positive and Negative Affect Schedule (PANAS). The Strengths and Difficulties Questionnaire (S&D) measurement showed significant improvement in three of the five attributes, with hyperactivity and peer problems showing no significant change between pre- and post-testing. The teachers also observed a positive difference in their behaviours. The thematic analysis raised questions for the researcher about students' understanding of the vocabulary and their ability to apply it to real-life scenarios at an appropriate level. Results from statistical data on time and group effects will be discussed when interpreting the findings.

From the teacher interviews and the narratives on the planning documentation, teachers reported positive experiences with the programme. They also experienced positive changes in behaviour as students progressed in their learning over the nine weeks. The qualitative data from the

reflexive thematic analysis provided two themes: supporting knowledge and skills, and changing behaviours through learning opportunities. The teachers' overall experience was positive; however, they would have liked more time to review the programme documentation, as they felt there was too much information.

6.2.1   Quantitative Data Findings

Positive And Negative Affect Schedule. The PANAS-C questionnaire, completed by students, was used to measure their emotional state, with pre- and post-intervention testing. The results showed a significant increase in positive affect from the pre-intervention test to the post-intervention test and a significant decrease in negative affect from the pre-intervention test to the post-intervention test. This is particularly encouraging, as it suggests that students were increasingly positive in their mood. The decrease in negative affect among students after the intervention, as evidenced by pre- and post-intervention testing, supports this finding. The null hypothesis was rejected.

Strengths and Difficulties Questionnaire: Teachers. The main findings of the S&D Questionnaire for teachers are that the teachers reported significant changes in three of the five attributes measured before and after the intervention.

Of the five subscales measured, prosocial, emotional, and conduct showed statistically significant results, with significant differences between pre- and post-intervention scores. This result indicates that the teachers found the intervention positively affected the students, reducing their emotional and behavioural problems.

The prosocial assessment identified thirty-four students who responded more positively after the intervention, accounting for more than half of the participants. This would indicate that the students had increased their prosocial attributes. Potential links among these attributes, the 'self-world capacity' multi-component, and the psychological theories associated with its components are further discussed.

The emotional problems attribute showed the most significant change, with the highest score among the five attributes, indicating that 34 students had reduced their emotional problems. Conduct was also highly significant, with improvements across attributes, including tantrums, obeying, fighting, and lying. There should have been 'steals' included, as this is one of the symptoms under the attribute conduct; however, there was no response from any of the students' teachers, so it was not included in the data. The conduct attributes changed statistically: nineteen students experienced a negative change, six a positive change, and thirty-four showed no change. The significance suggests that conduct problems may have reduced over the nine weeks. These scores indicate a significant improvement in post-intervention test scores for behaviours recorded by teachers for students following the 'A Little Bit of Psychology' (ALBOP) intervention. The significant differences indicate that the null hypothesis should be rejected.

However, the least change was with peer problems and hyperactivity. There was no significant difference in hyperactivity. There were a few changes from the students; the attribute covers symptoms of restlessness, fidgetiness, distraction, reflection, and attentiveness.

S&D questionnaires were completed by the teachers about the students who have a total difficulties scale, which includes all attributes except prosocial. Although the difference is moderate

in significance, the total difficulty scale indicates that thirty-one students reduced their total difficulty score, compared to twenty-one who increased it.

Strengths and Difficulties Questionnaire: Parents. The number of parent responses was significantly lower and was included as a key limitation, as the data revealed an issue with parents' consent. Several parents responded but did not consent, rendering the researcher unable to use that data. This is discussed later in this chapter under the heading limitations. In total, eighteen responses were received from parents. The sample size was small, yet the reliability testing was consistent.

Self-World Capacity: Student Questionnaire. The validity of the 'self-world capacity' questionnaire was examined to determine whether the questions captured the information sought by the researcher and whether they adequately captured what is sometimes referred to as a specification error. (DeMaio & Landreth, 2004; Groves et al., 2009). Any measurement error could be related to the 'self-world capacity' being a paper-based self-completion questionnaire, or to students providing inaccurate answers due to not understanding the question. The researcher took steps to provide some validation by asking for feedback from the coordination development group. However, although the group did not consider professional teachers experts in questionnaire validation, it provided feedback solely on the questionnaire's acceptability and understanding. Another step in validation is piloting the questionnaire; however, as the pilot could not take place as discussed in Chapter 4, the researcher had to rely solely on feedback.

The 'self-world capacity' comprises five components, and all pre- and post-intervention tests showed acceptable reliability. Three components, self-other-world, solidity of self, and sense of purpose, all showed statistically significant increases. A slight movement between pre- and post-

intervention for agency and connect/disconnect was insignificant. Therefore, the null hypothesis was rejected for three of the five 'self-world capacity' components.

The self-other-world component showed the most significant increase in its mean, resulting in a positive outcome. The analysis revealed a statistically significant increase in self-other-world (SOW) scores from pre- to post-intervention. The questions attributed to this component were linked to the students' understanding that they can change, including changing their mindset, and that others also understand this about them. It was a surprise that this component had the most significant effect, which is discussed later when triangulating this data with the qualitative data from the student focus group interviews.

The solidity of self showed a significant increase from pre- to post-intervention, suggesting that students have understood that their life's purpose is not fixed and that what they feel and think about themselves today may change, which is okay. The solidity of self component is about the self not being fixed, and that we can change and have a transient sense of self. This is a positive result as students begin to understand themselves.

The sense of purpose, which had more questions about the nine-week programme in this questionnaire section, increased its mean scores. A difference between the pre- and post-intervention test mean scores for this component revealed a significant increase in students' sense of purpose in life, conveyed through the ALBOP intervention, grounded in Maslow's hierarchy of needs and Carl Rogers' personality theory. The students' positive scores suggest that a sense of purpose was important for students.

The results of the two-way ANOVA suggest that although improvements were consistent within the intervention group, there was a slight change over time compared to the control group, which was attributed to the intervention. However, the change is insignificant, so the null hypothesis was not rejected.

Quantitative data included teacher survey responses, which showed a high mean score, indicating a positive response to the ALBOP intervention. In addition, the coordination development group (CDG) reported a 66.7% rating of 'good' on the Likert scale for the ALBOP intervention.

6.2.2   Qualitative Key Findings

Qualitative data included student focus group interviews in which students responded to questions about their experiences during the nine weekly lessons. The teacher interviews included questions about the teacher's experiences delivering the programme, including planning, resources, videos, and activities. Both interviews aimed to answer the research question: Is an intervention fostering the components of a 'self-world capacity' acceptable and feasible to deliver in primary schools to support students' mental health and well-being? In analysing the qualitative data to establish acceptability and feasibility, the researcher reflected on the essential aspects and relevant components (see Fig. 3.1).

Student Focus Groups. The first theme that emerged from the students' responses in the focus group interviews was 'recognising emotions that lead to changing moods to resolve uncomfortable situations'. Students were interested in how the mind and body work and how they experience emotions. They understood they could change their mindset and, in doing so, change their behaviours. They were optimistic about being able to change who they wanted to be in life by

becoming aware of their own emotions. Several lessons supported the development of key self-regulation skills, and participants were highly proactive in applying this new knowledge, stating that it helped them recognise certain feelings between their minds and bodies. The students also recognised various emotional situations they had experienced, and the intervention helped them rethink how they might respond differently in these situations with a more positive frame of mind. They even changed their perspective, which in turn helped them remain calm.

Other findings are also relevant. One student found one of the lessons *"a bit too much"*. The drama triangle is a process in which you identify with a trait or role in a situation and take on another role. The student found this too much like real life, which heightened their emotions. The study's implications raise the question of the appropriate level of exploring emotions for primary students.

The second theme to develop was accessibility to an MHWB programme, which leads to 'being educated, enabling sharing, and being connected'. Students found the videos and activities engaging and accessible, with language and content that were also inclusive. One student remarked that the resources were prepared, which made it much easier for them to complete the task. Extracts from the transcripts show that students never got bored and found the language easy to understand. They could relate the learning to their own situations and establish boundaries to support their feelings and thoughts, leading to calmer emotions. Through learning about perception, they experienced more connection with others, including peers and teachers. The students' earlier comments explained how they began to realise that everyone has a unique learning style and that changing one's mindset can influence one's emotional state.

Teacher Interviews. The theme 'supporting knowledge and skills with resources for teaching and learning' revealed that teachers felt they needed more time for the programme, as there was a

lot of information to read and understand. Therefore, they would have liked more time to absorb everything presented to them for teaching the programme. This is discussed in the interpretation of the findings. However, the teachers' overall view was that everything they needed was present, and they felt supported. The second theme, 'changing behaviour through learning opportunities,' refers to how the teachers responded to the programme and what they observed. Over the nine weeks, the teachers observed changes in student behaviour. They observed students engaging in deeper conversations about emotions and becoming more comfortable discussing their feelings. They also observed students connecting more positively with their peers.

Narrative Analysis of Teachers' Responses to Planning Documents. The narrative review of teachers' planning notes revealed that lessons were impactful and transferable to other subjects. The programme built student confidence, and the teachers stated that the lessons challenged student perceptions. One teacher noted that the drama triangle terminology was tricky for the students, which is discussed in the interpretation of the findings.

6.2.3 Summary

The results of this study were obtained using a mixed methods design. After reviewing the results and examining the key findings, the researcher's perspective makes clear the importance of the mixed methods approach to this study. The statistical data provided an unbiased account, with some challenging results, as the between- and within-effects show only a slight improvement in understanding the ALBOP intervention programme. The PANAS-C questionnaire results for the students showed a more positive emotional state, and the S&D Questionnaire revealed that three out of five attributes had increased, leaving peer problems and hyperactivity unchanged. This is contrasted with the qualitative results, which yielded a similar outcome, with themes suggesting a

positive experience in which students learnt new knowledge they applied, which seemed to change their mindsets, leaving them feeling educated, able to resolve uncomfortable situations, and able to recognise and understand emotions. The question then is whether the qualitative data is leading the quantitative data. In interpreting the findings, the researcher aims to triangulate the findings.

6.3   Interpretation of Findings.

In interpreting the findings, the researcher refers to the literature in the narrative review and, by triangulating the qualitative and quantitative data, provides the reader with an understanding of what the data says for this study through different aspects such as:

- The importance of schools providing MHWB support through school interventions.

- Existing Interventions and their Outcomes, Is ALBOP the same yet different?

- The importance of a multi-component approach with the five components of the 'self-world capacity'.

- How could this school intervention support PSHE as part of the curriculum?

- What are the issues for teachers and schools with school MHWB interventions?

The researcher aims to provide a clear understanding of the findings regarding the research question.

6.3.1   The Importance of Schools Providing Intervention Support

The qualitative and quantitative data highlighted the importance of MHWB support through school interventions, as students felt educated, understood and recognised their emotions, and resolved uncomfortable situations. Consequently, their emotional state improved, as shown in the PANAS-C and S&D Questionnaire. The intervention supports the literature on the need to improve MHWB in children in schools, as UNICEF (2024) informs us that mental health and well-being is crucial for emotional, intellectual, physical, and social well-being and that it is important at every stage of life, especially for children and young people which is why schools are at the forefront of MHWB interventions (UNICEF & WHO, 2021). The findings in this study suggest that students welcome these interventions, as they are accessible and provide knowledge and skills as identified through the delivery of the 'self-world capacity' components and participants' responses via questionnaires and interviews. Marks (2011) states that schools are equipped to deliver mental health programmes for children and young people outside healthcare settings, as they can offer diverse opportunities with consistency, monitoring, flexibility, and positive outcomes. The researcher acknowledges an opportunity to provide a diverse MHWB curriculum in schools, as teachers responded positively to the ALBOP intervention in their interviews, to the feedback on planning, and in the teachers' survey.

6.3.2   Existing Interventions and Their Outcomes

There has been an Increasing trend toward schools supporting MHWB (Fazel et al., 2014), as evidenced by some success with school interventions. The Incredible Years intervention (Hayes et al., 2020) focused on behavioural and emotional problems in young children and had promising short-term effects, especially for children with conduct problems. The literature suggests there has been a

primary focus on behaviours for school interventions (Wadman et al., 2024), and the thematic analysis of the teachers' interviews provides an insight into the ALBOP intervention, which supported the change in behaviours through new learning opportunities, in this case, a multi-component approach with the 'self-world capacity'.

The other intervention, which also showed some improvement in well-being, was the PATHS intervention, which focused on feelings (Humphrey et al., 2013). However, this was considered too Americanized (Humphrey et al., 2016). It was crucial to ensure that the ALBOP intervention used appropriate language. The CDG feedback and survey confirmed this in the results and in students' feedback, leading to the initial theme of 'acceptability' as students reported that the videos were easy to understand.

Think Feel Do, with its cognitive, behavioural therapy (CBT) and psychoeducation approach, was very similar to the ALBOP school intervention with activities and practical exercises and its focus on emotional recognition, positive thinking, emotional management and problem-solving (Stallard et al., 2011) and akin to the 'self-world capacity' components in that the student's themes were 'resolving uncomfortable situations and recognising and understanding emotions'. The 'Think, Feel, Do' intervention is reported to have provided immediate therapeutic benefits and was deemed a viable option, with positive feedback regarding its effectiveness (Attwood et al., 2012). The literature suggests a need for more components in an intervention, akin to the ALBOP programme, to achieve greater benefit for students' MHWB.

The Social and Emotional Aspects of Learning (SEAL) framework, introduced in 2005, offers a whole-school approach to promoting social and emotional skills that support positive behaviour and emotional well-being (DfES, 2005). The literature suggests that SEAL had low reported outcomes due

to inconsistent implementation (O'Connor et al., 2018). Interestingly, one of the outcomes of the ALBOP programme, which has been designed with a whole-school approach, is reflected in the quantitative data from the S&D questionnaire, showing positive changes in prosocial behaviour. In the qualitative data, an initial theme emerged: students connected through sharing. These results suggest a positive shift towards greater connectedness among individuals, enhancing social and emotional skills. This data also aligns with the literature, as the WHO (1981) states the need to provide people with information and life skills, including coping skills, and to strengthen social networks and social support.

FRIENDS is another intervention that was recognised as an effective programme for increasing coping skills and shown to reduce anxiety symptoms (Barrett et al., 2000; Briesch et al., 2010; Higgins & O'Sullivan, 2015; Pahl & Barrett, 2007; Stallard et al., 2014). The ALBOP intervention is similar to FRIENDS in that it includes videos, games, and activities, as learning style plays a crucial role in a school intervention for MHWB. The student interviews revealed a theme: 'being educated'. This theme was developed because students found the lessons engaging; one student found learning about the psychologists very interesting. As the programme delivers a multi-component approach, it supports the probability that students have opportunities to learn many aspects of MHWB; however, although FRIENDS is similar in some ways, the ALBOP programme is not designed to measure students' anxiety symptoms as it is purely a knowledge and skills programme to support students' mental health and well-being.

Zippy's Friends, a school-based social-emotional learning programme for five- to seven-year-olds, is another intervention designed to help younger children cope with difficulties, equipping them with the skills to handle problems and crises in adolescence and later life. The ALBOP programme, although trialled with an older age group, received feedback from students suggesting

they wish they had received the information they received at a younger age to build knowledge and skills. Is there a possibility of a multi-component approach for younger years, similar in aim to Zippy's friends' approach, with a simpler version of 'self-world capacity' and psychological theories, that could better support the younger years? There is already philosophy for five-year-olds —why not psychology?

The literature explores several similarities between current and past school interventions for MHWB. However, the ALBOP intervention differs in that it provides a multi-component approach. This approach equips individuals with knowledge and skills aligned with the 'self-world capacity'. It enables them to identify the origins of these behaviours in perceptions and the interplay between the mind and body.

6.3.3   *The Importance of a Multi-Component Approach to the 'self-world capacity'*

The previous section outlined the importance of implementing an MHWB school intervention, which introduces various skills to students (Reinke et al., 2011). The ALBOP programme offers a distinct approach, focusing on five 'self-world capacity' components. According to Dorjee (2021), this is an integrated trait that supports a person's sense of self, mental health and overall well-being. The ALBOP begins with a foundation that introduces the fundamental connection between the mind and body, then explores how various psychological theories can support this interplay. According to Fazel et al. (2014), there is a need to change how school interventions are delivered by equipping students with the skills and knowledge to understand emotions, thoughts, and behaviours.

The ALBOP aims to deliver knowledge and skills, as evidenced by qualitative data, and the students indeed gained skills and knowledge. The themes of 'recognising and understanding emotions', 'resolving uncomfortable situations', 'feeling educated', and knowing the programme was 'acceptable and accessible' supported this statement. These were evident in UK interventions, as the themes align with the requirements set out by NICE (2022) in its guidance for school interventions, which promote several skills integrated into the school curriculum for social and emotional well-being. These skills were self-awareness, self-regulation, social awareness, responsible decision-making and relationship skills.

Nevertheless, the quantitative data indicate that only three of the five 'self-world capacity' components made a significant difference, with connect/disconnect and agency showing no change. Furthermore, the ANOVA results for the effects over time and between groups showed only a slight improvement, which was observed in both the intervention and control groups. In light of these results, the researcher considered whether a multi-component approach had a positive impact. The students reported positive comments in their interviews; however, the pre- and post-intervention testing results showed a small change, with the control group also showing a small change.

According to Fazel et al. (2014), interventions that combine integrative strategies in the classroom have the most significant potential to support students' mental health and well-being. The requirements for integrative strategies may include discussion, role-plays, activities, art, and mindfulness, all of which are part of the ALBOP programme and have been shown to yield positive results through the themes 'feeling educated' and 'accessibility and acceptability'.

The ALBOP intervention in this study is considered to have a multi-component approach, which is discussed in Chapter 3. The qualitative findings from the 'self-world capacity' student

questionnaire suggest that although the ALBOP intervention has a multi-component approach, it did not have a multi-component impact, as only three components showed significant differences between pre- and post-intervention, and one showed a slight difference. This effect is discussed under the limitations section of this chapter.

6.3.4   What are the Issues for Teachers and Schools?

Findings from this intervention highlight issues for teachers and students in schools with MHWB interventions, which are evident not only in teacher feedback but also in student responses, indicating that they have understood what it means to change their mindset. Teachers described in their interviews that they had witnessed changes in student behaviour after the students had participated in the nine-week ALBOP intervention programme. This suggests that teachers should be aware of any mental health issues arising in their students. The issue for teachers is that often they are not trained to recognise mental health issues. This statement is supported by the Department for Education, which released a document, 'Mental Health and Behaviour in Schools 2018' (DfE, 2018), which stated that school staff cannot act as mental health experts and should not try to diagnose conditions. Since that document, the government has pushed for a mental health lead in all schools (DfE, 2021).

However, teachers are still at the forefront, stating that mental health and well-being are sometimes prioritised over the curriculum (Young Minds, 2024). Therefore, they have no time for MHWB interventions. The teachers welcomed the ALBOP intervention, as they had everything they needed to deliver the lesson; the only constraint was the time to read all the lesson documentation and receive more training to understand psychological theories. This was fed back as part of the

initial themes, 'supporting knowledge and skills', from the teachers' responses on the provision of the ALBOP programme.

The intervention, as a knowledge and skills curriculum, provided opportunities for students to not only learn about how their mind and body work and the effect that it has on emotions, but it also ensured students were exposed to a greater number of potential life issues, which helped them learn new skills to navigate to a better place emotionally. The intervention programme allowed students to discuss their perceptions through role-plays and other activities, as evidenced by increases in positive emotional states and themes of 'recognising and understanding emotions, resolving uncomfortable situations, and connecting through sharing'. However, the importance of teachers' ability to deliver mental health and well-being school interventions is critical to children's experiences, including their understanding and perceptions of what they need to know about mental health, as evidenced by the intervention in this study (Reinke et al., 2011). Furthermore, Kellock (2020) raises the issue that teachers do not feel adequately equipped to address mental health issues with their students in class; this was also reported by the teachers in this study, who were learning alongside the students, acquiring new knowledge and skills.

6.3.5   *School Intervention to Support PSHE Curriculum*

How Could this School Intervention Support PSHE? The Personal and Social Health Education (PSHE) with statutory guidance for the Relationships and Sex Education (RSE) curriculum covers mental health and well-being, and outlines aspects of mental health that students should know by the end of primary school. The research has taken some of these aspects from the PSHE guidance and, with the findings of this study, examined whether the 'self-world capacity' intervention provides an opportunity to address the aspects while acknowledging the research literature (see Table 6.1).

Table 6-1

Aspects of RSHE and MHWB for Students to Learn in Primary School

That mental wellbeing is a normal part of daily life, in the same way as physical health, and it is common for people to experience mental ill health. For many people who do, the problems can be resolved if the proper support is available, especially if accessed early enough.
There is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and a scale of emotions that all humans experience in relation to different experiences and situations.
How to recognise and talk about their emotions, including having a varied vocabulary of words to use when talking about their own and others' feelings.
How to judge whether what they are feeling and how they are behaving is appropriate and proportionate. Bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing.
Where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).

(PSHE, 2021)

The 'self-world capacity' results revealed a moderate increase in positivity, as part of the qualitative and quantitative data, which indicates that **students recognised that emotions are an essential part of our life** and that **there are ways to recognise emotions.** Having the skills and knowledge to manage emotions, thoughts, and behaviours supports students' mental health and interventions that combine integrative strategies have the most significant potential in the classroom (Fazel et al., 2014; WHO, 2018). In recognising emotions, **students learnt that we can change our perception to support our mental health and well-being**. **Students recognised that if you have the relevant knowledge of how the mind and body work, you can help yourself**. Although **sharing deep emotions is difficult, some emotions we can share help us feel connected.** Guidance from the National Institute for Health and Care Excellence (NICE) suggests that interventions should include self-awareness, self-regulation, social awareness, and relationship skills in their curriculum (NICE, 2022).

The self-world capacity components link these themes: the self-other-world (SOW), the solidity of self (SOS), connection and disconnection (COD), agency (A), and sense of purpose (SOP). The results indicate that the students could focus on themselves (SOW, SOP) during the intervention, knew they could change and control this change (A), and, by connecting with others, helped them change their perceptions (SOS).

6.4   Summary of Interpretation of Findings

The findings of this mixed method approach provided evidence that a school intervention encompassing a multi-component approach, with components related to 'self-world capacity' and supported by psychological theories, is a possible intervention for students in primary schools and beyond to support students' mental health and well-being. This is evidenced by significant results from the PANAS-C, S&D Questionnaire, and 'self-world capacity' questionnaire, particularly in three of five attributes, and by student and teacher feedback, as identified through the thematic analysis. The findings align with the acceptability and feasibility aspects, as shown in Chapter 3: students and teachers found the programme activities relevant, engaging, and beneficial to their own goals, and the videos and online resources helpful and accessible. Teachers reported receiving adequate support for delivering the programme through training and ongoing assistance. Students and teachers found that the programme's skills-and-knowledge curriculum helped them understand themselves, thereby supporting their MHWB. Teachers found the resources manageable and not overly complex, and the programme's activities valuable and worthwhile. Teachers also found time to fit the programme into the school schedule without creating extra burdens for school staff, and they found that it can be assimilated into an existing curriculum, with opportunities for cross–curricular links.

6.5   Limitations, Implications, Recommendations, Unexpected Results

6.5.1   Limitations

The first main limitation of this study concerns the small sample size for the quantitative data. However, the student focus groups provided rich qualitative data that support the acceptability aspect of this study. The Cohen's d effect sizes for the quantitative data indicate a moderate effect for PANAS-C, the S&D questionnaire for teachers, and 'self-world capacity'. However, for the S&D questionnaire for parents, the Cohen's d effect size was small, as expected given the low number of responses. A small sample increases the margin of error in a study; however, as the number of schools volunteering was constrained by the researcher, it is expected that the small sample size impacts the effect on the study (Deziel, 2018)

The second main limitation of this study concerns the sampling method: it was convenience sampling because the researcher was unable to recruit schools at random. The schools that participated in the study had volunteered from a large academy and were scattered across England. In addition, there was only one control group because of administrative problems at the other schools.

As the schools were in various parts of England, the researcher could not administer the distribution of the students' documentation for pre- and post-testing. Collecting data remotely was a challenge for this study. The questionnaires and consent forms were provided for all students, teachers, and parents. The schools found it challenging to obtain parent consent forms and would have preferred to email them; however, this would have required parents to print the forms at home or sign an email, compromising confidentiality and safeguarding practices. There was also some

confusion over one school's control group. The researcher had contact only with the one teacher running the intervention, who had led its implementation and controlled the documentation for the control group. So, reliance was on the one teacher undertaking the training. This meant there was a weak link with the control group, as no communication occurred between the researcher and the control group. The control group data were not used, as no parent consent forms were provided.

However, the researcher acknowledged that this was a feasibility study for a PhD and that the study required considerable organisation and development to ensure the intervention could be delivered in schools and that schools would undertake the required research protocols.

The third main limitation is that the 'self-world capacity' questionnaire was not validated, as discussed in the methodology chapter. The pilot study to evaluate the 'self-world capacity' questionnaire could not occur, and the researcher had to rely only on feedback from the coordination development group. Validation of the content in questionnaires in a research study is usually conducted by 'experts in the field' (Artino et al, 2014; McKenzie et al., 1999). In this study, it would have been necessary to contact several educational researchers with experience in school interventions. Rubio et al. (2003) recommend using 6 to 20 experts to validate the quality, relevance, and proposed scale of the items. In this small-scale study, the researcher could not validate the 'self-world capacity' questionnaire this way.

Other limitations include the fact that student data diversity was not collected from each school, as this study aimed to be universal and whole-school. However, the researcher was aware that the programme could have been implemented in smaller groups, which raised questions about students' involvement and how well it suited their personal needs. Research evidence indicates that,

for an MHWB programme to be practical, students must be involved in its design and content (Ching et al., 2024; Evans et al., 2015) to ensure their needs are met.

The researcher never considered whether the timing of interventions during the academic year would affect the results when collecting data at the end of a term. As a teacher, the researcher is fully aware of what happens at the end of term, as students look forward to their holiday time, just as teachers do. In hindsight, the researcher may have attempted to review the literature on the effects of timing for school interventions. Some interventions take a year, while others require only a short period.

A limitation of this intervention is the need for another adult to be available, such as a school listener, counsellor, or trained ELSA (Emotional Literacy Support Assistant). This can be challenging for schools, as the provision of extra staff trained in mental health can impact budgets; therefore, not all schools may be able to provide this type of support. Mental Health and Behaviour in Schools 2018 (DfE, 2018) states that school staff are not mental health experts, yet in 2019, the government funded school staff training as mental health leads. However, funding for school counsellors remains unavailable. All schools in this study had trained ELSAs. Nevertheless, this may have excluded schools from volunteering to participate in the study.

There is also the question of the coordination development group's initial review of the intervention and, as they were known to the researcher, whether this affected any positive or negative feedback that would have changed any aspect of the intervention. However, the researcher provided anonymous feedback via the Qualtrics survey platform to support a valid and unbiased account of the programme's integrity. The researcher also implemented the group's suggested changes.

Finally, the researcher can only compare the practical aspects of interventions, such as their duration and number of lessons; however, detailed content, resources, activities, and classroom delivery are not comparable across interventions. Evans and Bond (2020) noted that in some cases, insufficient care and attention were given to school interventions, making it difficult to be confident that one intervention is better than another, when it may be a question of delivery rather than the intervention's content. The intervention's impact is the only aspect that can be evaluated in this study. School interventions are generally measured by effectiveness and assessed primarily based on their impact on students, as determined through interviews and questionnaires.

6.5.2   Implications

This study's theoretical framework is used to assess whether a multi-component approach that includes the self-world capacity is feasible and acceptable in primary schools to support mental health and well-being. The research found that many school interventions address mental health and well-being in different ways, and many use CBT to support students in caring for their mental well-being (Mackenzie & Williams, 2018). Government initiatives have played a strong role in this support; however, despite various funding models and policy changes, one in five children in schools had a mental health disorder in 2023 (NHS Digital, 2023).

Those interventions have been moderately effective. School mental health and well-being interventions have taken a whole-school approach, especially by raising awareness and signposting where children can get further help, improving social skills and conduct, and addressing behavioural problems (Pandey et al., 2018). Of the school interventions reviewed in this study, many were aimed at primary school-aged children between 4 and 11. Some interventions were similar to the 'self-world capacity' intervention in that they were delivered by teachers who had received training,

unlike interventions delivered by non-school personnel. In some cases, school interventions involved parents, similar to the 'self-world capacity' intervention in this study. The 'self-world capacity' intervention also had some similar skills as other school interventions, which had a variety of topics such as alternative thinking strategies to understand emotions, exploring feelings using psychoeducation to link thoughts, feelings, behaviours, emotional recognition, positive thinking, emotional management, problem solving, and real-world scenarios (Humphrey et al., 2013). Nevertheless, no school interventions used a multi-component, psychologically grounded approach to 'self-world capacity'.

This study identified that the 'self-world capacity's multi-component approach and its psychological theories provide a unique framework for a knowledge- and skills-based learning platform through active learning using multisensory resources, supporting a universal whole-school approach. This approach has enabled students who participated in the intervention to gain new knowledge and skills to support their mental health and well-being. Student feedback confirmed that students valued the information they gained, found it easy to understand and enjoyable, and that it enabled them to talk about emotions in class. They found they could recognise and question their own behaviours, as well as those of others. They realised that perception could play a role in how we think and behave, and that this can help regulate emotions.

The key findings suggest that students had a positive experience learning about how the mind and body work and how specific psychological theories can provide us with knowledge and skills to support our mental health. For example, we might recognise when we are in a drama triangle and change our perception to place ourselves in a more positive position, relieving stress and anxiety.

The results of this study indicate that the 'self-world capacity' school intervention 'A Little Bit of Psychology (ALBOP)' is an acceptable and feasible approach to support mental health and well-being in primary schools. This study included year 5 students. Its adaptability, with the 'self-world capacity' as a scaffold for the intervention and the interchangeability of psychological theories appropriate to the age groups being taught, provides a flexible programme for all schools.

6.5.3   Recommendations for Policy and Practice

This study has demonstrated the need for continued research for an optimal programme for a school MHWB intervention to support primary school students, given that the school environment is well-paced and consistently monitors and adapts to school interventions for students (Fazel et al., 2014). The following recommendations consider policy and practice for the 'self-world capacity' intervention.

Policy

The researcher has identified a multi-component approach combining the five components of the 'self-world capacity' with psychology and suggests that the 'self-world capacity', as a multi-component approach, allows students to have positive opportunities to gain new knowledge and skills to cope with the strains and stresses in today's world, not just for their childhood but also for adulthood. Therefore, this approach could be further developed into a programme spanning a student's educational life, leading to the pursuit of academic qualifications. The opportunity to adopt a multi-component approach to self-world capacity within psychological theories, tailored to different ages, could ensure a rigorous and impactful curriculum.

Practice

Student feedback suggested they wished they had gained knowledge and skills from the intervention earlier in their school years. Since primary students already have the opportunity to learn about philosophy, why not psychology in a deliverable form appropriate for their age group? The benefits are that students will gain substantial knowledge that will support their MHWB throughout their lives. Ensuring the focus group interviews remain within safe boundaries is important, as emotional questions could elicit strong responses. It would have been interesting to explore this topic further; however, from experience working with students and as a counsellor, the researcher was aware of the limitations of a semi-structured interview, as outlined in the risk assessment (see Appendix C). Another aspect the researcher had not considered was that some students may not want to change, and that some students would not change in some or all of the attributes. As the programme was aimed at being inclusive and taking a whole-school approach, an intervention for small groups is something to consider for any future programme. However, the researcher feels that the programme, in its content, made allowances for individual perceptions through the learning material.

Ensuring that the school intervention content and delivery method are age-appropriate is a key concern, and the researcher in this study explored every possible opportunity to ensure that students could access the studies in an age-appropriate manner. The coordination development group was key in ensuring the programme was accessible in terms of understanding concepts and the language.

6.5.4   *Unexpected Results*

An unexpected outcome was that one of the groups noted they had appreciated learning the names of the psychologists behind the theories. There was not enough time to ask further questions about this revelation. However, the researcher considered the literature review that stated students should be actively involved in developing the design of the MHWB intervention (Ching et al., 2024; Evans et al., 2015) and considered literature which suggests education should be relevant for students to progress in their learning and be motivated (Albrecht & Karabenick, 2018). The importance of students' motivation to learn about mental health is another consideration that the researcher had not considered.

Another unexpected outcome was a statement from a student who believed they had recognised ways to stop violence. While this objective was not explicitly stated in the lesson material, the researcher could see how students could envisage this outcome from the skills they learnt, such as 'agency' through keeping boundaries in the roles of rescuer, perpetrator, or victim, as depicted in Karpman's drama triangle (Karpman, 1968). The literature suggests that skills development through MHWB education builds young people's emotional and behavioural skills, which can help to reduce youth violence (WHO, 2015).

6.5.5   *Future Directions*

The outcomes of this study offer an opportunity to investigate further the possibility of a multi-component approach, with psychological theories embedded in the content of school interventions to support mental health and well-being. A large-scale study would explore the possibility of introducing psychology into primary schools through the 'self-world capacity'

multicomponent approach. Ideally, this would help deliver a mental health programme that aligns

with the primary knowledge and skills of the PSHE and RSHE curriculum across all year groups

through to secondary schools. Alternatively, it is also possible to become a subject on its own —

mental health and well-being — as a behavioural science, as a science subject. The current study

provided a foundation for a possible large-scale randomised controlled trial with more schools,

including data on gender, socio-economic status, and SEND.

7.   Conclusion

The multicomponent approach provides a unique theoretical contribution to the understanding and knowledge of MHWB presented in this thesis. The second contribution is the development of the 'A Little Bit of Psychology' (ALBOP) school intervention to support mental health and well-being by translating psychological theories into a programme that can be delivered feasibly and acceptably in primary schools. The third and main empirical research contribution of research presented in this thesis was the feasibility and acceptability of the framework as a foundation for future evaluations

Students' mental health and well-being are at a critical level, with one in five students being identified in the classroom as having a mental health problem (NHS Digital, 2023). Therefore, this study aimed to determine whether school interventions for mental health and well-being target the components of the 'self-world capacity,' a five-component approach that supports a trait of affect and awareness underlying a person's sense of self and reality (Dorjee, 2021). In investigating the provision of UK school mental health and well-being interventions, empirical research explored whether an intervention fostering self-world capacity is acceptable and feasible to deliver in primary schools to support students' mental health and well-being.

A key finding of this study is the need for a multi-component approach that draws on the 'self-world capacity' to support students' positive mental health and well-being through primary school interventions. School interventions should foster the components of the 'self-world capacity' by supporting students in recognising and learning different knowledge and skills to help them improve their mental health. The reasons for this are that the findings of this study show that

students appreciate new knowledge and skills about how the mind and body affect our emotions and what they can do personally to help themselves regulate those feelings and thoughts.

The results are significant, as they show an increase in students' positive state of mind as they learn about themselves through practical, paced lessons, with discussion through activities and role-plays, leading to an acceptable and feasible school intervention to support students' mental health and wellbeing. The findings also add to our understanding that we must keep investing in developing mental health and well-being school interventions to provide an inclusive, whole-school, multi-component approach for primary schools that is consistent, monitored, and easily accessible in what should be a key subject.

This study adds to the body of knowledge on PSHE and RSHE and sees them as a priority to be placed alongside other key curriculum subjects. However, several limitations need to be considered. For instance, there is the impact on teachers who are not trained mental health experts. This study shows that they need support to gain new knowledge and skills to feel comfortable with any school intervention.

Further research should investigate whether MHWB school interventions should include psychology in the primary school years and whether this should be incorporated into a new subject under behavioural science.

8.   References

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Appendix A

Logic Model

Intervention Inputs	Activities	Outputs	Long term Outputs/Implication
Resources: Teachers trained in delivering a programme via face-to-face training at the start and end of intervention and online training over 3 -4 months. Materials available such as video/text in situ and online	Pilot study followed by intervention	Overview of one term; Intermediate preparation for teenage years, providing coping skills ahead of transition to secondary school.	Students gain awareness of mental health issues and skills to support their own long-term well-being as they approach their teenage years.
A school counsellor in place or at least a level 2 listener	One term of weekly 30 min SWC sessions as part of the PSHE programme	Whole school approach to mental health and wellbeing	Transference will enable intervention to continue on into senior school with more focus on the SWC and its components.
Student set up for group work	Lessons to incorporate video, text and group work dialogue, role play	80% of students will have participated in SWC lessons	
Assess student's mental health via a questionnaire at the start of the programme	Mentorship/feedback sessions for students /teachers/parents after each half-term	60% of students will understand the components of SWC	
Training for parents – evening workshop	Availability of counsellor	Parents gain knowledge of SWC and implications for mental health of students	
Theory and Aims: Deliver programme under the subject of the PSHE programme to provide information on five components related to self-world other, connection and disconnection, solidity of self, sense of purpose and agency	SWC* = self-world capacity	Teachers gain specific skills and an awareness in mental health and well-being	
		Students will gain skills and understanding to support self-world capacity and their self-regulation	

Assumptions/Risk Factors

Overall Framework guiding the intervention:

1. Ecologic approach through emphasis on prevention of mental health issues for young children, working with a whole school approach with young people of 10-11 yrs, school staff, and parents.
2. Community based participated research to enhance relevance, effectiveness, and continuity in primary schools.

Adults and students open to training and learning

Appendix B

Videos for Lessons 3 and 4

Appendix C

Risk Assessment for SWC

Risk Assessment for a Self-World Capacity Intervention

To support mental health in primary schools. Phases 1,2 &3.

Key:
Phase 1
Phase2 &3

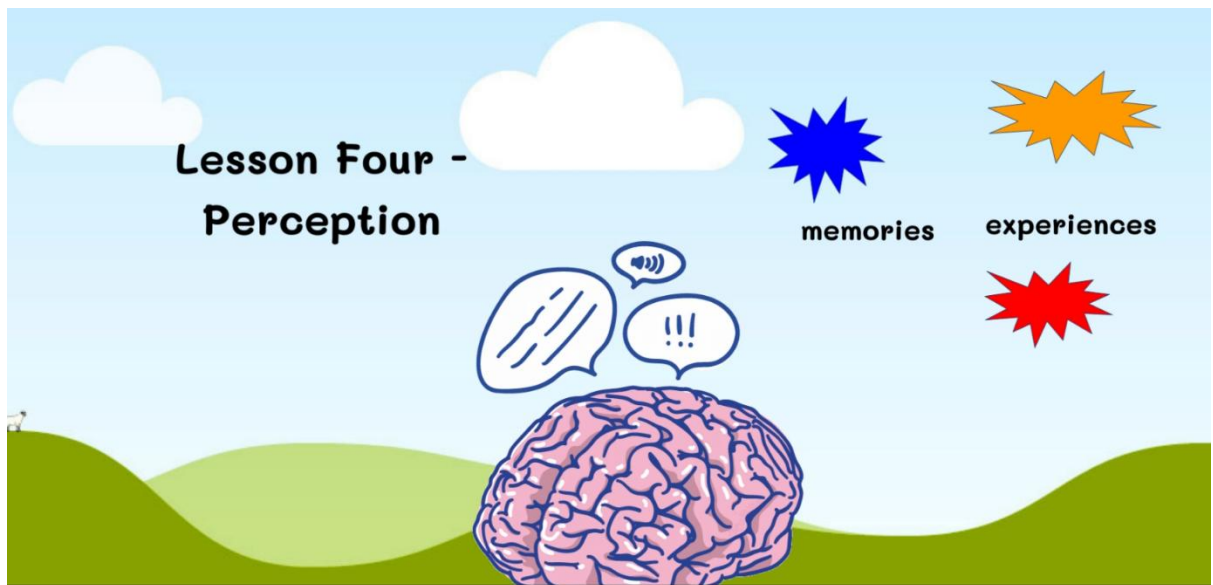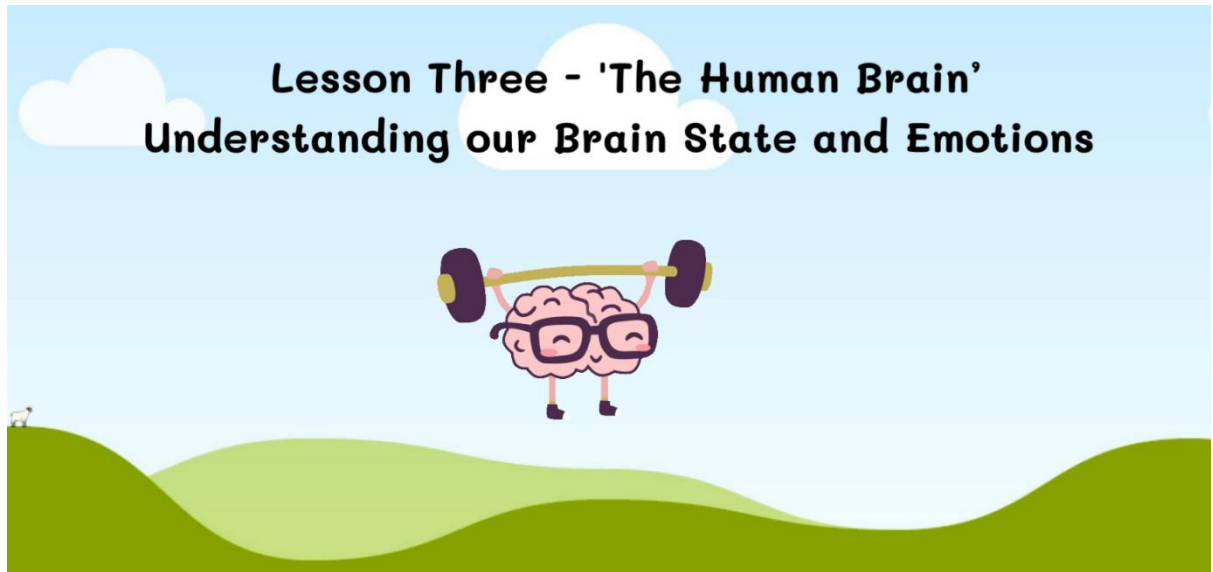| Details of identified risk	Risk issues	Action taken	Risk as a result of action
Have the Coordination Development Group (CDG) participants been given an information pack to help them make well-informed decisions about reviewing the curriculum lessons for the pilot and school research intervention?	As with other adult staff, there is a possible risk of adults becoming disinterested, withdrawn, or subdued in their own internal feelings, leading to them possibly becoming detached from the review of the intervention. In the worst scenario, this may lead to possible consequences of triggers for emotions they may not understand, leaving them feeling confused and unsafe in the group.	Provide an outline of the possible risks in reviewing the intervention and ensure there are guidelines that support an adult in identifying any concerns, triggers, or emotions. Guidelines and checking in and out at each meeting will enable a safe and positive meeting.	By providing enough information at the outset on the potential consequences of being involved with reviewing the intervention combining mental health and psychological theories, the adult participants will have as much safeguarding as practically possible. Constant monitoring and checking up with participants will also bolster a positive and safer environment for them to be involved in during the review process.
Have discussions, conversations, and learning subjects been planned?	If planning does not occur in advance, the children and staff involved could trigger uncomfortable feelings and cause distress and confusion.	Qualified teachers, SENDCos, and counsellors will review lesson plans externally prior to the pilot study. I will ensure the material is adapted to suit the appropriateness of school-aged children, parents, and school staff involved in the intervention.	Lesson plans will identify potential risks, which will be addressed in agreed-upon actions by everyone involved in the study. A checklist will be provided.

Details of identified risk	Risk issues	Action taken	Risk as a result of action
	leaving them feeling confused and unsafe in the group.		
Group work – are the group sizes appropriate for the topic, needs and maturity of the children involved?	There is a risk that if group sizes are too big or too small, discussions/activities will be strenuous. Also, a group's diversity may affect the outcomes of any discussions/activities, so this needs to be appropriate to suit the class's needs.	Ensure group sizes allow everyone to work at their own pace, so no one feels pushed to say or do more than they want to, as they may need time to process topics. Ensure everyone can come back to a topic at another time.	Ensuring that group dynamics are studied before the intervention will reduce the risk that some children will not be able to fully and positively participate.
Group work – are the practicalities of where and how you work with the children in the group work appropriate for the group sizes? e.g. assembly, team, whole class, smaller groups or one-on-one with a trusted adult	Some activities, discussions, or group work will be ideally suited to different-sized groups. The risk is that, for example, a large drama group may limit everyone's chance to have a voice and share an experience.	Robust lesson plans reviewed by different staff with different responsibilities will ensure a bird's-eye view of what is included, what is missing from every lesson, and how suitable the lesson is for the different activities being delivered.	Having lesson plans that ensure any activities have suggested group sizes will ensure that the content for that lesson is accessible for all and that everyone will end the lesson with a good understanding of the lesson content so that they can ask questions and participate in discussions.
One-to-one work—If you plan on doing one-to-one work with children, have you considered extra measures, such as ways to secure the work in a group?	A child who normally has a one-to-one adult working with them may experience any exclusion during the intervention, e.g., being excluded from a group, which could be significant for them in terms of their feelings, thoughts, and behaviours.	Ensure that any children who typically have one-to-one support are included in the lesson plan and that the activities and discussions are available to them. Consult with additional staff to ensure this is in place.	Inclusion is essential for the intervention as this is a whole-school approach to mental health and well-being. Therefore, all children taking part in the research will have a chance to participate fully and equally during the delivery of the intervention, leading to a wholly inclusive practice.
Have the planned activities been ensured to be inclusive, as not	Some children may not like taking part in open discussions or in	Offer arts and crafts, drama and improvisation, debating, taking	A choice and a variety of activities will ensure there is something for

Details of identified risk	Risk issues	Action taken	Risk as a result of action
everyone may feel comfortable with them, e.g., open group discussions?	activities that explore their thoughts and emotions. This could lead to some voices not being heard and other voices dominating the discussions, leading to an unfair account of the group's outcomes.	positive action by raising awareness about a particular issue and supporting people affected by feeling uncomfortable in certain situations. Give choices to be inclusive.	everyone to be involved in and offer a wholly inclusive intervention.
Are the staff delivering the intervention trained and confident with the content and material they will use with children?	If a staff member has not read all the documentation or does not feel confident in delivering the intervention, this may possibly cause difficult situations to arise for children in the lessons, even possibly safeguarding issues.	Robust training sessions for staff delivering the lessons, a checklist, and a survey will be needed before the intervention starts. Also, a continued training session during the intervention period will be needed to monitor access to shared feedback on outcomes for safeguarding.	The offer of continued support throughout the intervention—prior, during, and afterwards—for staff and parents will enable didactic discussions and provide for a thorough analysis of data at the end of the intervention. It will enable staff and parents to feel valued, involved, and secure in their thoughts, feelings, and emotions about the intervention.
Are DBS staff and counsellors checked and trained in child protection, safeguarding, and GDPR?	If any member does not have an up-to-date DBS, the intervention would not be legal regarding safeguarding and child protection requirements, and this would not be in line with York's ethical guidelines.	The school will most likely hold all documentation, and therefore, a signed document by the school confirming that all participants in the intervention possess a current DBS will be required.	It would not be possible for me to have DBS information on staff members (GDPR), so reliance on school leadership as to any staff taking part in the intervention having DBS will reduce risk. (check with York if this is sufficient)
Do the children, staff and parents understand the legalities of child protection regarding confidentiality – no promises to keep things a secret	There is a risk that parents, staff, and children may discuss things that have been discussed in lessons with each other, and in some cases, this may cause difficulties such as disclosures and transference.	At the start of every training session, pupil lesson, and information session interview, anyone involved will be advised about confidentiality, how to access a DSL, and what this will mean for them.	By providing guidance on confidentiality and what this means to each individual in terms of the legalities and consequences of not abiding by the guidance, we are safeguarding as much as we can for both staff and children.

Details of identified risk	Risk issues	Action taken	Risk as a result of action
		approach to safeguarding all participants.	
Has the school counsellor been given an outline of their involvement in the intervention to provide one-to-one sessions for children who need personal discussions?	If a school counsellor/qualified listener is not available in school, this may cause a child involved in the intervention, who has had some triggers from discussions, to suffer with their thoughts, causing conflict for them.	Ensure a school counsellor is available weekly, not just on the day the lessons take place. Processing thoughts and feelings can often take time and may not arise on the day of the lesson.	Ensure children have access to a counsellor on any day in a week during and after the intervention period. This will reduce the risk of children coping on their own with any thoughts or feelings triggered by the lessons.

Appendix D

Lesson Planning 1-9

All annotated on/by 16·7·23 (done after each session)

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Planning Support - Lesson 1 - Introduction
Resources needed before the lesson provided by the school: Ensure each student gets their documents with their allocated number. Any extra copies of the survey, the list of students' names participating with their assigned number.
Resources needed in the lesson provided in the research box or by York University through email links: **Video SWC ALBOP 1** **Consent forms and survey for pupils - numbered** **PANAS Questionnaire 1 for Parents** **S&D Questionnaire 1 for Parents** **S&D Questionnaire for Teachers** **These questionnaires should be distributed, completed, and collected before the first lesson.**
Learning question: What's ahead for me in 'A Little Bit of Psychology'?
Learning aims: To introduce the programme, which aims to develop students' knowledge and skills in psychology to support their own mental health and well-being
Pre-Elicit teaching: Vocabulary – Psychology – the understanding
Introduction: The programme aims to give students enough knowledge and skills using video content, reading material, discussions, and role plays to build self-awareness. Play the introduction video which introduces the programme and explains how the learning programme will involve listening and speaking in class or small groups. It will also include thinking and feeling about ourselves and others. The video content introduces the lesson topic and has been written so it can be accessed on the electronic whiteboard or a tablet. The lesson content is in three parts. The first part introduces the lesson information the students need to learn. They can watch the videos as often as needed. The videos are short, so please stop and discuss if this works for your class. The second part of the lesson is activities, followed by the third part, a lesson summary. The aim is for students to have many different ways of learning the knowledge and skills of the subject in a multi-task way. When discussing mental health and well-being, students or yourself may start to feel different emotions; some they may recognise, and others may be new and might cause them to feel uncomfortable. The programme has been written to ensure emotions can

be identified but prevent students from feeling uncomfortable. During the sessions, if students feel ' not quite right ', unsure', or 'uncomfortable', that is the time to speak to you; they may need a school listener to support them or be ok to carry on. However, as everyone is different, a school listener, counsellor or ELSA should be available during the nine weeks and maybe after the programme.

Activities:

Individual
All students can participate in the programme, but only those with parents' permission can complete the survey, focus groups, and interviews. Students with parental permission should sign their consent form and complete the survey. Students without permission may need something to do during this activity.

Group

Using video:
The video can be accessed by Google drive – a link by email is provided. It might be an idea to check that the video can be viewed and that sound levels are good at least a week before. It can be stopped and re-started anytime to check students understanding and to allow for discussion.

Provision for diversity:
The video can also be accessed through the link on a tablet. The survey can be provided on Word for Immersive reader, and coloured sheets with the survey are in the box.

Summary:
Do students understand what they will learn and think about over the next nine weeks? Are there any questions? Are there any concerns? What do they believe this programme will involve? How do they feel about learning a little bit of psychology?

Please email the researcher if you need to know any more.

went smoothly, chn interested + comfortable doing paperwork.
Queried a few terms, nothing significant

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Planning Support - Lesson 2 – Mind and Body
Resources needed before the lesson provided by the school: **Calming music, plain A4 paper, markers, coloured pencils** **Here are a few links from YouTube** https://youtu.be/ejic-rCdwrI https://www.youtube.com/live/iyIxRIWl5SI?feature=share
Resources needed in the lesson provided in the research box or by York University through email links: **Video SWC ALBOP 2 – Mind and Body**
Learning question: **What is happening with my mind and body?**
Learning aims: **To introduce the students to how the mind and body work together, to develop student's knowledge and skills on how the mind and body can affect how we think, feel and perceive, and also to recognise our emotions. To know how and why this happens so they can support their mental health and well-being.**
Pre-Elicit teaching: **Vocabulary – see sheet attached – also in teacher resources – can be shown on e/board.**
Introduction: **Play Video SWC ALBOP 2 – Mind and Body**
Activities: Individual Group
1. Play calming classroom music to connect with mind and body, then ask the students to draw Zentangles. You will need markers, coloured pencils, and plain paper. **2. Ask students to take a moment to feel gratitude and express appreciation for the materials and the opportunity to create something beautiful.** **3. Remind students that the activity is about something other than artistic skill or who can draw better than anyone else and that there are no right or wrong ways to complete the task.**

– discussed common examples from own lives.

Good understanding shown by pupils.

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4. Provide each student with paper and their choice of markers/pencils. Ask students to draw four dots in each corner so the page is no longer blank and intimidating. Next, instruct students to connect the dots by drawing a light border around the edges of the paper, creating a square. Within that square, they can draw lines that divide the article into different sections. Students can do this any way they like, creating as many shapes as they like.

5. Now that students have a square filled with shapes, ask them to pick one form and begin filling it in with more defined shapes, strokes, dashes, lines, or dots, keeping within the pre-drawn border. Tell students to move around the page, filling each body with unique shapes, bars, and strokes. With this, they can be as creative as they like, rotating the paper to suit their free-flowing creativity.

6. Advise students that this is their creative piece of shading in different ways and using different colours if they want to. Students keep going until they have filled out the entire page.
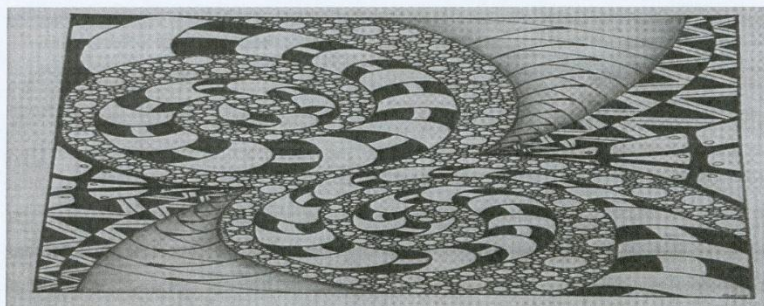
Chn loved this activity- very relaxing.

Using video:
The video can be accessed by Google drive – a link by email is provided. It might be an idea to check that the video can be viewed and that sound levels are good at least a week before. It can be stopped and re-started anytime to check students understanding and to allow for discussion.

Provision for diversity:
Students may need headphones if accessing video on a tablet.
Some examples of Zentangles, either paper copies or on the e/board, would be helpful or on a tablet to provide ideas.

Summary:
How are students feeling at the end – what is going on in their mind and body – discuss in small groups. How do they know? Can they sense that their mind and body are working together?

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Activities:

Individual
Using the attached drawing of a head, students draw the three parts of the brain and label them. Students can be creative, using any colours they like, but whilst labelling the parts, students could think about what actions the parts of the brain do, for example, the types of feelings and emotions such as anger or crying - maybe they could add that to the labels.

Underneath, students could write notes of when they went into a fight, flight or freeze situation and how their learning brain helped them self-regulate their emotions to feel better again. How did they think? Did the fight, flight or freeze feelings last long, or was it just for a moment? What happened to change that feeling? Did someone talk to them and make them feel better, or did they get distracted?

Group

Read some examples of situations and decide what might provoke a fight, flight or freeze moment. Print the examples and the words 'fight, flight and freeze' (see next sheet) onto paper or a card and split them up. Students are to put the examples under the proper headings and then discuss them. Groups could look at each other's selections to see if they are identical.

Discussion should be about what happens during a fight, flight or freeze situation. How different conditions affect everyone differently. That there is no right or wrong way - but importantly, get the students to describe what emotions they might experience and how to recognise what those emotions mean for us.

[handwritten note in left margin:] Very engaged - lots of discussion due to different responses.

Using video:
The video can be accessed by Google drive – a link by email is provided. It might be an idea to check that the video can be viewed and that sound levels are good at least a week before. It can be stopped and re-started anytime to check students understanding and to allow for discussion.

Provision for diversity:
Students may need headphones if accessing video on a tablet.
You can copy examples of fight, flight and freeze situations onto coloured paper.

Summary:
Do the students recognise times when they might have been in a fight, flight or freeze situation, and if so, can they explain what was happening to their mind and body? What were the symptoms, and how there they are feeling? Recognising when they are in a Hyper or Hypo state will help support their mental health and well-being as they will know what is happening with their mind and body.

*Chn referred back to "dinosaur brain", FFor Freeze + window of tolerance.

Planning Support - Lesson 4 – Perception

Resources needed before the lesson provided by the school:
Marker pens, coloured pencils
Tablets and headphones for some students see – the diversity section below
Paper to make notes

Resources needed in the lesson provided in the research box or by York University through email links:
Video SWC ALBOP 4 – Perception
Perception A4 sheet
A4 sheet with pictures labelled a-d and e- h

Learning questions:
Do we all perceive the same, that is, to see or view the same? Can we change our perception? Is it ok to change our perception? Will it help us?

Learning aims:
Understanding that we can all see and think about things differently and we can change our way of thinking as it doesn't have to stay the same can affect how we feel and could change our mood. So very useful in supporting our mental health and well-being.

Pre-Elicit teaching:
Vocabulary – Perception- how something is regarded, understood or interpreted

Introduction:
Play Video SWC ALBOP 4 Perception

*added real-life in school example to ensure understanding.

Activities:

→ a LOT of heated discussion!

Individual
Use cards with perception pictures – what do students see - write it down and then share their findings – are they right or wrong?
Group
Ask the students to pick three cards in their head from the pictures provided that they like for a friend. Tell students to make a note of them secretly (A, B, C….) and then. Ask students to ask a friend to pick three cards – are they the ones the friend chose for them? Ask the students to discuss with their friends why they chose those cards and why they think their friend decided on either the same or different cards - is anyone wrong or right?

→ Chn loved this activity

Using video:
The video can be accessed by Google drive – a link by email is provided. It might be an idea to check that the video can be viewed and that sound levels are good at least a week before. It can be stopped and re-started anytime to check students understanding and to allow for discussion.

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Provision for diversity: Students may need headphones if accessing video on a tablet.
Summary: Do students realise that they have perceptions and how changing them can help the way they feel? Do they realise they can have their perception, which reflects their own experiences and not others' experiences?

* needed additional example
(I brush against child in corridor.
My perception = no issue
His brain = threat → Fight, Flight
                              or Freeze)

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Planning Support - Lesson 5 – The Drama Triangle

Resources needed before the lesson provided by the school:

Marker pens, coloured pencils
Tablets and headphones for some students see – the diversity section below
Paper to make notes
Blank triangles if needed – copy A4 sheet
Use teacher resources to project words on e/board

Resources needed in the lesson provided in the research box or by York University through email links:

Video SWC ALBOP 5 – The Drama Triangle
Blue and Red triangles with words Victim, Rescuer and Persecutor. Advocate, Coach and Authentic Self.
Blank Triangles

Learning questions:

How do we get into dramas, and when we do, what happens? How does it make us feel, and can we escape drama?

Learning aims:

Understanding that we can all get into dramas, and in dramas, we can take on a position such as a rescuer or a perpetrator or a victim, and this can affect the way we feel and think and could change our mood. Getting out of a drama or changing our thinking /position can be very useful in supporting our mental health and well-being.

Pre-Elicit teaching:

Vocabulary

Authentic Self – what you say matches your actions
Empathetic – ability to understand and share the feelings of another
Advocate – someone who supports another person
Coach – someone who helps people improve by giving instructions or advice
Persecutor – someone who annoys another persistently
Rescuer -someone who saves someone from a difficult situation
Victim – someone who feels helpless

Introduction:

Play Video SWC ALBOP 5 The Drama Triangle

Activities:

Individual

Complete the flipped drama triangle – students can be as creative as possible. Students can use the words to label the corners or write the exact words in their style – make sure they get the right words together in the right triangle. Then think about what it

means for them, and if they have any questions, they can write them down now on this sheet.

Group
Using the large triangles, students place the cards in the right place – then work in their groups to ensure the flipped drama triangle has the right cards with the examples. Students share their results with other groups. And discuss when they thought they might be in a drama triangle and who they were in the drama triangle.

Whole Class
Pick a couple of roles and discuss what the statement might mean and whether anyone recognises a time they were in a drama triangle.

Using video:
The video can be accessed by Google drive – a link by email is provided. It might be an idea to check that the video can be viewed and that sound levels are good at least a week before. It can be stopped and re-started anytime to check students understanding and to allow for discussion.

Provision for diversity:
Students may need headphones if accessing video on a tablet.

Summary:
Do students understand what a drama is, how they can have a role, and what that role might look like? Do students know how they can help themselves get out of a drama, change their position, and how this will help their mental health and well-being?

Delivered by another member of staff

- chn got concept of △ but found terminology of roles confusing

- enjoyed paper task

- able to refer to △ in later lesson.

Planning Support - Lesson 6 – Connection

Resources needed before the lesson provided by the school:

Marker pens, coloured pencils

Tablets and headphones for some students see – the diversity section below

Paper to make notes

Use teacher resources to project words on e/board

Resources needed in the lesson provided in the research box or by York University through email links:

Video SWC ALBOP 6 – Connection

Conversation cards

Learning questions:

Why do we need to feel connected? How do you connect to others? How can we show we are relating to others?

Learning aims:

To understand that we all humans need to be connected and that it is ok to ask for help. Asking for help when needed can be very useful in supporting our mental health and well-being. We can use skills to help our connections go well, such as listening, gesturing, using tone of voice, and mirroring.

Pre-Elicit teaching:

Vocabulary

Connection – in this lesson, it is a relationship in which a person is linked to someone else

Empathetic – ability to understand and share the feelings of another

Sympathy - feelings of pity and sorrow for someone else's misfortune,

Empathy - the ability to feel what another person is feeling — literally "walk a mile in their shoes" — goes beyond sympathy, a simple expression of concern for another person's misfortune.

Introduction:

Play Video SWC ALBOP 6 Connection

Activities:

Individual

Using one of the sheets with a conversation, the student reads the script between two people and thinks about the skills needed to be a good listener. Helpful to discuss to see different viewpoints; which is more supportive? Which one do they think shows support by Jo or Kat for Alex or Star – is it either the green or yellow answer?

Group

Read the conversation sheets - then, students can take on the role of each student in

the conversation by reading both the green and yellow responses - they could act out both statements using their tone of voice and gestures. Puppets can be used to support the conversations. The group can then consider their skills and if anyone spotted them. Which response was more helpful, more compassionate? What skills were needed to support Alex and Star?

Using video:
The video can be accessed by Google drive – a link by email is provided. It might be an idea to check that the video can be viewed and that sound levels are good at least a week before. It can be stopped and re-started anytime to check students understanding and to allow for discussion.

Provision for diversity:
Students may need headphones if accessing video on a tablet.
Puppets can be helpful for students who find conversations difficult.
Some students might not understand the nuances of the conversation – so help may be needed to adjust to these social conversations – working with a student who can interpret nuances and explain the emotional effects of different discussions would be helpful.

Summary:
Do students know how to connect with others? Do they recognise the emotions they feel when being connected to others? Can they use the skills of connection to help themselves and others?

- lots of discussion + debating
  → recognition a couple of words can shift the impact

- enjoyed role play + debating outcomes

- some examples more clear/accessible than others.

Planning Support - Lesson 7 – Lifescript
Resources needed before the lesson provided by the school: **Marker pens, coloured pencils** **Tablets and headphones for some students see – the diversity section below** **Paper to make notes** **Use teacher resources to project words on e/board**
Resources needed in the lesson provided in the research box or by York University through email links: **Video SWC ALBOP 7 Lifescript** **Occupations pictures with labels** **Choices of things we like or liked, such as pets and homes**
Learning question: **Do we try to live up to our and other people's expectations and judgements of us? Have we changed our minds since childhood about what we wanted to be when we grew up?**
Learning aims: **They understand that we often have expectations put on us by ourselves and often by our parents. These expectations can lead to us feeling we have failed if we don't achieve them and cause our self-esteem and confidence to be low. We can help ourselves by not accepting the expectations and by being happy with who we are and what we can do at any time. We can change our minds about whom we want to be or who we are at any time without judgement from others or ourselves. By being our authentic selves, we are supporting our mental health and well-being.**
Pre-Elicit teaching: **Vocabulary** **Lifescript – deep inner thought we create about whom we want to be in childhood.**
Introduction: **Play Video SWC ALBOP 7 Lifescript**
Activities: Individual **Students draw a picture of something they remember from when they were young about what they wanted to be or do when they got older.** **Has this changed at all, and what is different?** **Can they explain why this has changed? Is it because they feel differently from that time, and do they know what has changed to change their mind?** **Finish the session with, 'So it's ok to have different ideas about whom we want to be when we get older, and it's ok to change our minds as we start to understand ourselves as we grow up, and that's ok.'**

(handwritten annotations:) – clear understanding shown by class

initially struggled for examples but understood message.

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Group

 Students use the A4 sheet with occupations, animals, and houses. Each thinks of something that reminds them about what they want to be or do when they get older. They circle the remembered ones, and then the students discuss their chosen pictures. How many got the same? Why did they make these choices? Was it something they had seen on TV or heard or what a family person may have suggested?

After the discussion, they tick the ones they still would like to be and put a cross for the ones they have changed their mind about. Please discuss with the group why they have changed their mind.

Finish the session with, 'So it's ok to have different ideas about whom we want to be when we get older, and it's ok to change our minds as we start to understand ourselves as we grow up, and that's ok.'

Using video:

The video can be accessed by Google drive – a link by email is provided. It might be an idea to check that the video can be viewed and that sound levels are good at least a week before. It can be stopped and re-started anytime to check students understanding and to allow for discussion.

Provision for diversity:

Students may need headphones if accessing video on a tablet.

Summary:

Do students understand that they can change their minds about who they are at any time and that any expectations and judgements are not their own? Do they realise they can be their authentic self and know what that means for them?

gave creative freedom to use sheets — lots of individuality shown.

✳ clear understanding of lifescripts and how these may adapt or change, or stay with us.

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Planning Support - Lesson 8 – Purpose 1
Resources needed before the lesson provided by the school: **Marker pens, coloured pencils** **Tablets and headphones for some students see – the diversity section below** **Paper to make notes** **Use teacher resources to project words on e/board**
Resources needed in the lesson provided in the research box or by York University through email links: **Video SWC ALBOP 8 Purpose 1** **Kindness grids for self and others in the world** **Sticky labels for badge making**
Learning question: Who am I? How can I take care of myself? How do I stay loved and love others?
Learning aims: Students understand that they are allowed to treat themselves with kindness and that this is ok, and that they are ok with just being them – this follows on from the previous lesson on why it's important not to judge yourself or others.
Pre-Elicit teaching: Vocabulary Compassion – concern for the well-being of others Self–compassion – concern for your wellbeing Judgmental – being critical of someone or something
Introduction: Play Video SWC ALBOP 8 Purpose 1
Activities: Individual Using the kindness grids, students draw or write ways they have or could show kindness to themselves, e.g. 'I don't meet up with friends if I am feeling poorly'; instead, I rest and get better. Group Students make a badge, token or something to remind themselves that they can love themselves by being self –compassionate. Students make it for themselves first, then make one for someone else. Use the 'kindness to others' grid to write or draw what they can do to support others by being kind.
Using video: The video can be accessed by Google drive – a link by email is provided. It might be an idea to check that the video can be viewed and that sound levels are good at least a week before. It can be stopped and re-started anytime to check students understanding and to allow for discussion.

Handwritten annotations:
able to draw on previous lessons + self-regulation strategies.
— slow to think of ideas but very engaged.
(Felt like too many boxes on the sheet)

Provision for diversity:
Students may need headphones if accessing video on a tablet.

Summary:
Do students understand that the most important way they can care for themselves is by loving themselves for who they are without judgements or expectations? Do they know they can also care for others too in this way? This supports mental health and well-being by helping to realise that when you feel ok about yourself, you feel confident and secure.

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Planning Support - Lesson 9 – Purpose 2
Resources needed before the lesson provided by the school:
Marker pens, coloured pencils **Tablets and headphones for some students see – the diversity section below** **Paper to make notes** **Use teacher resources to project words on e/board**
Resources needed in the lesson provided in the research box or by York University through email links:
Video SWC ALBOP 9 Purpose 2 **Maslow's Hierarchy of Needs** — *Chn found this really interesting* **Survey 2**
Learning question:
↓ *lots of discussion.*
Learning aims:
Students understand
Pre-Elicit teaching:
Vocabulary
Introduction:
Play Video SWC ALBOP 9 Purpose 2
Activities: Individual **Students think about their purpose in life – is it what they have been told, or does it come from their 'gut feeling'? Students write it down, or drawing it is even better. Follow it up with students in a group discussion on what they think about pursuing their purpose – do they think it's fixed, or can they change their thinking as we age?** Group **Each group has a section of the pyramid, and on small pieces of paper, they draw an example that will meet that section's needs. Then as a whole class, the papers get put onto a giant A3 poster for everyone to read and look at.** *Each child created own triangle with own ideas in each section. Some fantastic outcomes.*
Using video: **The video can be accessed by Google drive – a link by email is provided. It might be an idea to check that the video can be viewed and that sound levels are good at least a week before. It can be stopped and re-started anytime to check students understanding and to allow for discussion.**
Provision for diversity:
Students may need headphones if accessing video on a tablet.

Summary:
Do students understand that, as humans, we need some basic things before we can feel comfortable in our daily lives? Do students realise that to achieve their true purpose in life, they will need to look after themselves by eating healthy, getting good sleep, keeping safe, being connected to others, and accepting themselves for who they are, which means no judgements or expectations? Then we are the best we can be.
Now we can do the survey again.

Appendix E

Video Script

1	Welcome, Year 5, to A Little Bit of Psychology. We are on a journey to support your mental health and well-being.
2	The following nine weeks will provide you with the knowledge and skills to support your mental health and well-being. The learning programme will involve listening and speaking in class or small groups, including thinking and feeling about ourselves and others. The aim is to give you enough knowledge and skills using video content, reading material, discussions, and role plays to build self-awareness. As you understand more about yourself and other people through the knowledge and skills you gain from these sessions, you are helping yourself have a more positive outlook and improved mental health and well-being.
3	The video content introduces the lesson topic and has been written so it can be accessed on the electronic whiteboard or a tablet. The lesson content is in three parts. The first introduces the lesson information you need to learn. You can watch this as often as you like, so ask your teacher if you need to watch it again. The second part is activities, followed by the third part, a lesson summary. There is a range of activities. The aim is for you to have lots of different ways of learning the knowledge and skills of the subject in a multi-task way. Hopefully, you find the material fun, and it is always good to give feedback to your teacher about what you found difficult or easy and what was boring or fun!
4	When discussing mental health and well-being, we may start to feel different emotions; some we may recognise, others may be new and might cause us to feel uncomfortable. During the sessions, if you feel ' not quite right or 'unsure' or 'uncomfortable', that is the time to speak to your teacher, who will know what to do. Working in groups, you will explore different emotions and behaviours relating to the subject we are learning. Some you may recognise and some you may not; you will have the opportunity to share anything that bothers you with the school counsellor. This is to keep you safe in your well-being and help you get the best out of the lessons. Your teachers and parents will also see the programme, so feel free to discuss the activities. Have fun!
5	As part of this programme, you should have seen the information sheet and signed a consent form – you should have already done this, so do

	ask your teacher if you haven't. It would help if you also filled in a survey, which is several questions about what you know, feel and think. There is no right or wrong answer – it's just what you want to answer. You have choices on the survey, which are listed on the next slide and some explanation for what that answer means. Now would be an excellent time to have a look at your survey. Your teacher can stop the video on the next slide. The survey will be collected, and you will do this survey again after the lessons have all been completed.
6	Never - This means you don't do what the statement says, which is not a problem, so don't worry if you need to put a tick here. A little bit- This means you do, but just a few times, but not many. Sometimes - This means you do – a few more times – meaning a little more regularly. Most of the time - This means you also do, but not all the time, but quite a lot. All of the time - This means yes, you are always doing what the statement says.
7	Lesson Two - Mind and Body - The mind is often described as how a person thinks, reasons, perceives and feels. So the mind is the way the brain works. People often use the mind to mean the same as thought: the way we talk to ourselves "inside our heads". This is where the sayings "make up our minds," "change our minds", and "of two minds" comes from.
8	However, the body changes when threatened – for example, a fast heartbeat, rapid breathing, and a flood of hormones such as **adrenaline and cortisol** help the body prepare for any danger. This is sometimes called 'fight, flight or freeze, and we will learn about how fight, flight, and freeze take place in our mind and body in another lesson.
9	The mind-body connection describes how you think and feel and is closely linked to how your body feels and functions. The reverse is also true – if your body is not well, this impacts your thoughts and emotions.
10	
11	Another example is if we fall over and injure our knees, we hurt our body, and we also at the same time get upset or may cry, which is a feeling coming from our mind, So mind and body work together.
12	Positive examples are when we are happy or excited – we may have lots more energy and feel physically lighter. When our body is feeling good, we are less likely to feel stressed and are much happier.
13	The reason is that our body releases **serotonin,** a happy hormone that acts as a **neurotransmitter** sending messages between the nerve cells in our brain and throughout our body.

14	So we can use good physical health to boost our mind or a good mood to get physically better.
15	Like going for a run, cycle ride or playing sports.
16	The mind and body work together and rely on each other, so we must look after them. During the following lessons, you will learn new skills to support taking care of yourself. This will help you to 'self-regulate', which means taking care of your emotions and feelings. These lessons help you understand how and why you feel, think, and behave.
17	Lesson Three - 'The Human Brain' Understanding our Brain State and Emotions
18	A man called Paul McLean, an American physician and neuroscientist, talked about the human brain as really three brain parts in one. We can call these parts the dinosaur brain, the feelings and emotions brain, and the thinking brain. They all develop at different times and play essential roles.
19	The dinosaur brain has been around for a long time and is the first part of the brain to develop when growing, even before birth. It keeps us safe by working with our nervous system by sending a message that we need to be in a 'fight, flight or freeze' when it thinks we are in danger. So when the early cavemen were hunting, and suddenly they were faced with a lion in front of them, their brain would signal they were in a 'fight, flight or freeze situation, and the brain working with the rest of the body then releases a chemical called 'adrenaline' which helps us to act quickly and respond in either of these three ways. What would you do? Freeze, run or fight. Once the danger is over, the brain and your body usually return to their calm and balanced way of being.
20	The next brain to develop as you're growing before you're born is the feeling and emotions brain; it is responsible for our emotions and bonding. All emotional learning happens here; it works closely with the dinosaur brain; for example, if you see a lion in the trees – you want to fight, flee, or freeze, and the emotions for those actions are anger and fear.
21	So when we get into a situation where we feel a little scared, worried, panicky, angry or upset because of something that has happened or

	going to happen – our dinosaur brain comes into action. Yes, we may feel those sensations of 'fight, flight or freeze. For example, when we go to fight or flight, our heart rate may increase, our muscles tense up, and 'adrenaline' is released to give us extra strength. In a freeze situation, you may hold your breath, or you can't speak, or your mind goes blank. Ever had that in a test?
22	Some years later, when you're telling the story of the lion to your friends, you will remember the feelings as your brain has captured not only the visuals but the senses and emotions.
23	Clever, you say, and great when you want to remember your best birthday party but not so great when there are things you prefer not to remember – such as that spelling test you didn't revise for and got a low mark. You remember it, as on that day, your mind went blank; that was the freeze response, and you felt hot and sickly. Yes, that dinosaur brain was doing its job trying to save you from the spelling test, so you got hot, and then your feelings and emotions brain was helping you to feel a bit panicky and sick.
24	Luckily, we have a third brain, the learning brain – an extra brain we humans have that provides us with a sense of perception and brain power to analyse things and much more. So, it manages to tell the other brains not to worry as you had done spelling tests many times before and got high and low marks, and everything was ok. Then your heart slows down, you cool down, and you feel okay again. Panic over. And that's how we self-regulate our emotions by using our learning brain.
25	Dr Dan Siegel described humans as being generally in a **WINDOW OF TOLERANCE**, and when we go into fight, flight or freeze, we move out of this window. Being within your window of tolerance zone tends to be where you feel most comfortable, in control and able to cope. You may think more clearly, make decisions more manageable, and take better care of yourself. It's important to note that being within your window doesn't mean that things are perfect. For example, you might feel anxious and have lots of energy, or you are tired and don't have enough energy and power to think and feel at the same time. So being able to recognise where you are in your window of tolerance can help you understand your feelings.

	Having lots or too much energy means you're in the hyperarousal zone or above your Window of Tolerance. You may feel restless, aggressive, impulsive, or anxious if you're above your window. Your thoughts may race, and you may feel overwhelmed. You may experience physical sensations such as sweating, heavy breathing, heart beating faster, etc. Not enough or too little energy means you're in the hypoarousal zone or below your Window of Tolerance. If you're below your window, you may feel disconnected, fatigued, paralysed or low in mood. It may be hard to think or be able to say no to things. You may not experience as many physical sensations as usual or have a sense of numbness, shoulders feeling heavy, etc. Each person's window depends on their ability to cope with difficult situations at any given time, which can change or go up or down based on factors outside their control.
26	Summary - we have learnt that we have three parts of our brain that affect our thoughts and feelings. The dinosaur brain can send us into a fight, flight or freeze when faced with a scary situation, and this means we can be out of our comfort zone and become hyper or hypo with many emotions and feelings. The effects are felt in our body - we might feel hot or cold, have a headache, or heart beating, cry, or get angry. Once we know where we are in our window of tolerance, we can use our learning brain to explain what is happening to us and then get back to feeling normal.
27	Lesson Three Perception - The mind is complex, with lots of memories. As we go through life, we have experiences with different outcomes. These outcomes are affected by our feelings and emotions. By changing our perception, we can select outcomes which change our emotions and feelings. Look at the picture on the right - what do you see? A tree or two faces? You may see just one or both, but which one is real? They both are, and so you can see how perceptions can change. Your friend might say it's a tree, and you might say it's two faces. You both may see it differently, but suddenly, you see the tree - your perception changes. This can happen to us all the time. We can change how we look and feel about things. We can also accept what others see and feel by changing how we think and perceive. Let's find out more.
28	For example, if you wear something to a party with your friends, you may not like yourself and feel sad, but everyone else thinks you look great. By changing your perception about how you look in what you're

	wearing, you can change how you feel. You can change your perception, and this can change your mood.
29	We need to think more about what is true, how we know it's true, how we feel about it, whether we have experienced it before, and whether it will be different this time. I may believe reading out loud in class is scary, as someone else told me it was difficult, and I took on their perception as my perception. Yet I haven't experienced it but believe not my truth, but someone else's– I could say I will find out for myself**.**
30	We need to think more about what is true, how we know it's true, how we feel about it, whether we have experienced it before, and whether it will be different this time. I may believe reading out loud in class is scary, as someone else told me it was difficult, and I took on their perception as my perception. Yet I haven't experienced it but believe not my truth, but someone else's– I could say I will find out for myself**.**
31	If we believe exams are a worry, we are more likely to be anxious, but if we think of exams as something we do as part of school life, we are less likely to be nervous. We can change our perception.
32	We have learnt that perception plays a big part in how we feel and think about everyday things. We can change what we perceive, especially if we have yet to experience something. This is great for discovering your true self as you make up your mind about what you perceive based on what you have experienced. Give it a try – is there something that you think might be difficult, but you don't know whether it will be difficult – where is that thinking coming from? Is it what others have told you - so you perceive it difficult?
33	Lesson Four, the Drama Triangle - Do you ever feel things are not going as you want? Maybe you have fallen out with a friend, your family is upset with something you said or did, or you have not been able to hand your homework in, and you're worried about what the teacher will say. Well, it sounds like your emotions are in a bit of conflict. Remember the brain lesson on fight and flight – yes, you're here again, but you're unsure what to do about how you feel. So here is some helpful information so you can develop boundaries to support you.
34	A man called Stephen Karpman found that we often take on three roles without realising it when talking to others. These roles are called Victim, Rescuer and Persecutor. Karpman called it 'The Drama Triangle' when we take on any of these roles. As the name suggests, it is about dramas, and I expect you are thinking about some of the dramas you may have experienced by now. Just a reminder, it's normal for all of us to get caught up in a drama triangle, which happens often. Still, it's

	much easier if we don't, and in avoiding the drama triangle, we also have a chance to take care of ourselves, which is much healthier for our mental health and well-being. If you are in the drama triangle, it's essential to think about where you are; to know this, you need to know what roles they all play.
35	The persecutor blames others for things going wrong (yes, we all do it), and they become critical and maybe controlling. Not something they want to do, but they have a reason that could be clearer to everyone.
36	The Victim is the one who appears helpless, But remember, we can change roles in a drama triangle, so they could end up being the persecutor. They can't seem to get what they want because something is stopping them.
37	So up pops the Rescuer who wants to help the Victim and assumes the Victim can't help themselves. The Rescuer thinks they know what the victim needs, but sometimes it's what the rescuer wants for themselves. Complicated, yes – now you see why it's a drama – and why we end up in so much conflict in the drama triangle.
38	For example – a friend is upset with you as you forgot to wait for them at the school gate, and now they are mad at you; they are the persecutor.
39	So another friend tries to rescue you from them. But it gets worse as they tell your friend you didn't wait as you met up with them instead. The Persecutor, the one you were supposed to meet at the gate, is now hurt and becomes the Victim. The Rescuer who told on you has become the Persecutor.
40	So you now need to rescue your friend, so you say – 'It wasn't quite like that.' as you try to explain. So as the drama unfolds, you could start as a Rescuer and then become a Victim, and your Rescuer could end up being the Persecutor, and the Persecutor ends up being the Rescuer.
41	Luckily there is a way out – first is realising that you are in a drama triangle and then adapting your role so as a Persecutor, you become an Advocate. The Advocate who was previously the persecutor is assertive and curious and can be challenging but non-judgmental – so the friend you were supposed to meet at the gate might say, 'Hi – I missed you at

	the gate this morning – no worries – will catch you later – hope you're ok?'
42	As a Rescuer, you become a Coach. The Coach is supportive, caring and empathetic, kind and honest and says, ' Oh, that's a shame – maybe you could meet them tomorrow- I am always forgetting things, even the other day I forgot to give a book back to a friend – but I handed it over the next day.
43	And as a victim, you become your Authentic self. The Authentic Self knows we all get things wrong, accepts we are only human, and although sometimes vulnerable, we can be courageous and, most of all self -compassionate. They say, 'Thanks for understanding, and let's meet tomorrow but maybe remind me before we go home.
44	So you have learnt about the drama triangle and how you can be in a positive triangle by taking on the role of advocate or coach or being your authentic self. This will help you avoid those conflicts and hopefully have more positive outcomes when communicating or supporting others in your life, such as friends, family and adults you meet daily. You could even have a go at spotting drama triangle situations when they happen – but would you tell them how to behave? What will you do?
45	Lesson Five: Connecting to others - At some point in our lives, we may feel alone, which can be uncomfortable. We don't always know what to do about it, so we think that is how it is. WRONG – you need to know that we all need each other as human beings.
46	So we all need to be connected to other people. But sometimes, we don't feel connected, which can make us have sad thoughts and feelings. So what can we do to make sure we feel connected? Well, first of all – talk to someone you know well – they might not be able to fix your situation, but they will make you feel better by listening and trying to understand how you're feeling. Remember the brain session where the happy chemical released makes us feel better. So always find someone to talk to whom you know will listen. We need to let people know when we have needs so they can help us. It's ok to ask for help. Ask a friend or an adult you know nice if it's something sensitive.

47	If you can't find someone to talk to, then maybe ask someone you know to do an activity with you – perhaps a friend or family will draw with you, share reading a book, or throw a ball around while staying with you. Then you may share how you feel, and your friend or family member will be able to support you. That connection and their support through gestures and kind words will help you feel calm and connected.
48	Don't forget if you are giving support to someone by listening and reflecting on what they have said – you don't need to tell them what to do – but if you feel they need more help from an adult, you could ask – 'Do you think you need some help from…?' This way, they make their own decisions, and you have helped them feel connected enough to do this, which is brilliant. So we can learn new skills on staying connected by listening, responding, reflecting, gesturing, being empathetic, patient, genuine and non-judgmental, making eye contact, using our voice, and asking a person if they need adult help. Let's learn these skills.
49	Gesturing –using facial expressions when your friend has said something, and you can see their face is sad – you can also look sad – this is called mirroring. That way, they know you are trying to understand their feelings – expressing empathy instead of sympathy. Listening – showing you're listening by making eye contact – if you can't make eye contact because you find it difficult, as some of us do –look at their eyebrows – that's a secret adults use when using to someone. The tone of voice – when you respond, talk calmly and quietly, as this will create calmness and make them feel more relaxed when talking to you. It also helps you to listen and don't forget to breathe! Questioning – try to use open questions; open questions have no yes or no answer – For example, 'How are you feeling now ?' Not 'Are you feeling better now?'
50	So having a sense of connection with others and the world more broadly helps us to feel wanted, needed, loved, valued, and respected, but most of all, safe, secure and protected. Connection helps us become self-aware so we can recognise our feelings and patterns of behaviour. Being self-aware helps us to understand where our emotions are coming from and how we can regulate them to make us feel comfortable. When we are connected with others, we have more chance of dealing with our emotions, such as fears, as we can share what we are experiencing and feeling and often that fear can be

	lessened – not always but quite often, depending on the situation. So build your connections you can do it!
51	Lesson six Lifescript- Eric Berne developed a theory called 'life script' in which children, at about the age of 6, choose what they want to be and do when they get older. For example – 'I want to be a vet, or I want to be a teacher. Sometimes our parents might say, 'oh, you're going to be a gymnast' after you did a forward roll for the first time. That's ok, and it's fun to think about want you want to be when you are tiny and growing up.
52	But as we grow up, we find so many things we like to do that we were unaware of when we first thought about being a vet or teacher. For example - When you were eight, maybe you visited the History Museum and saw the fantastic dinosaurs and thought I would like to make a film about dinosaurs.
53	Then when you were ten years old, you decided to learn to play the piano, and your family suggested you like music and one day you could be in a group.
54	So as you get older, you have ideas about what you want to do, and so does your family as you share ideas and thoughts. But we don't need to hold onto that idea if that's not what we want to do. We can change those ideas at any time. So right now, you may not know what you want to do when you get older, and that's ok. It's good to know that, hopefully, we will have many opportunities and experiences to change how we think and behave. Sometimes we have to change how we think to care for ourselves. That's also ok. So you can feel okay about yourself and understand that other people are okay with you being you. That's a win-win.
55	So today, we have been thinking about our **life script** and how we can change it to whatever we want as we grow older. We don't have to hold onto those old ideas about what we wanted to be, what we should be, or why we can't be what we want as we grow older. We can have several different ideas and change how we think and behave at any time, making us feel more comfortable with ourselves and have a more positive outlook on life as we grow up. It's ok to be me, and you're ok with me. Being me is a great way to be.
56	Lesson Seven Purpose 1 -Do you often think about 'who am I' and 'what will I be like when I am an adult?' Am I everything people expect me to be, or am I what I want to be? Do I love myself? A man called Carl Rogers believed that we all have to be our authentic selves. Only you know who you are inside your mind and body. Who are

	you intuitively – this is a sort of gut feeling of who I am. We grow up with others who sometimes have a different view of who we are, so we may tend to go with that idea, but it's better if you are your true self. So, we need to trust ourselves to find out what we like, don't, and think we might like.
57	It's important to know we can treat ourselves with kindness. We need to be self-compassionate which means we don't need to judge ourselves or others. When we believe in others, we expect them that sometimes can't be achieved, making people feel sad, for example, 'You are not very good at maths, are you?'. This judgement can become an expectation and one we may believe.
58	So we need to love ourselves for being just who we are and know that we can also be loved. When we care for ourselves, we can also care for others, which makes a big difference to you and others.
59	Once you give yourself this awareness of being you and you being ok and everything about you is ok, you begin to understand that any issues you face, you can deal with and don't have to worry about getting things wrong as that is very typical. You accept yourself for who you are, and that's enough.
60	Lesson Eight Purpose 2 People often ask why we are here on earth and our life's purpose. Abraham Maslow looked at the most important things to us: love, spirituality, individuality and existence.
61	Maslow believed an individual must discover their true purpose in his life and pursue it. He called it self-actualisation. He drew a pyramid with the most basic needs at the bottom, rising to the top of the pyramid where the ultimate goal was something bigger than ourselves. It was more about helping and connecting with others outside of our environment. If we look after our needs first, we can help others, which is what many people want to do. Maslow suggested that each of us has an individual purpose to which we are uniquely suited, and part of our role in life is to find out what that purpose is and why we are suited to it and then pursue that purpose. He suggests that if a person is not doing what they are best suited to do in life, it won't matter if all their needs are met as they will not be fulfilled. Does this sound familiar from the previous lessons on 'life script'.? So some of the conditions we have are on the pyramid. Have a look and think about whether you have had your needs met. If you still have needs, how do you think you could get them?
62	So we have been learning about having a sense of purpose, how we have a gut feeling about who we are, and how we don't have to judge ourselves or others. We can be kind to ourselves, and that's called being self-compassionate. We are human and get things wrong, and that's OK, as we can care for ourselves. We have a purpose we feel inside, and we should pursue it as it will make us happy, providing all

	our needs are met. So go ahead and give yourself a big hug, a pat on the back and a big smile, as we are all humans sharing a giant planet.
	Here we are at the end of the lessons. I hope you enjoyed learning a little bit of psychology to support your well-being. Don't forget that you can watch any videos if you want to review anything again. It's no problem, ask your teacher. Also, if you need to talk to someone about anything you are unsure about, as a consequence of these lessons, remember you always have someone to talk to, whether it's your parents/carer, teachers, school counsellor or friend. Never worry about talking to someone - no one will judge you – it is about feeling safe and happy.

Appendix F

S&D SWC PANAS Questionnaires

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Strengths and Difficulties Questionnaire Pre-Evaluation Parent/Carer

Please mark each item's box as Not True, Somewhat True or Certainly True. Please answer all questions even if you are unsure or the item seems not applicable. Please answer based on the child's behaviour over the last month.

Child's Name: ....   Male / Female

Date of Birth: ....

		Not True	Somewhat True	Certainly True
1	Considerate of other people's feelings	0	1	2
2	Restless, overactive, cannot stay still for long	0	1	2
3	Often complains of headaches, stomach-aches or sickness	0	1	2
4	Shares readily with other children	0	1	2
5	Often has temper tantrums or hot tempers	0	1	2
6	Rather solitary, tends to play alone	0	1	2
7	Generally obedient, usually does what adults request	2	1	0
8	Many worries, often seems worried	0	1	2
9	Helpful if someone is hurt, upset or feeling ill	0	1	2
10	Constantly fighting or squirming	0	1	2
11	Has at least one good friend	2	1	0
12	Often fights with other children or bullies them	0	1	2
13	Often unhappy, down-hearted or tearful	0	1	2
14	Generally liked by other children	2	1	0
15	Easily distracted, concentration wanders	0	1	2
16	Nervous or clingy in new situations, easily loses confidence	0	1	2
17	Kind to younger children	0	1	2
18	Often lies or cheats	0	1	2
19	Picked on or bullied by other children	0	1	2
20	Often volunteers to help others (parents, teachers, peers)	0	1	2
21	Thinks things out before acting	2	1	0
22	Steals from home, school or elsewhere	0	1	2
23	Gets on better with adults than with other children	0	1	2
24	Many fears, easily scared	0	1	2
25	Sees tasks through to the end, good attention span	2	1	0

Signature...

Date: ....

Parent / Teacher / Other (please specify): ....

rl1592@york.ac.uk S&D Pre Evaluation Pqrent/Carer   1

UNIVERSITY
of York

Strengths and Difficulties Questionnaire Pre-Evaluation Teacher

Please mark each item's box as Not True, Somewhat True or Certainly True. Please answer all questions even if you are unsure or the item seems not applicable. Please answer based on the child's behaviour over the last month.

Child's Name: ……………………………………….   Male / Female

Date of Birth: …………………………….

		Not True	Somewhat True	Certainly True
1	Considerate of other people's feelings	0	1	2
2	Restless, overactive, cannot stay still for long	0	1	2
3	Often complains of headaches, stomach-aches or sickness	0	1	2
4	Shares readily with other children	0	1	2
5	Often has temper tantrums or hot tempers	0	1	2
6	Rather solitary, tends to play alone	0	1	2
7	Generally obedient, usually does what adults request	2	1	0
8	Many worries, often seems worried	0	1	2
9	Helpful if someone is hurt, upset or feeling ill	0	1	2
10	Constantly fighting or squirming	0	1	2
11	Has at least one good friend	2	1	0
12	Often fights with other children or bullies them	0	1	2
13	Often unhappy, down-hearted or tearful	0	1	2
14	Generally liked by other children	2	1	0
15	Easily distracted, concentration wanders	0	1	2
16	Nervous or clingy in new situations, easily loses confidence	0	1	2
17	Kind to younger children	0	1	2
18	Often lies or cheats	0	1	2
19	Picked on or bullied by other children	0	1	2
20	Often volunteers to help others (parents, teachers, peers)	0	1	2
21	Thinks things out before acting	2	1	0
22	Steals from home, school or elsewhere	0	1	2
23	Gets on better with adults than with other children	0	1	2
24	Many fears, easily scared	0	1	2
25	Sees tasks through to the end, good attention span	2	1	0

Signature…………………………………………….

Date: ……………………………..

Parent / Teacher / Other (please specify): ………………………….

rl1592@york.ac.uk S&D Pre Evaluation Teacher 1

A Little Bit of Psychology - Survey for Year 5 (1)

Student No:	Never	A little bit	Some of the time	Most of the time	All of the time
I understand that I can change what I believe.					
I understand that others may change what they believe.					
I understand that the world and my environment can change.					
I understand why it's important to be self-aware.					
I understand why we need to ask for help.					
I understand why being connected to others is important.					
I understand I may change the way I think as I grow older.					
I understand that what I want may change as I grow older.					
I understand I can change myself at any time.					
I understand I can choose					

who I want to be.					
I understand how I can take care of myself when in conflict situations.					
I understand why I don't always feel in control of my emotions. (					
I understand how I can help others positively and take care of myself.					
I understand how I can make a positive difference to my family and friends.					
I understand why compassion is important to me and others.					
I understand why it's important to love myself.					
I understand I can make a positive difference in the world.					
I understand why it's helpful to feel you have a purpose in life.					

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Joyful	○	○	○	○	○
Cheerful	○	○	○	○	○
Happy	○	○	○	○	○
Lively	○	○	○	○	○
Proud	○	○	○	○	○
Energetic	○	○	○	○	○
Delighted	○	○	○	○	○
Excited	○	○	○	○	○
Active	○	○	○	○	○
Strong	○	○	○	○	○
Interested	○	○	○	○	○
Calm	○	○	○	○	○
Scared	○	○	○	○	○
Sad	○	○	○	○	○
Mad	○	○	○	○	○
Gloomy	○	○	○	○	○
Upset	○	○	○	○	○

Lonely	○	○	○	○	○
Shamed	○	○	○	○	○
Frightened	○	○	○	○	○
Disgusted	○	○	○	○	○
Guilty	○	○	○	○	○
Nervous	○	○	○	○	○
Jittery	○	○	○	○	○

Appendix G

Informed Consent Forms

Parental/Carer Permission for Student and Parent Participation in Research

Project outline: To develop a primary school well-being programme and evaluate the feasibility of its delivery to support PSHE teaching on mental health and well-being.

Dear Parent/Carer

I, Rosie Lennon, am a PhD student at the University of York. I am currently carrying out a research project, ' *Is an intervention fostering all the components of a 'self-world' capacity acceptable and feasible to deliver in primary schools to support students' mental health and well-being?*' I invite you and your child to participate in this research project during a 9-week intervention programme. Each session lasts 30 minutes, and your role, apart from giving consent, would involve being available should your child need to discuss any emotions that may arise after participating. Training will be offered before and during the project. Before agreeing to participate, please read this information sheet carefully and let me know if anything is unclear or if you want further information.

Please also read the information about the General Data Protection Regulation (GDPR) by following this link: https://www.york.ac.uk/education/research/gdpr_information/

Introduction

This form aims to provide you, as a parent/carer and your child, as a prospective research study participant, with information that may affect your decision regarding whether you and your child participate in this research study. The researcher will describe the survey and answer all your questions in an online information session at an agreed-upon date. Please read the information below and ask any questions you might have before deciding whether or not to give your permission for you and your child to take part. If you choose for yourself and your child to be involved in this study, this form will be used to record your permission.

Purpose of the study

The study is designed to examine the provision of school interventions in the UK and whether these interventions have gaps in supporting children's mental health and well-being (MHWB). This research aims to establish if there is any consideration for another universal intervention with a whole school approach using a five-part, multi-component approach. A new intervention would address crucial mental health issues for children and young people by developing their knowledge and skills in applying psychological theories, leading them to positive mental health and well-being. The mental health and well-being measurement is not being measured in the students, only the increase in skills and knowledge relating to the five components of the self-world capacity. The focus is to provide a toolbox of psychological skills for the students to use these theories to support their mental health and well-being.

What would this mean for your child and you as a parent/carer?

If you agree, your child will be asked to participate in a research study about how the mind and body work and how this can affect how we think, do and say things daily. The project aims to provide subject knowledge using aspects of psychology. With this knowledge, it is hoped that your child will have a toolbox of skills to support their mental health and well-being.

Should you agree to participate in this research project as part of the study, you will likely be involved by being available to give feedback during and at the end of the programme, which takes place during a term. You can view the material online before the programme during Zoom information sessions. Each lesson for your child will aim to last 30 minutes and will include a video introduction, a central topic, followed by activities for group work using resources provided and a summary for the session's close. Training for teachers using the resources will be provided online before the start of the programme, providing enough time for discussion. Hence, teachers feel comfortable with the intervention design and content, appropriateness, and safety. Support via Zoom whilst the programme is taking place will also be available weekly. A survey for your child will be provided at the start and end of the programme to gather data on the impact of the intervention by identifying whether the skills and knowledge learnt have been understood and actioned. Other information will be collected through group feedback and individual student interviews. Your participation and contribution will also provide verbal feedback through discussion, and this feedback will be recorded in the form of notes taken to evaluate the intervention. The information collected will be in the form of different ideas, knowledge, and views of the intervention material.

You have been invited to participate in this study as a parent, so you are essential to the programme's delivery. The intervention is designed to be fun, engaging, and easy to deliver so the teacher has confidence in working with the materials.

Any training and support sessions will always start with a reminder about looking after yourself and being kind to yourself as a form of safeguarding. Working with material such as psychological theories may trigger thoughts that make you feel uncomfortable. You may feel unable to continue being involved with the programme and seek support available from the researcher, a fully qualified teacher and a counsellor before, during and after the programme.

What is my child going to be asked to do?

If you allow your child to participate in this study, they will be asked to

1. Take a survey at the start and end of the programme to establish their current thinking and understanding of themselves and the world around them.

2. Participate in the 30-minute weekly lessons for nine weeks by watching videos, participating in fun activities and joining some group work.

3. At the end of the nine weeks, they may be invited to an interview to give feedback on what they experienced and how they felt about the programme.

Your child may be involved with the intervention or part of a control group. In a control group, many students in your child's school will participate in the survey but not in the intervention. Instead, they will have the opportunity to receive the intervention programme later. A control group is significant and plays a critical role in the research process. The control group serves as a benchmark, allowing researchers to compare the experimental group to the control group and play an essential role in evidence-based reform.

NOTE:
This is a research study and, therefore, is not intended to provide a medical or therapeutic diagnosis or treatment. The intervention provided during this study is not necessarily equivalent to a health condition's standard prevention, diagnosis, or treatment method.

What are the risks involved in this study?

This intervention may involve risks that are currently unforeseeable. Possible risks associated with this study include some aspects of the programme, such as talking about emotions. Whilst the programme is primarily knowledge and skills based, this may result in the possibility of triggering some uncomfortable feelings as we can never be specific for each child, even though the intervention has already been reviewed before the start of the

programme by subject teachers, special needs teachers and school counsellors and comes with a fully explored risk assessment and ethical approval.

What are the possible benefits of this study?

The possible benefits of participation are a toolbox of skills to support mental health.

Participation is voluntary

Participation is optional. If you decide to participate, you will be given a copy of this information sheet for your records and asked to complete a consent form. Suppose you change your mind at any point during the study, including during data collection. In that case, you can withdraw your participation without having to provide a reason by emailing the researcher at rl1592@york.ac.uk. Participants will be informed at the start of each session that if any content in the presentations or discussions causes anyone to feel uncomfortable, they can leave the session at any time and speak directly to the researcher later to suit the participant. Data protection (GDPR) and safeguarding will be in place.

Does my child have to participate?

No, your child's participation in this study is voluntary. Your child may decline to participate or withdraw from participation at any time. You can agree to allow your child to be in the survey now and change your mind later without any penalty.
This research study will take place during regular classroom activities; however, if you do not want your child to participate, an alternate activity will be available as organised by your child's class teacher.

What if my child does not want to participate?

In addition to your permission, your child must agree to participate in the study and have their own information sheet and consent form. If your child initially agrees to be in the study, they can change their mind later without penalty. If your child does not want to participate, they will not be included in the study, and there will be no penalty.

Will there be any compensation?

Neither you nor your child will receive any payment for participating in this study.

How will your child's privacy and confidentiality be protected if s/he participates in this research study?

Your child's privacy and the confidentiality of their data will be protected.
The data you provide, which will be verbal feedback and recorded as notes, will be stored by code number. Any information that identifies your child will be stored separately from the

data. Your child can withdraw from the study at any time during data collection and up to one month after the data is collected.

Storing and using your data

Suppose you and your child agree to participate in the research study. The data provided will be de-identified and made available as "open data" through a research data repository (i.e. https://research.york.ac.uk/rdm/sharing/). This means the de-identified study data will be publicly available and may be used for purposes unrelated to this study. Identifying you or your child/children from the "open data" will not be possible.

For the research, the data collected may be published, but in an anonymised format. Only the researcher and the researcher's supervisor will have access to any anonymised data that will not be shared and will be kept in a secure file after the publication of the PhD. Data will be fully anonymised after transcription from the notes collected after each feedback session. Anonymized data will be kept for six years, after which it will be destroyed. The data I collect, such as transcripts, may be used anonymously in different ways, e.g., in publications, presentations and online. Please indicate on the consent form attached that you are happy for this anonymised data to be used in the ways listed. You can comment on the recorded written notes from participating in the school intervention project.

The lawful basis for this study under GDPR is Task in the Public Interest (Article 6,1e), as research is cited as part of the University's duties. (If applicable:) The lawful basis for processing any special categories of personal data is Scientific Research (Article 9,2j). You can learn more about how York University uses your information by contacting the Data Protection Officer at York University.

Please note: If we gather information that raises concerns about your safety, the safety of others, or other problems perceived by the researcher, the researcher may pass on this information to another person.

Whom should I contact with questions about the study? Before, during, or after your participation, you can email researcher Rosie Lennon at rl1592@york.ac.uk.

Questions or concerns

If you have any questions about this participant information sheet or concerns about how your data is being processed, please get in touch with Rosie Lennon by email at

rl1592@york.ac.uk or the Chair of the Ethics Committee via email at education-research-admin@york.ac.uk. If you are still dissatisfied, don't hesitate to get in touch with the University's Data Protection Officer at dataprotection@york.ac.ukReinke

You are invited to participate by completing the attached form. You can email this back to my university email address as a scanned attachment or leave a signed, completed consent form with your child's teacher.

Signature

Suppose you allow yourself and your child to participate in this study. Your signature below indicates that you have read the information above and decided to let yourself and your child participate. If you later decide to withdraw your permission for you and your child to participate in the study, you may discontinue participation at any time. You will be given a copy of this document.

Please tick each box if you are happy for yourself and/or your child to participate in this research.

Statement of consent – (Tick each applicable box)	Parent consent to take part	Parent consent for their child to take part
I confirm that I have read and understood the information about the research mentioned in the earlier project. I know what my child and I will be asked to participate in for the school intervention research project above.		
I understand that my and my child's participation in this study is voluntary. If I wish to withdraw from the school intervention research project, I can do so at any time during data collection and up to one month after the data is collected.		
I understand that my and my child's data will not be identifiable, and the anonymous data may be used in publications, presentations and online.		
I confirm that I have read the information about GDPR.		

_____

Printed Name of Child

_____   _____

Printed Name of Parent

Signature of Parent(s) or Legal Guardian   Date

_____   _____

Signature of Researcher   Date

_____   _____

UNIVERSITY *of York*

Student Consent Form

Can you help me?

My name is Rosie. I am a researcher at York University. Researchers try to discover things by asking people to participate in research, which is like doing a project. I want to invite you to take part in this research project.

What is it all about?

The research is to help students know more about how the brain works, how the brain affects the body, and what we can do, think and say to help ourselves and others support our mental health and well-being. The only way to know if the information we will provide you is to help you is by asking you to participate in this research and to answer some questions in a survey at the start and the end of the project. You will also be able to tell me what you think by taking part in a group discussion or an interview. You can say yes or no during the interview – it's very flexible.

Your teacher will deliver the 30-minute lessons each week over the term. The lessons will involve watching and listening to some videos, participating in group work, and having other fun activities. Your teacher and a school counsellor will support you to make sure you feel comfortable with the lessons and the learning.

A number of students in your school will not be involved as they will be a control group, but they will still take part in the survey and will have the opportunity to receive the programme later. Your parents have also been asked to help so you can talk to them about the project. I will write a report, but your names won't be mentioned.

Do you want to take part?

I hope you will want to participate, but this is your choice. If you do not wish to participate, say no, and your teacher will let me know. If you decide to take part and change your mind for any reason, you can withdraw at any time without giving a reason.

What to do now?

If you think you would like to be involved in this project, please fill in the form for parents and send it back to school with your parent or guardian. You can also complete the form below, which will help me understand what you understand about the project. Any questions?
If you would like to talk to me more about the project or have any questions, please let your teacher know, and she will email me.

Rosie Lennon

The University of York Education Department

<div align="center">

Student Consent form for SWC intervention
</div>

Please read and answer every question.

TO COMPLETE

	YES	NO
Do you understand what the project is about And what taking part involves.	☐	☐
Do you understand that you do not have to take part? And that if you do, you can leave the project at any time Without giving a reason?	☐	☐
Do you understand that the information you share will Be used to write a report about this intervention?	☐	☐

Do you understand that your name will not be identified?
And that the information you share will not be given
To anyone else?   ☐   ☐

Would you like to take part in the project?   ☐   ☐

   If so, is it OK to record your interview?   ☐   ☐

Name of participant: ....

Signature of participant: ....

Name of researcher: ....

Signature of researcher: ....
Date of interview: ....
You will be provided with a copy of this consent form.

School Counsellor/Listener Consent Information Page

Project aim: To develop a primary school wellbeing programme and evaluate the feasibility of its delivery to support PSHE teaching on mental health and well-being.

Dear School Counsellor/Listener

I, Rosie Lennon, am a PhD student at the University of York. I am currently carrying out a research project, ' *Is an intervention fostering all the components of a 'self-world' capacity acceptable and feasible to deliver in primary schools to support students' mental health and well-being?*' I invite you to participate in this research project by supporting students during a 9-week intervention programme. Each session lasts 30 minutes, and your role would involve being available should any student need to discuss any emotions which may arise during these sessions. Training will be offered before and during the project. Before agreeing to participate, please read this information sheet carefully and let me know if anything is unclear or if you want further information.

Please also read the information about the General Data Protection Regulation (GDPR) by following this link: https://www.york.ac.uk/education/research/gdpr_information/

Purpose of the study

The study is designed to examine the provision of school interventions in the UK and whether these interventions have gaps in supporting children's mental health and well-being (MHWB). This research aims to establish if there is any consideration for another universal intervention with a whole school approach using a five-part, multi-component approach. A new intervention would address crucial mental health issues for children and young people by developing their knowledge and skills in applying psychological theories, leading them to positive mental health and well-being. The mental health and well-being measurement is not being measured in the students, only the increase in skills and knowledge relating to the five components of the self-world capacity. The focus is to provide a toolbox of psychological skills for the students to use these theories to support their mental health and well-being.

What would this mean for you?

Should you agree to participate in this research project as part of the [pilot/main] study, you are likely to be involved by being available to students for at least 12 sessions over a term. Each session will aim to last 30 minutes and will include a video introduction, a central topic followed by activities for group work using resources provided and a summary for the close of the session. Training using the resources will be provided online before the start of the programme, providing enough time for discussion. Hence, teachers feel comfortable with the design and the intervention program's content, appropriateness, and safety. Support via Zoom whilst the programme is taking place will also be available weekly. A survey for the students will be provided at the start and end of the programme to gather data on the impact of the intervention by identifying whether the skills and knowledge learnt have been understood and actioned. Other information will be collected through group feedback and individual student interviews. Your participation and contribution will also provide verbal feedback through discussion, and this feedback will be recorded in the form of notes taken to evaluate the intervention. The information collected will be in the form of different ideas, knowledge, and views of the intervention material. This feedback will be used for the study to improve and enhance the intervention material to deliver an intervention suited to the subject.

Several students in your child's school will not be involved as they will be a control group, but they will still participate in the survey and have the opportunity to receive the programme later.

You have been invited to participate in this study as a school counsellor, so you are essential to the programme delivery. The intervention is designed to be fun, engaging and easy to deliver, so the teacher has confidence in working with the materials.

Working with material such as psychological theories may trigger thoughts that make you feel uncomfortable. You may feel unable to continue supporting students involved with the program and seek support, which will be available before, during and after the programme by the researcher, a fully qualified teacher and a counsellor. Any training and support sessions will always start with a reminder about looking after yourself and being kind to yourself as a form of safeguarding.

Participation is voluntary

Participation is optional. If you decide to participate, you will be given a copy of this information sheet for your records and asked to complete a consent form. If you change your mind at any point during the study, you can withdraw your participation without providing a reason. Participants will be informed at the start of each session that if any content in the presentations or discussions causes anyone to feel uncomfortable, they can leave the session at any time and speak directly to the researcher later to suit the participant. Data protection (GDPR) and safeguarding will be in place.

Anonymity and confidentiality

The data you provide, which will be verbal feedback and recorded as notes, will be stored by code number. Any information that identifies you will be stored separately from the data. You can withdraw from the study at any time during data collection and up to one month after the data is collected by contacting the researcher (rl1592@york.ac.uk).

Storing and using your data

If you agree to participate in the research study, the data provided will be de-identified and made available as "open data" through a research data repository (i.e. https://research.york.ac.uk/rdm/sharing/). This means the de-identified study data will be publicly available and may be used for purposes unrelated to this study. Identifying you from the "open data" will not be possible.

For the research, the feedback may be published, but in an anonymised format. Only the researcher and the researcher's supervisor will have access to any anonymised data, which will not be shared and kept in a secure file after the publication of the PhD. Data will be fully anonymised after transcription from the notes collected after each feedback session. Anonymised data will be kept for six years, after which it will be destroyed. The data I collect, such as transcripts, may be used anonymously in different ways, e.g., in publications, presentations and online. Please indicate with a click on the consent form attached if you are happy for this anonymised data to be used in the ways listed. You can comment on the recorded written notes from participating in the school intervention project.

The lawful basis for this study under GDPR is Task in the Public Interest (Article 6,1e), as research is cited as part of the University's duties. (If applicable:) The lawful basis for processing any special categories of personal data is Scientific Research (Article 9,2j). You can learn more about how York University uses your information by contacting the Data Protection Officer at York University.

Please note: If we gather information that raises concerns about your safety, the safety of others, or other problems as perceived by the researcher, the researcher may pass on this information to another person.

Questions or concerns

If you have any questions about this participant information sheet or concerns about how your data is being processed, please get in touch with Rosie Lennon by email at rl1592@york.ac.uk or the Chair of the Ethics Committee via email at education-research-admin@york.ac.uk. If you are still dissatisfied, don't hesitate to get in touch with the University's Data Protection Officer at dataprotection@york.ac.uk

You are invited to participate by completing the attached form. You can email this back to my university email address as a signed, scanned attachment or leave a signed, completed consent form for my attention at the school office.

Please keep this information sheet for your records.
Thank you for taking the time to read this information.

Yours sincerely

Rosie Lennon

Project aim: To develop a primary school well-being programme and evaluate the feasibility of its delivery to support PSHE teaching on mental health and well-being.

Consent Form

Please tick each box if you are happy to participate in this research.

Statement of consent	Tick each box

I confirm that I have read and understood the information about the above-named research project and will participate as described above.	
I understand that participation in this study is voluntary. If I wish to withdraw from the above-named research project, I can do so at any time during data collection and up to one month after the data is collected.	
I understand that my data will not be identifiable, and the anonymous data may be used in publications, presentations and online.	
I confirm that I have read the information about GDPR.	

Name:

Signature:

Date:

Teacher Consent Information Page

Project aim: To develop a primary school wellbeing programme and evaluate the feasibility of its delivery to support PSHE teaching on mental health and well-being.

Dear Teacher

I, Rosie Lennon, am a PhD student at the University of York. I am currently carrying out a research project, ' *Is an intervention fostering all the components of a 'self-world' capacity acceptable and feasible to deliver in primary schools to support students' mental health and well-being?*' I want to invite you to participate in this research project by being involved with the delivery to students of a nine-week intervention programme. Each session lasts 30 minutes. Training will be offered before and during the project. Before agreeing to participate, please read this information sheet carefully and let me know if anything is unclear or if you want further information.

Please also read the information about the General Data Protection Regulation (GDPR) by following this link: https://www.york.ac.uk/education/research/gdpr_information/

Purpose of the study

The study is designed to examine the provision of school interventions in the UK and whether these interventions have gaps in supporting children's mental health and well-being (MHWB). This research aims to establish if there is any consideration for another universal intervention with a whole school approach using a five-part, multi-component approach. A new intervention would address crucial mental health issues for children and young people by developing their knowledge and skills in applying psychological theories, leading them to positive mental health and well-being. The mental health and well-being measurement is not being measured in the students, only the increase in skills and knowledge relating to the five components of the self-world capacity. The focus is to provide a toolbox of psychological skills for the students to use these theories to support their mental health and well-being.

What would this mean for you?

Should you agree to participate in this research project, you will likely be involved with delivering at least nine sessions over a term. Each session will aim to last 30 minutes and will

include a video introduction, a central topic, followed by activities for group work using resources provided and a summary for the close of the session. Training using the resources will be provided online before the start of the programme, providing enough time for discussion. Hence, teachers feel comfortable with the intervention program's design and content, appropriateness, and safety. Support via Zoom whilst the programme is taking place will also be available weekly. A survey for the students will be provided at the start and end of the programme to gather data on the impact of the intervention by identifying whether the skills and knowledge learnt have been understood and actioned. Other information will be collected through group feedback and individual student interviews. Your participation and contribution will also provide verbal feedback through discussion. This feedback will be recorded as a survey at the end of the programme to evaluate the intervention. The information collected will be in the form of different ideas, knowledge, and views of the intervention material. This feedback will be used for the study to improve and enhance the intervention material to deliver an intervention suited to the subject.

A number of students in your school will not be involved as they will be a control group, but they will still take part in the survey and have the opportunity to receive the programme later.

You have been invited to participate in this study as a primary school teacher, so you are key to the programme's delivery. The intervention is designed to be fun, engaging, and easy to deliver, so the teacher has confidence in working with the materials.

Working with material such as psychological theories may trigger thoughts that make you feel uncomfortable. You may feel unable to continue with the program's delivery and seek support available before, during and after the programme by the researcher, a fully qualified teacher and a counsellor. Any training and support session will always start with a reminder about looking after yourself by being kind to yourself as a form of safeguarding.

Participation is voluntary

Participation is optional. If you decide to participate, you will be given a copy of this information sheet for your records and asked to complete a consent form. If you change your mind at any point during the study, you can withdraw your participation without providing a reason. Participants will be informed at the start of each session that if any content in the presentations or discussions causes anyone to feel uncomfortable, they can leave the session at any time and speak directly to the researcher later to suit the participant. Data protection (GDPR) and safeguarding will be in place.

Anonymity and confidentiality

The data you provide, which will be verbal feedback and recorded as notes, will be stored by code number. Any information that identifies you will be stored separately from the data. You can withdraw from the study at any time during data collection and up to one month after the data is collected by contacting the researcher (rl1592@york.ac.uk).

Storing and using your data

If you agree to participate in the research study, the data provided will be de-identified and made available as "open data" through a research data repository (i.e. https://research.york.ac.uk/rdm/sharing/). This means the de-identified study data will be publicly available and may be used for purposes unrelated to this study. Identifying you from the "open data" will not be possible.

For the research, the feedback may be published, but in an anonymised format. Only the researcher and the researcher's supervisor will have access to any anonymised data that will not be shared and will be kept in a secure file after the publication of the PhD. Data will be fully anonymised after transcription from the notes collected after each feedback session. Anonymized data will be kept for six years, after which it will be destroyed. The data I collect, such as transcripts, may be used in anonymous formats, e.g., in publications, presentations and online. Please indicate with a click on the consent form attached if you are happy for this anonymised data to be used in the ways listed. You will be allowed to comment on the recorded written notes you have been involved in the school intervention project.

The lawful basis for this study under GDPR is Task in the Public Interest (Article 6,1e), as research is cited as part of the University's duties. (If applicable:) The lawful basis for processing any special categories of personal data is Scientific Research (Article 9,2j). You can learn more about how York University uses your information by contacting the Data Protection Officer at York University.

Please note: If we gather information that raises concerns about your safety, the safety of others, or other problems as perceived by the researcher, the researcher may pass on this information to another person.

Questions or concerns

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You are invited to participate by completing the attached form. You can email this back to my university email address as a signed, scanned attachment or leave a signed, completed consent form for my attention at the school office.

UNIVERSITY
of York

Title of Study:

> A Co-ordination Development Group to examine, discuss and provide input through feedback on an intervention fostering all the components of a 'self-world' capacity, which may be acceptable and feasible to deliver in primary school to support students' mental health and well-being.

Invitation and Brief Summary

You are being invited to take part in a research study. Before you decide whether or not you wish to participate, you must understand why the research is being done and what it will involve. Please read this information carefully and discuss it with others if you wish. Take time to decide whether or not you wish to take part. You will be asked to sign a consent form if you decide to participate. However, you can withdraw at any time, without giving any reason, penalty, or loss of benefits.

What is the purpose of the research?

Mental health and well-being for children and young people are major concerns today. The World Health according to England's Mental Health of Children and Young People's Survey (MHYCP), found there has been a probable increase in disorders of mental health and wellbeing of children in 2020 from one in six (16%) in children 5-16 years compared to one in nine (10.8%) in 2017 across all ethnic groups, gender, and age (NHS, 2021). The impact of this pandemic on mental health in children will likely be with us for some time. This means there is a need and an opportunity to escalate the increase in support for children with mental health. There is evidence that the UK Government is committed to improving mental health for thousands of people as a government priority as seen in its 'COVID-19 Mental Health and Wellbeing Recovery Plan (Department of Health and Social Care, 2021) backed by £500 million worth of government funding for mental health recovery as this is now more than likely to be a long-term issue for children as they move into adulthood.

The provision of school interventions in the UK has been immense over the last twenty years. This research is investigating whether these interventions have gaps in their provision for supporting children's mental health and wellbeing (MHWB). It aims to establish whether there is any consideration for another universal intervention with a whole school approach

alongside a five-part multi-component programme. A new intervention would aim to address important mental health issues for children and young people today by providing an intervention comprising knowledge and skills linked with psychological theories.

What does taking part involve?
If you agree to participate in this research project as part of the Coordination Development Group (CDG), you will likely be involved with at least four sessions over one month. The meetings will be voluntary and conducted monthly via Zoom/Teams.
The group will consist of two primary school teachers, two SENDCos, and two school counsellors, so there will be seven participants in the whole group, including me as the researcher. The CDG will meet to discuss the content, appropriateness, safety, and any other issues that may arise concerning the proposed intervention design and delivery for Year 5 children, teaching staff, and parents.

What information will be collected, and who will have access to the information collected?
All discussions/ feedback will be anonymous through anonymised coding. Sessions will be recorded through written notes, as Zoom/Teams calls won't be recorded. The information collected will be in the form of different ideas, knowledge, and views of the intervention material. This feedback will improve and enhance the intervention material to deliver an intervention suited to the subjects.

Participants will be informed at the start of each session if any content in the presentations or discussions causes anyone to feel uncomfortable; they will be able to leave the session at any time and speak directly to the researcher later to suit the participant. GDPR and safeguarding will be in place. Any feedback will be stored on the University of York's secure drive. For the research, the feedback will be published but anonymised. Only the researcher and the researcher's supervisor will have access to any anonymised data, which will not be shared and kept in a secure file for 1 year after publication of the PhD.

If you agree to participate in the research study CDG, the data provided will be de-identified and made available as "open data" through a research data repository (e.g., https://research.york.ac.uk/rdm/sharing/). This means the de-identified study data will be publicly available and may be used for purposes unrelated to this study. It will not be possible to identify you from the "open data."

Confidentiality will be provided to the fullest extent possible by law.

Why have I been invited to take part?

You have been invited to participate in this study as a primary school teacher/SENDCo/School Counsellor who has shown an interest in working with children on mental health and well-being in schools.

What are the possible benefits of taking part?
It is usually impossible to promise potential participants any direct benefits of participation. Others may experience the most likely benefits in the future as a consequence of discovery through research.

What are the possible disadvantages and risks of taking part? Working with material such as psychological theories may trigger thoughts that make you feel uncomfortable.
You may feel unable to continue supporting the group, so each session will start with a reminder to look after yourself and be kind to yourself.

Who is the sponsor and data controller for this research?
York University, based in the United Kingdom, sponsors this study. York University will use your information to undertake this study and act as the data controller. York University is responsible for looking after your information and using it properly.

The lawful basis for this study under GDPR is Task in the Public Interest (Article 6, 1e), as research is cited as part of the University's duties. (If applicable:) The lawful basis for processing any special categories of personal data is Scientific Research (Article 9,2j).

Your rights to access, change or move your information are limited, as York University need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, York University will keep the information about you that has already been obtained. To safeguard your rights, the minimum personally-identifiable information will be used.

You can find out more about how York University uses your information at [insert URL] and/or by contacting their Data Protection Officer [DPO name and email)

Has this study received ethical approval?
This study has received ethical approval from XX Committee on XX/XX/XXXX.

Who should I contact for further information relating to the research?
Rosie Lennon rl1592@york.ac.uk PhD student Department of Education, University of York.

This research has been reviewed and approved by the Human Participants Review Sub-Committee, York University's Ethics Review Board. It conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process or your rights as a participant in the study, you may contact the Senior Manager and Policy Advisor for the Office of Research Ethics, 5th Floor, York Research Tower, York University, telephone 416-736-5914 or e-mail ore@yorku.ca

Who should I contact in order to file a complaint?
Dusana Dorjee dusana.dorjee@york.ac.uk

If you wish to raise a complaint on how your data is handled, you can contact the Data Protection Officer, who will investigate the matter: DPO Name, Contact Details.

If you are not satisfied with their response, you can complain to the Information Commissioner's Office (ICO): https://ico.org.uk/

Thank you for taking the time to read this information.
Yours sincerely

Rosie Lennon
Consent form below

Project aim: To develop a primary school wellbeing programme and evaluate the feasibility of its delivery to support PSHE teaching on mental health and well-being.

Consent Form

Please tick each box if you are happy to participate in this research.

Statement of consent	Tick each box
I confirm that I have read and understood the information about the above-named research project and will participate as described above.	
I understand that participation in this study is voluntary. If I wish to withdraw from the above-named research project, I can do so at any time during data collection and up to one month after the data is collected.	

I understand that my data will not be identifiable, and the anonymous data may be used in publications, presentations and online.	
I confirm that I have read the information about GDPR.	

Name:

Signature:

Date:

Appendix H

Interview Questions

Teacher's questions

The interview guide – teacher

If there are any questions you would like to skip, please tell the researcher when they ask. Please note that should you disclose any illegal activity, I may be legally bound to pass this on to relevant authorities.

General questions for background

1.   Now that you have taught the ALBOP programme for nine weeks, how would you describe the programme's main aim? Prompt: Anything?

2.   How well has the programme met your expectations? Prompt, if necessary: why do you say that?

Questions about communication, sharing of Google files and training before teaching the programme

3   How well has the communication, training and access to files met your expectations?

4.   Did you feel supported whilst delivering the programme? Prompt: Were there questions you did not have time to ask? Were there aspects of the programme you needed help understanding?

5.   Do you suggest any changes to the communication/training/sharing of files? Prompt: How have you found the pace and intensity of the communication/training/sharing of files? Prompt: Too many emails, not enough guidance?

6.   Were there any parts of the communication/training/files you found more helpful/useful than others? Prompt for examples, if none are forthcoming

7.   Are there any parts of the communication/training/sharing of files you would have liked to spend more time on? Prompt: all four listed here are in order, and ask for examples/elaboration where appropriate.

    a.   Background and ethos of the programme

    b.   Practical tasks (such as accessing the video)

    c.   Understanding the concept/aims of the individual lessons

    d.   Time to discuss/train with other schools participating in the research

8.   Now that the programme has been completed already, are there any changes you would suggest to communication/training/sharing of files? Do you think the length and intensity of communication/training/sharing of files were right, or should it be longer or shorter? Prompt if not mentioned: how have you found the pace and intensity of the communication/training/sharing of files?

Questions about implementation

9.   How has ALBOP impacted your teaching practice since starting this programme? Prompt: If you think back to how you felt at the start about running this programme and compare that to now at the end of the programme, what would the differences be? How about the changes over time, from the first lesson to the last?

10.   Are there any features of your school, your teaching or your class group that have made using the programme difficult or easy? Is there anything about these aspects you would like to add now? Prompt for disadvantage, etc.

Questions about the impact on pupils

11.   Concerning the ALBOP lessons, what impact have you seen on your pupils? Prompt, if necessary: (a) engagement/learning environment: have you noticed any effect on their levels of engagement – more able to communicate feelings? On the level or amount of discussion with you and amongst themselves? (b) Knowledge/Skills: On skills related to working with peers, such as listening, supporting others, and confidence. Drawing conclusions based on observations and evidence, etc. Anything to add about the impact on different groups of pupils, e.g. disadvantaged/SEN?

12.   Concerning the ALBOP lessons, do you think there is anything that could have improved the impact on your pupils? Prompt, if necessary: anything related to the materials of ALBOP or the environmental context of the school/classroom? Anything to add about disadvantaged/SEN?

13.   Have you noticed whether or not your pupils recognise the changes in their behaviours/self-regulation in the lessons? Is any of this related to the information and activities they have participated in? Is there merit in pupils recognising the skills and knowledge to support self-regulation? [I am trying to get at teachers' views of whether we need to keep introducing different psychological knowledge and skills to support a self-world capacity, or whether establishing a discussion is the more important aspect of ALBOP- some children thrive on discussion, whereas others thrive in participating in activities]

14.   The programme offers a multi-component approach. How does this multi-component approach improve pupils' mental health and well-being?

Questions about the effects of the programme on pupils in other areas of school life

15.   Have you noticed pupils being more connected with others since the programme was delivered to pupils?

Final questions/you can comment on

16.   How have you been able to use the things you have learnt for ALBOP in other subject teachings? Can you see a place for this (mental health support) approach across the curriculum?

17. How would you recommend this programme to other teachers? Prompt: What do you like best? What could be improved?

18. Is there anything you would like to add that you have been unable to say because the questions did not prompt you at the time?. Thank you very much for your time. I will contact you when the interview transcript becomes available so you can comment on it.

Focus Group Student Interview Questions

Focus group guide interview questions – Year 5 pupils

I want to talk to you today about what you think about the lessons called 'A Little Bit of Psychology', which were designed to support your mental health and well-being. Please remember that there are no right or wrong answers to these questions. This means you will need to take turns speaking and carefully listen to others when they are speaking. Try to give some good reasons why you agree or disagree with each other. Try to remember to respect each other's contributions. Maybe you could help by raising your thumb to indicate you have something to contribute. This discussion is confidential, meaning your names, only your answers, won't be identified in any report**.**

Thinking about the video lessons:

1. How did you find the videos at the start of each lesson? Was the information helpful? If so, why do you think it was helpful?

2. Did you find the videos easy to watch and listen to? If yes, what made the videos easy? If not, what made the videos difficult for you to watch and listen to?

3. Was the voice easy to understand? Did you like the voice? Would you have preferred a different voice? If so, what?

3. How did you feel learning about how your mind and body affect your emotions?

4. Did the programme help you in any way to manage your emotions? If so, how - examples.

4. What would you change about the videos?

5. What did you think about the number of video lessons? Not enough or too many? What did you feel about their length and timing?

Thinking about the practical activities after the videos:

1. Have you found the activities helpful? If yes, how have they helped you manage your emotions?

2 Did you find the activities fun and easy to do? If so, how – examples?

3. Have you noticed any differences in how you felt at the start of the lessons compared to now at the end of the lessons? If so, what are those differences?

Conversations:

1. Could you talk to your peers about what you experienced in your learning? If yes, what did you talk about? If not, what held you back?

2. Could you talk easily to your teacher about what you were learning? If so, how – examples? If not, why do you think this is?

3. Did you talk to your parents about the learning? If so, what sort of things did you talk about?

4. Would you have liked your parents to see the video?

Any other thoughts about the programme?

1. Do you have any thoughts that you would like to share with this group about what you learnt?

2. Do you think all children your age should or should not have access to this learning?

3. Is there anything else that should be added that supports mental health and well-being for children your age?

Appendix I

Teachers' Feedback

A Little Bit of Psychology Notes

All children actively engaged in the lessons and looked forward to doing the lessons.

They enjoyed the video at the start — it was clear, to the point and allowed us to generate questions for discussion as a class.

The lessons were great in building on from each other, the children were able to recognise links between lessons (mind and body) — the human brain (fight, flight or freeze). Watching the children try to regulate their emotions more after these first couple and lessons and seeing them recognise examples of when they had been in certain situations and what to do/ not to do next time was really interesting. Children came up to me explaining where they had been in these situations (tests, unfamiliar situations, when put on the spot through being asked a question etc.).

Children also really enjoyed learning about the different parts of the brain — this linked directly into our conscious discipline work, the children could recognise when we are in the hyper and hypo-arousal states, what causes these emotions and what it feels like to be in the optimum state. It was also really beneficial to me to learn about these states more, I was able to then recognise the signs in certain children (**there are a few who are regularly in the hypo-arousal state**), I could then speak to them directly and find out what is wrong (**issues at home, not sleeping, up late at night in front of a screen etc.**).

The lesson on perception was really interesting and posed a lot of questions as to how we see things differently to others — ▇▇▇ became really engaged in this because ▇ is becoming more and more aware (**especially after doing this unit**) that ▇ thinks and feels differently to other children. ▇ is always first to ask a question and often drives the lesson forward with ▇ way of thinking. Discussing the idea that we all see and think about things differently and as a result, turning some of those negative thoughts into a more positive one — really evoked some emotions in the class. Some of the children do see themselves and the world in a more negative way (through upbringing, school, self-esteem and anxiety), we were able to communicate that sometimes we all experience feeling sad and a bit down — it is also quite scary doing something new or unfamiliar — it is about turning these thoughts into a more positive one. We had a great class discussion about some of the things the children perceive to be scary — reading aloud, being told to come to the front of the assembly (VIP), meeting a new teacher, doing a test. We then discussed ways of changing the perception of our thoughts to break it down so it becomes less scary — reading as part of a small group to build up to reading aloud in front of the class, thinking about why you have been chosen to come to the front — it is a celebration of your work or efforts, you have met or at least seen the teacher around the school, tests are part of school and you have done lots before — the world will keep spinning if you don't do very well. The tests perception really helped with some of the children anxieties

with our end of year tests, the children were so much calmer and more prepared ▮▮▮ in particular) compared to previously when some have really struggled to think and over thought lots of things — e.g. the worst case scenario.

The lesson that the children felt quite hard to grasp the concept of was lesson 5 — persecutor, victim and coach — the drama triangle. It was interesting for me to watch a drama triangle unfold prior to the lesson — it was then a great discussion point for what we could do next time around for the three boys involved. Children were able to see where these things can happen but some struggled with the names and order they went in. Children, however, were coming to me in during the days after and telling me they had been in a drama triangle and how they resolved it. I think the challenge was recognising it when they were in it, hindsight is a great thing. We kept discussing being your '**authentic self**', something that we kept on talking about throughout the remaining lessons — being true to who you are and not letting others influence you too much. It is okay to be different, accepting that is half the battle ☺

The connection lesson was another thing that really hit home with the children, recognising it is okay to ask for help and that all humans need to be connected to others. Some children in my class do struggle with this and bottle things up ▮▮▮ until it is too late and their emotions get the better of them through an outburst of anger or aggression — linking back to the hyper-arousal state. Again, off the back of this lesson, I was able to watch some of the boys in the class resolve an issue over football through showing empathy towards another ▮▮▮ show support, give an example of how they have also felt like he did before and move on with the game — it was a real light bulb moment and the children did not even realise what they had done — 2 months prior to this unit, I don't think this would have happened.

Life script — this was a personal favourite of some of the children, but also brought about some real emotions in others ▮▮▮ Some of the children had never even thought about there being other options for what they want to do with their lives and some of them have been fixated on what they think they want to do with their lives from the ideas they had from an early age (astronaut, lawyer, doctor, policeman etc.) The usual jobs that you hear a KS1 child say. Through lots of discussion and being able to see through examples from myself and other adults (**careers day link**) that what you think right now does not have to define you or what you want to be. If you change, sometimes your personality changes and so does your attitude to certain things — I kept stressing that this is okay. Some children ▮▮▮ really grasped this concept (Hair and Beauty, make up, lashes etc.). Something that is suited to them — more so than something more academic which they had thought about from a young age.

The lesson on purpose (lesson 8), was great for the children — another impactful lesson about learning to love yourself and rest. We had a huge number of children open up about the bad habits they have at home which affect their lives — which was the link to being in the hypo-arousal brain state. Children could

recognise things that we do to make us feel better **(taking a rest day, not gaming so much, having a bath, drawing, going for a walk, spending time with family etc.).** It was lovely to hear more from some children and listen to the honesty of ████ talk about how ██ is different to the others and how██ looks after and takes care of ████ at home (not gaming, reading, drawing, board games, writing etc.). This is why ██ is a GD writer and one of the best I have ever taught.

The last lesson, on 'Purpose 2' allowed us to explore Maslow's Hierarchy of Needs — something the children were unfamiliar with. Through discussions, we were able to determine that each stage of the pyramid is vital in order to move up the pyramid to become the best version of who we want to be — in order to be our true 'authentic selves'. The children studied the pyramid and then generated some ideas and images for something that could go into each section. We were able to link this into lesson 7 (life script) and focus on if we want to become the best version of ourselves, it is okay to pivot and change careers or jobs if we are unhappy — even if we have all our needs met on the pyramid.

We then had a quick recap of all the lessons we had covered, which was our favourite lesson and whether the children think it would be beneficial for the up and coming year 4s into tear 5 to take part in the lessons next year - they all agreed that should ☺

██ Activities:

The children are a very practical and hands on class, they very enjoyed the activities where it involved drawing or showcasing how they felt with colours in their own unique way (see capture books). The children that struggle to articulate (SEN) were able to shine in this and then discuss in small groups their thought process and reasoning behind what they had drawn or created.

██ Impact:

Children are more in touch with their feelings and emotions, in a good way — they are able to discuss and think about their actions. Some of the lessons have brought about tears ████ due to having a negative image of himself, children were able to see this, adapt and understand how important it is to change perception, think about being more positive and not sweating the small stuff. The lessons have been great in giving the children more confidence to be true to their authentic self and not just follow the crowd ████ ████

Mental health is a big thing and there are a number of children in ██ with anxiety or mental health issues, these lessons have helped them come out of their shell and talk and discus their feelings past or present with greater confidence and clarity than before ████

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Appendix J

Teachers' Survey

A Little Bit of Psychology - Teachers Survey

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I understood the programme aims (1)	○	○	○	○	○
I understood the content of the programme (2)	○	○	○	○	○
I liked the concept of a multi-component approach (3)	○	○	○	○	○
I think the knowledge in the lessons helpful for pupils mental health (4)	○	○	○	○	○
I think the skills in the lessons helpful for pupils mental health (5)	○	○	○	○	○
I believe the lessons were appropriate for the year group (6)	○	○	○	○	○
I would like to see more psychology in the primary curriculum (7)	○	○	○	○	○
I felt comfortable teaching the topics in the lessons (8)	○	○	○	○	○

Appendix K

Data Management Plan

Is an intervention fostering all the components of a 'self-world' capacity acceptable and feasible to deliver in primary schools to support students' mental health and well-being?

Defining your data
1a. What data will you produce?

Quantitative:

Adults - professionals involved with CYP mental health in schools - feedback information re proposed intervention and a survey in the form of an evaluation document of 10 questions for 6 participants of the coordinating development group prior to pilot and intervention. Phase 1 (CDG)

Adults - school setting staff involved with delivery of intervention - survey for teaching staff (dependent on each school staffing number and those staff involved with intervention), and consent forms. Phase 2 & 3 (pilot and central intervention)

Adults - parents of CYP- consent forms and SDQ.

Students - pre and post intervention survey to establish knowledge and skills relating to SWC in classes of Year 5 between 5-10 primary schools - questions linked with intervention content. A survey will be provided by the University of the Department of Education (total number of surveys dependent on the number of children in each year 5 class and the number involved in the intervention). Also, the PANAS-C form is another measurement. Consent forms and attendance in lesson interventions are anonymised and coded. Phase 2 & 3

Qualitative:

Adults - professionals involved with CYP mental health in schools - feedback in 1:1 and/or group discussions via Zoom/Teams/Google or FTF or provision of paper forms. Not recorded by audio recording/video but written notes anonymised and coded - on proposed intervention in the form of a group discussion for 6 participants of the coordinating development group prior to pilot and intervention (date). Phase 1

Adults - teachers. Counsellors and parents involved with intervention - feedback in the form of 1:1 and/or group discussions & observations via Zoom/Teams or FTF, and provision of paper forms of SDQ surveys. Notes taken and anonymised. Phase 2 & 3

Students -PANAS-C form as another measurement.

Schools were recruited to take part in the intervention and pilot, as well as the responses.

In all the above, both qualitative and quantitative structured field notes will be maintained throughout the study as a point of reference for data triangulation and cross-checking (separate from the personal journal).

1b. What formats and what software will you use?

Quantitative data: Qualtrics survey, distributed online for adults and in paper format for students involved in Phases 1, 2, and 3 of the CDG, pilot and intervention. Paper or online for PANAS and SDQ surveys.

Qualitative data: Interviews recorded via notes will be stored as directly transcribed in a Word doc/Excel by the researcher, and a detailed analysis through commentary will be undertaken. Anything deemed irrelevant will be removed to reduce the volume of data. NVivo 11 will be the primary qualitative data tool used to analyse data, whether on paper or online, for PANAS and SDQ surveys. Coding will be applied to emerging themes. Participants will be sent transcribed versions of their feedback/ interviews for checking, editing and approving before recorded data is finalised in all 3 phases.

1c. How much data do you expect to generate?

The intervention over 12 weeks, plus the pilot study, will also include a small amount of feedback data from the CDG - Phase 1

Data calculation									
Phase 2& 3									
SCHOOLS No	PARTICIPANTS				DATA TYPE				
	Children	T	P	Coun	Questionnaires (80%)	Consent forms (80%)	Interviews (10%)	3 min Videos (10%)	Transcripts (
1	30	2	30	1	50	50	6	6	13
2	30	2	30	1	50	50	6	6	13
3	30	2	30	1	50	50	6	6	13
4	30	2	30	1	50	50	6	6	13
5	30	2	30	1	50	50	6	6	13
6	30	2	30	1	50	50	6	6	13
7	30	2	30	1	50	50	6	6	13
8	30	2	30	1	50	50	6	6	13
9	30	2	30	1	50	50	6	6	13
10	30	2	30	1	50	50	6	6	13
Pilot	30	2	30	1	50	50	6	6	13
	330	22	330	11	0554	554	69	69	139
51 MBG=1min								10603	
KB33 pp 2 p					**36590**		4574		
KB33 pp 4p						73181			18295

1d. Who owns the data you will generate?
According to my studentship agreement, the University owns all data I create, but I retain the copyright on publications based on my data.
1. Looking after your data

2a. Where will you store your data?
My data will be stored in the project [shared filestore](#) on the University's managed network, and any data not anonymised will be kept on my own Google Drive—encrypted, i.e., coded data with names will be accessible only by me. Only project team members have access to the project's shared file store. Any paper questionnaires will be scanned in school and shredded, and the scanned copies will be kept on the secure drive within the University.

2b. How will you back up your data?
My data will be stored in the university's centrally managed file store, which IT Services regularly and automatically backs up. I will ensure automatic backups on my competitor's online drive.

2c. Who else has a right to see or use this data during the project?
Only my supervisor and I will have access to the anonymised data, and my supervisor will only have access to coded data. Participants will be provided with confidentiality agreements, consent forms, and data protection.

2d. How will you structure and name your folders?
My folders will be organised by phases, followed by the type of participants and documents.
A separate folder will be for administration by phases, holding master copies of any documentation.

2e. How will you name your files?

See attached coding description. Each file will have the date YYMMDD added to it.

PHASES	Meaning	PARTICIPANTS	Meaning	DOCUMENTS	Meaning
PH1	Phase 1 with CDG	**CDG1 to CDG6**	CDG = communication development group	**F**	Feedback from the communication development group
				CF	CF =Consent form for group members
				S	S = Survey
PH2	Phase 2 with pilot	**STU1 to STU30**	STU= students	**SI**	SI Survey to measure recognition of self and others relating to SWC at the outset of the intervention
				PANAS 1	PANAS questionnaire at the outset
				FGF	FGF Focus group feedback
				STU	STU = Individual 1:1 interviews
				CF	CF=Consent form
				S2	S2 Survey to measure recognition of self and others relating to SWC at the end of the intervention
				PANAS 2	PANAS questionnaire at the end of the intervention
		TS 1 to 2	TS = teaching staff	**TFF**	TFF teachers' feedback form
				TSE	TSE = Teachers ' survey for evaluation of intervention
				TCF	TCF Teacher Consent Form
				SDQ 1	S&D on students by teachers at the outset

				SDQ2	S&D about students at the end of the intervention
		CS1	CS = counsellor support	CSFF	CSF counsellor support feedback form
				CSCF	CSCF = Counsellor support consent form
		P/C1-15	P = Parent/Carer	P/C-FF	P/C-FF = Parent/Carer feedback form
				P/C-CF	P/C-CF = Parent/Carer consent form
				SDQ1	S&D on students by parents at the outset
				SDQ2	S&D on students by parents at the end of the intervention
PH3	Phase 3 with schools	STU1 to STU30	STU= students	SI	SI Survey to measure recognition of self and others relating to SWC at the outset of the intervention
				PANAS 1	PANAS questionnaire at the outset
				FGF	FGF Focus group feedback
				STU	STU = Individual 1:1 interviews
				CF	CF=Consent form
				S2	S2 Survey to measure recognition of self and others relating to SWC at the end of the intervention
				PANAS 2	PANAS questionnaire at the end of the intervention
		TS 1 to 2	TS = teaching staff	TFF	TFF teachers' feedback form
				TSE	TSE = Teachers ' survey for evaluation of intervention

				TCF	TCF Teacher Consent Form
				SDQ 1	S&D on students by teachers at the outset

An example would be;
A Counsellor supports participant number 1 in Phase 2, who submitted a consent form on the

				SDQ2	S&D about students at the end of the intervention
		CS1	CS = counsellor support	CF	CSF counsellor support feedback
				CF	CSCF = Counsellor support consent form
		P/C1-15	P = Parent/Carer	P/C-F	P/C-F = Parent/Carer feedback form
				P/C-CF	P/C-CF = Parent/Carer consent form
				SDQ1	S&D on students by parents at the outset
				SDQ2	S&D on students by parents at the end of the intervention

1st September 2021:
PH2CS1CSCF210901

2f. How will you manage different versions of your files?
There is only one version of each data file—new experiments create new data, which is restored in a new set of files, e.g., PH2CS1CSCF210901V1. I will need some advice on this before commencing any data review.

2g. What additional information will be required to understand your data?
Keep additional notes about interviews in a Word document with the audio recordings and transcripts. Abbreviations used for column headings are kept in a separate 'readme' text document.
I use comments to document my code as I write it.
I will first document my metadata by taking careful notes in the laboratory notebook that refer to specific data files and describe all columns, units, abbreviations, and missing value identifiers. These notes will be transcribed into a .txt document and stored in the data file.

 3. Archiving your data

3a. What data should be kept or destroyed after the end of your project?

3b. How long should data be kept after the end of your project?
In line with the University Research Data Management Policy, the data supporting my published research findings will be kept for 6 years from the date of the last requested access.

3c.Where will the data you keep be archived at the end of the project?

3d.When will you archive your data?

When I submit my thesis, I will provide the university with a copy of the supporting data for long-term retention.

4. Sharing your data at the end of your project

4a. What data should or should not be shared openly and why?
Respondents to the questionnaires/interviews will be informed that their responses will be anonymised and archived for data sharing with the UK Data Service. Explicit consent for this will be collected.
My data may be shared openly at the end of my project when my research findings are published.

4b. Who should have access to the final dataset(s) and under what conditions?
Not sure yet?

4c. How will you share your final dataset(s)?
The University's Research Data York service will retain a copy of the data supporting my thesis/publication, and users can download my data from the [York Research Database](#), the University's research portal. My supervisor will field any requests for access on my behalf. The data will be made available to the requester where appropriate.
The University's Borthwick Institute for Archives will retain my physical data for the long term and field any requests for access on my behalf.
Individual requests to access the data will be handled by my supervisor and agreed upon by my supervisor's industrial collaborator. The data will only be shared if users sign a non-disclosure agreement.
Sharing my data for the reasons described in section 4a will not be possible.

5. Implementing your plan

5a. Who is responsible for making sure this plan is followed?
I will take responsibility for carrying out the actions required by this plan and report them to my supervisor as appropriate.

5b. How often will this plan be reviewed and updated?

My supervisor and I will review this plan every 6 months and agree to updates if necessary.

5c. What actions have you identified from the rest of this plan?
I will set up a backup system and periodically test whether I can restore from it. I will also learn how to anonymise my data for sharing.
Ensure that I request informed consent from my participants to archive and share their data.
Identify a suitable [repository/archive](#) to deposit my data with after the end of my project, and contact the repository to find out if and how to do so.

5d. What policies are relevant to your project?
This project is covered by the University of York Research Data Management Policy.

5e. What further information do you need to carry out these actions?
Have this data plan reviewed by the supervisor and the TAP support person.

Lesson 3 - The Human Brain

Brain Picture - one for each student

Examples of possible fight, flight and freeze situations - set of 10 for group work

Fight, Flight, Freeze labels – cut into three words - 5 sets for group work.

Examples of possible flight, fright, freeze situations
FLIGHT FRIGHT FREEZE
Someone brings a pet spider into the classroom

A dog barking at you

Taking a spelling test

Forgetting your school lunch

Losing your phone

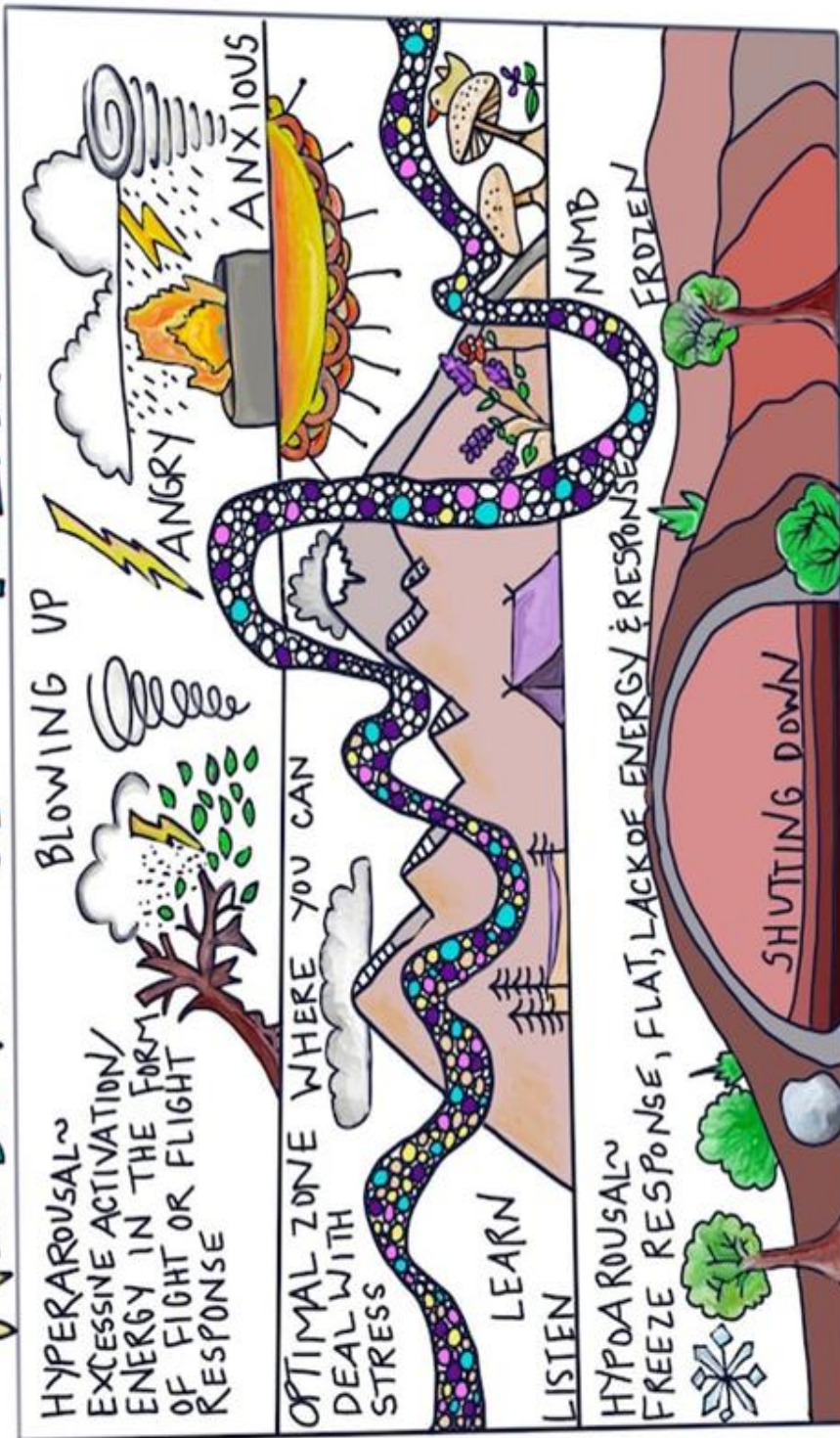Winning the 1st prize at the school raffle

Something dropping with a loud bang on the floor

Somebody popping a balloon

Stopping at the top of a Ferris wheel

Now make some up of your own

WINDOW OF TOLERANCE

HYPERAROUSAL~ EXCESSIVE ACTIVATION/ENERGY IN THE FORM OF FIGHT OR FLIGHT RESPONSE

BLOWING UP
ANGRY
ANXIOUS

OPTIMAL ZONE WHERE YOU CAN DEAL WITH STRESS

LEARN
LISTEN

HYPOAROUSAL~ FREEZE RESPONSE, FLAT, LACK OF ENERGY & RESPONSE

NUMB
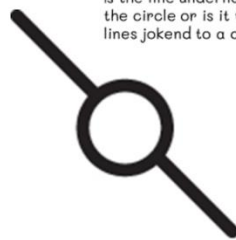FROZEN

SHUTTING DOWN

Lesson 4 -Perception

A4 sheet – one for 2 students

A4 sheet with pictures labelled a-d and

e-h - one between 2 students

Do you see a rabbit or a duck?

Is it three circles with a triangles cut out in each or three full circles with a triangle on top?

Is the line underneath the circle or is it two lines jokend to a circle ?

Is it two triangles or one with a letter V ?

Is the triangle leaning forward or backwards

A BIRD IN THE THE BUSH

Read the words then read again