An exploration of the perceptions developing educational psychologists have of their role supporting mental health in schools, and the implications for the profession.

Submitted by Cian Michael Carney to the University of Exeter as a thesis for the degree of Doctor of Educational Psychology in Educational, Child and Community Psychology, April 2017.

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Abbreviations

ADHD- Attention Deficit Hyperactivity Disorder

ASC-Autism Spectrum Condition

BPS-British Psychological Society

CAMHS-Child and Adolescent Mental Health Services

CAPA-Choice and Partnership Approach

CBT-Cognitive Behavioural Therapy

CoP-Special Educational Needs and Disabilities code of practice: 0-25 years

CORC- Child Outcomes Research Consortium

DECP-Division of Educational and Child Psychologists

DfE- Department for Education

EPNET- Educational Psychology Network

EPS-Education Psychology Service

HCPC- Health and Care Professionals Council

LA-Local Authority

MI-Motivational Interviewing

NAPEP-National Association of Principal Educational Psychologists

TaMHS-Targeted Mental Health in Schools

TEP- Trainee Educational Psychologist

OED-Oxford English Dictionary

RCT-Randomised Control Trial

RQEP- Recently Qualified Educational Psychologist

SEMH-Social Emotional Mental Health

SEN-Special Educational Needs

SENCo-Special Educational Needs Co-ordinator

SLA-Service Level Agreements

UK-United Kingdom

USA-United States of America

WHO-World Health Organisation

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1. Introduction

In March of 2017 the teenage mental health charity stem4 and the Guardian newspaper published an article exploring mental health in United Kingdom (UK) schools (Ellis, 2017). This article presents the findings of a questionnaire completed by 500 secondary school students in the UK. The finding of the research was that four out of five 12 to 16 year olds reported they had experienced mental health problems and that only one in twenty would seek the input of a teacher to support their mental health. The research questionnaire completed by stem4 comes after the Government's publication *Five Year Forward View for Mental Health: government response* (DoH, Public Health England, & NHS, 2017) in which the Government published a plan to support mental health in schools, this plan includes:

- Making mental health first-aid training available to all secondary schools, the government wished for each secondary school to have at least one teacher with mental health training by 2019.
- The publication of a Green Paper on children and young people's mental health towards the end of 2017.
- Seeking the input from both the Care Quality Commission and Ofsted to consider how to assess whether health and education systems are working together on the issue, perhaps through joint inspections on children's mental health and wellbeing.
- Reporting on the prevalence of mental health conditions in children and young people. A survey will be carried out in this year and is due to report in 2018; the last survey on mental health conditions in children was in 2004. It will include information on issues such as eating disorders, cyberbullying and social media.

(TES, 2017)

However, the stem4 questionnaire highlighted that the students did not wish to have additional support from teachers but quicker access to trained mental health professionals. One of the participants from the stem4 research project commented that having one mental health support trained teacher in a school of over 1000 students would be completely insufficient (Ellis, 2017). The participants in this research project commented that they would prefer to receive support from properly trained mental health professionals outside of the school where they can seek help anonymously.

In this introduction section I shall explore the context in which my research is placed. I will also explore the rationale behind my research, and why I believe this topic is worthy of examination. Finally, in this section, I will present the overall aims of this project as well as phase one and two individually. At the core of my thesis is finding out how developing educational psychologists view their role supporting the mental health of children and young people in schools and further education setting. In the context of my thesis, when I am referring to this I have used the term 'supporting mental health' as a shorthand.

1.2 Context – Policy and Professional Practice

1.2.1 *Defining Mental Health*

In the UK, the term 'mental health' has evolved and changed in meaning as society has evolved. Historically, mental health and physical health was defined as the absence of an illness (Sayers, 2001) and this definition is referred to as the deficit model of mental health (Beresford, 2002). In this deficit model, health is defined as the absence of a diagnosable condition and ill-health occurs when a condition has been diagnosed.

However, this deficit based conceptualisation of physical health and mental health has evolved over time and become a more nuanced definition that encompasses more than the absence of a physical or mental illness.

Defining mental health evolved as researchers started exploring the concept of 'psychological wellbeing' and its relationship to diagnosable mental health 'disorders'. Ryff (1989) argued that psychological wellbeing comprised:

1. Self-acceptance (acceptance of one's past and the present)
2. Having a purpose in life (having goals and a sense of purpose)
3. Autonomy (believing in a sense of control over one's life)
4. Positive relations with others (having satisfying relations with peers and others)
5. Environmental mastery (belief in an ability to control complex environments in order to meet one's needs)
6. Personal growth (experiencing and believing in a sense of personal development)

Researchers then started to connect mental illness with psychological wellbeing and develop a 'positive conceptualisation' of both physical and mental health (Larson, 1999). In this positive conceptualisation, mental health involves not just an absence of illness, but:

> "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community." as defined by the World Health Organisation (WHO) (Herrman, Saxena, & Moodie, 2005).

While moving to a positive definition of mental health was solidified with the WHO adopting it in 2005, how we define mental health continues to progress.

Dogra (2008) elaborated this definition and argued that mental health is a continuum 'between emotional and mental wellbeing and mental disorders' (Dogra, 2008, p. 20). Dogra goes on to argue that as with all continua it is difficult to identify what the 'cut-off

point' is between a diagnosable mental health condition and typical social and emotional functioning.

Westerhof and Keyes (2010) expanded our understanding of the mental health continuum suggesting that mental health has three key aspects: emotional wellbeing (having feelings of happiness and wellbeing), psychological wellbeing (having feelings of self-realisation), and social wellbeing (having feelings of being of social value). The authors comment that mental illness happens when an individual is having a difficulty in one or more of these areas. The authors then suggest that the continuum model is structured between the connection between a mental health continuum and a mental illness continuum. The authors argue that this is the most accurate description of what is meant by the term 'mental health'.

For the purposes of this research, I am defining 'mental health' as a continuum between mental wellbeing and mental illness, that expands from typical social and emotional wellbeing to diagnosable mental health conditions. I am using this definition as it is supported by the existing literature (Keyes, 2005; Keyes, 2002, 2006; Lamers, Westerhof, Bohlmeijer, Klooster, & Keyes, 2011; Lamers et al., 2011; Payton, 2009) and also matches my personal definition of mental health. However, when I am referring to the research of others, they may use a more medicalised/deficit model of mental health.

When exploring mental health, it is important to compare the prevalence rates in the UK to those internationally in similar cultures (e.g. Europe, the USA and Australia). In 2004 the WHO estimated that globally one fifth of children younger than 18 years-of-age have mental health issues and this estimate rises to a quarter of all children in what the WHO describes as "adverse conditions" (e.g. child abuse, poverty, war, discrimination) (World Health Organization, 2004, p. 15). When exploring the rate of mental health conditions among school aged children and young people in the UK the DfE have estimated that

one in every ten children aged between 5 and 16 has a clinically diagnosed mental health difficulty, with one in seven having sub-clinical mental health difficulties (DfE, 2014, p.4). This demonstrates to me that supporting mental health is an issue that affects all schools with between 10- 25 of every 100 students having some form of mental health issue(Allan, 2017; Prime Minister's Office, 2017; Newlove-Delgado, Moore, Ukoumunne, Stein, & Ford, 2015).

The international and national figures presented above demonstrate that a significant proportion of school aged children and young people will require some form of mental health intervention (varying from in school education to hospitalisation). Mazzer and Rickwood (2015) commented that the majority of those children and indeed most young people with mental health difficulties spend a significant amount of time at school. I would argue that it is therefore logical that schools are ideally placed as a setting for targeting interventions for under 18s (Greenwood, Kratochwill, & Clements, 2008).

1.2.2 Mental Health and Schools

Weare commented that the term 'mental health' can make people uneasy as it can be seen as a "euphemism for mental illness" (Weare, 2003, p. 7). As the term mental health may make people feel uneasy, they may be less likely to engage with it in a proactive way. Weare goes on to comment that the positive definition of mental health, that highlights the overlap between social and emotional wellbeing could become a factor in promoting mental health in schools. Weare went on to say that if the term 'mental health' continues to have the same connotations for schools, they may be reluctant to associate that term with their role as they may see it as a medical issue beyond their skillset.

Indeed McAuley and Davis (2009) comment that a large proportion of the work CAMHS staff are actively engaged with, originates from emotional wellbeing difficulties.

I argue that a majority of professionals do not feel sufficiently skilled or equipped to support mental health in school. Although, the Government believe that supporting mental health is an active and core part of the role school's professionals (e.g. teachers) have. This belief was demonstrated in the governmental publication entitled *Mental Health and Behaviour in Schools* (DfE, 2014a). In this publication, the government outlined that schools have an active role in supporting social and emotional wellbeing in schools and recommends suitable interventions for several diagnosable mental health conditions.

In March of 2016 the government reviewed *Mental Health and Behaviour in Schools* (2014a) and reaffirmed that schools have a responsibility to support mental health in schools. The publication comments that for some students, unmet mental health needs may be related to behavioural issues that present in the school environment. This non-statutory document underlined the government's view that schools have a role supporting mental health for the children and young people that are on roll.

In May 2016 the Institute for Public Policy Research (IPPR) produced a report that explored the role secondary schools held in supporting children and young people's mental health services (Thorley, 2016). This report states that 90% of head teachers commented on an increase in 'mental health issues' in schools between 2009/10 and 2014/15. The researchers went on to report that approximately three students in every class have a diagnosable mental health condition and that there has been a 50% increase in the number of hospital admissions for self-harm over the same period (2009/10-2014/15).

The IPPR researchers commented that in May of 2016 secondary schools were in a ‘perfect storm’ as there has been reduced spending by the National Health Service (NHS) on mental health services for children and young people, and an increase in service demand combined with an ‘erosion’ of early intervention services to support mental health needs in schools. Weare (2015) commented that mental health services for children and young people have always been a ‘Cinderella service’ where need for support is growing and the response is getting ‘less and less well financed’.

Weare with the National Children’s Bureau (NCB) published a framework document for schools detailing the steps they can make to respond to mental health problems with students (Weare, 2015). This framework stated that involving an educational psychologist to support mental health in schools was found to be ‘transformative’ during an evaluation of Targeted Mental Health in Schools (TaMHS) programme (Weare, 2015, p. 11).

TAMHS was a nationwide programme that ran from 2008 to 2011 and was funded by the Department for Education (DfE) and its precursor the Department for Children, Schools and Families (DCSF). The programme provided mental health provision to children aged between 5 and 13 years of age, by offering additional funding to schools focused on supporting early interventions for those at risk of developing mental health issues (EBPU, 2011).

A report summarising the known outcomes and impacts from the London TaMHS programme commented that schools reported the benefit of involving educational psychologists supporting mental health in schools; educational psychologists were seen to “work in a preventative rather than statutory” manner (NHS, 2011, p. 6). A nationwide review of TaMHS completed by Wolpert and colleagues (2011) reported similar findings, commenting that educational psychologists appeared to be ‘a key group to work with in

relation to mental health provision in schools' (Wolpert et al., 2011, p. 14). Wolpert and colleagues found that educational psychologists were the professionals schools made the most referrals to, in order to help students with behavioural and emotional difficulties at both the primary and secondary level (Wolpert et al., 2011). This could be due to several factors, but I would argue that it is because educational psychologists work across the domains of home, school and community. In terms of background, their knowledge of educational settings is unparalleled" (MacKay, 2011, p. 11).

1.2.3 Mental Health and Educational Psychologists

The Health and Care Professions Council (HCPC) classify educational psychologists as practitioner psychologists. The guidelines for practitioner psychologists state that educational psychologists must understand the psychological models that are related to the behavioural, emotional, and social development of children, adolescents and young adults (HCPC, 2015).

In 2004 the government published the National Service Framework for Children, Young People and Maternity Services, entitled The Mental Health and Psychological Wellbeing of Children and Young People (Department for Education and Skills & Department of Health, 2004). This document was informed by Every Child Matters (Department for Education and Skills, 2004) and identified that educational psychologists work alongside other frontline staff to "aid early identification and support of children with mental health difficulties" (Department for Education and Skills & Department of Health, 2004, p. 11). This document explored the tiered model of CAMHS and placed the work of educational psychologists within Tier 2 (a service provided by professionals in relation to workers in primary care). The placement of educational psychologists within this Tier demonstrates that (at the time of publication) the DfES views educational psychologists as contributing

to the assessment, diagnosis, and treatment of children and young people with mental health difficulties.

When examining the research that explores the relationship between educational psychologists and mental health services, MacKay (2007) comments that the increased emphasis on supporting mental health for children and young people, as well as the increased drive for integrated children services (e.g. the CAMHS model) has enabled a situation where educational psychologists have the opportunity to support mental health and provide therapeutic services. MacKay (2007) went on to state that the 'rising profile' of children and young people with mental health issues, when combined with "historic inevitability" in the profession implied that educational psychologists needed to change their perspective of their role in applied psychology, and therefore to take a more active role in schools to support mental health.

When Mackay uses the term 'historic inevitability' he is referring to the fact that carrying out psychological therapies was once seen as a core aspect of the educational psychology role as defined by James Sully in 1896. Sully was a founder member of the British Psychological society (BPS) and in his seminal work *Studies of Childhood (Sully, 1896)* he reinforced the idea of psychologists focusing on an individual child by providing both assessments and advice to teachers and parents. Mackay (2007) argues that Sully's comments shaped the development of educational psychology and lead to two main pathways. Firstly, by providing assessments of individual children, and secondly through offering advice and individual treatment. However, the involvement of educational psychologists to provide therapeutic intervention reduced over time and in the 1980's was almost dropped. I believe that Mackay is arguing that with increasing demands for mental health support in school, educational psychologists may once again consider therapeutic work a core aspect of their role.

Other researchers have explored the role educational psychologists can play in supporting mental health in schools with some commenting that due to high levels of need and 'insufficient professionals' in schools to meet this need (Squires, 2010, p. 279). Squires goes on to comment that educational psychologists are well placed and suitably trained to deliver therapeutic interventions such as cognitive behavioural therapy (CBT) to support mental health in schools (Squires, 2010; Squires & Dunsmuir, 2011).

Atkinson and colleagues (2012) carried out a survey of practicing educational psychologists and their involvement in providing therapeutic mental health support to children and young people in schools. Their findings indicate that most educational psychologists reported carrying out a variety of therapeutic work in schools including CBT, motivational interviewing (MI), Solution Focused Brief Therapy.

Atkinson, Corban and Templeton (2011) argued that due to the very definition of therapeutic work or 'therapy' educational psychologists are supporting mental health in schools, as the Oxford English Dictionary (OED) defines therapy as "the treatment of mental or psychological disorders by psychological means" (Dictionaries, 2010, p. 162) and thus any work to support a student with mental health difficulties would be considered therapeutic work.

Mackay argues in a 2002 paper that educational psychologists could have a pivotal role supporting mental health in schools, as part of an expansion of their role, and to prevent the profession being "content to accept the status quo and settle with its current statutory functions" (MacKay, 2002, p. 249). This mirrors Mackay's early comments that as a profession, educational psychologists "do not operate at the level of responding to the expectations of others as to what a psychologist does: instead, we create these expectations" (MacKay, 1982, p. 14). I agree with Mackay that educational psychology has evolved to a point where the professionals themselves can respond to the clear need

for mental health supports and utilise their full skillset with their growing client base. However, how do practicing educational psychologists view this?

I would argue that the increased demand for mental health support from schools, the mental health support framework in which educational psychologists work, and the growing skill base of qualified educational psychologists (with the move to doctoral training) has developed a situation where they are ideally placed to take an active role supporting mental health in schools.

Indeed Atkinson (2012) commented that many educational psychologists hold the view that they take part in therapeutic interventions, I would argue that therefore they are 'providing mental health support to schools'. However, do educational psychologists perceive that they are supporting mental health in schools? While most educational psychologists report taking part in therapeutic interventions, would the same majority state that they support mental health in schools, and do they view this as a core part of the educational psychology role?

Developing Educational Psychologists and Recently Qualified Educational Psychologists

For the purposes of my thesis I am defining a developing educational psychologist as a trainee educational psychologists (TEP) on one of the British Psychology Society (BPS) approved training DEdPsych training courses in the UK, and those in the first five years after completing the DEdPsych Course. I am also defining a Recently Qualified Educational Psychologist (RQEP) as any practitioner who completed their DEdPsych training course within the last five years.

1.3 Research Rationale

The reviewed literature for both phases is presented in Chapter Two, the literature demonstrates the debate about the educational psychologist role in general, the relationship between educational psychologists and mental health and the current demand for mental health support in schools. The literature also highlights that while there is some research focussing on assessing the views of educational psychologists, not much of this is focusing on the future of the profession and very little on training educational psychologists.

In my literature review I discuss the theory and research that indicate the promoting and preventing factors that increase or curtail educational psychologists providing mental health support. The importance of seeking the perspective of the 'future' of the profession is stressed when looking at the changing nature of the profession and the fluctuating areas of educational psychological involvement.

1.3.1 The Models of CAMHS and the Placement of Educational Psychology

In 2008, there was a CAMHS review chaired by Jo Davidson, in which one of the key finding was that "Everybody needs to recognise and act upon the contribution they make to supporting children's mental health and psychological well-being. And they need to recognise the contribution others make." (Davidson, 2008, p. 10). This core tenet was summed up in the naming of chapters 2-6 'everybody's business'. In this review supporting mental health was seen as being the concern of all professionals working with young people, not just those working in hospital or directly labelled as working in CAMHS.

One of the key findings of the 2008 CAMHS review was that there was a lack of effective multiagency working. Davidson and colleagues (2008) argued that one of the key reasons for this was “lack of time to carry out the work effectively (multi-agency working can take a lot of time, because so much of it is about building relationships and because different professions have different working patterns)” (Davidson, 2008, p. 60). Without agencies spending time to build these relationships, they risk not being aware of what other professionals can do. The CAMHS review argued that up to that date different agencies did not engage in effective collaboration, made intertwining connections, or effective multiagency working. I argue that this lack of collaboration has led to a situation where there is a lack of understanding the role of educational psychologist among other professionals and that this may be impacted by the professional title including ‘educational’. Professionals may view educational psychologists as solely having a role supporting education, rather than a wider remit.

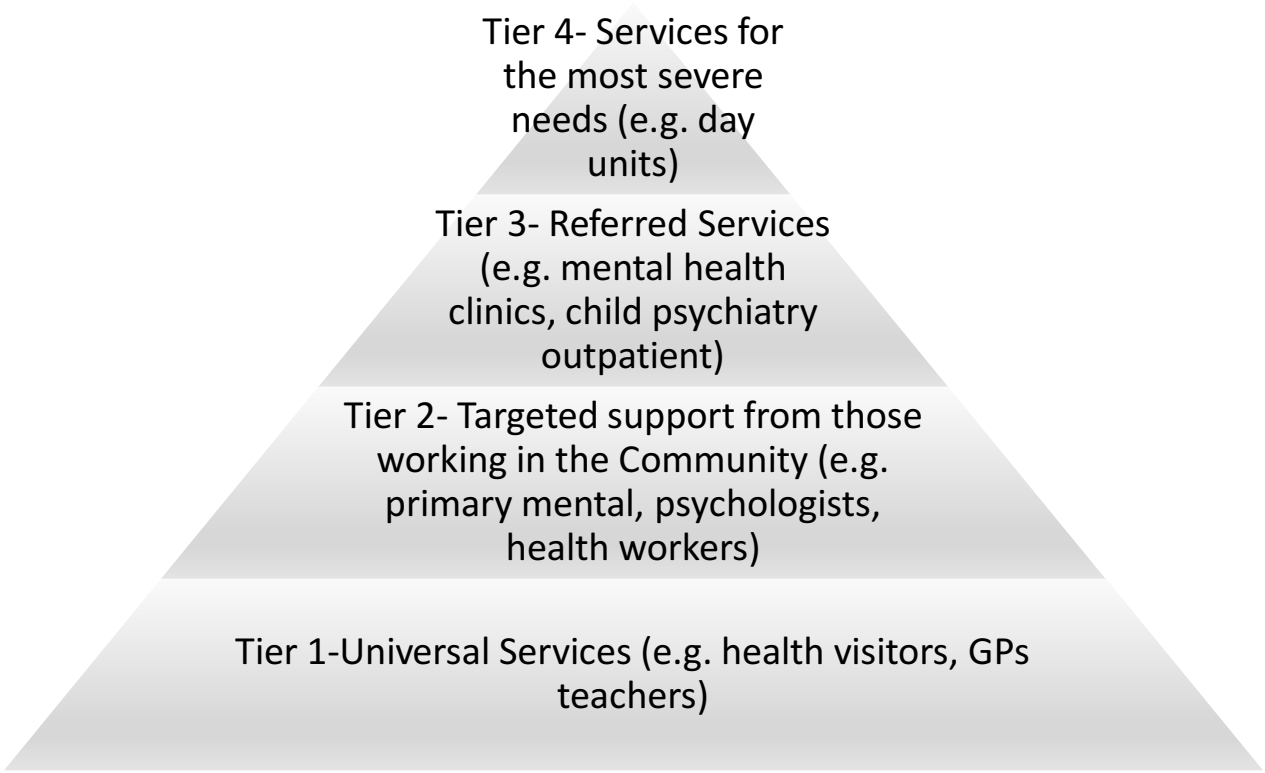
Around the time of the CAMHS review publication, Gaskell and Leadbetter (2009) carried out research into the perceptions educational psychologists held of multi-agency working. The research focused on assessing the perceptions of educational psychologists working in multi-agency teams (MATs) and found that this style of working was generally viewed favourably by the participants. This research highlights that when educational psychologists are actively engaging in multi-agency work they view it favourably and that it supports a better understanding of the work other agencies can do, while also exemplifying the role educational psychologists can have. I believe the above research creates a situation where the importance of the role educational psychologists have in supporting mental health is stated as well as the importance of multi-agency working.

This CAMHS review also expressed their view of the educational psychologist role, where educational psychologists were labelled as being “mental health specialists”

(Davidson, 2008, p. 105) whose role was much wider than supporting schools and families in identifying special educational needs (SEN) and also “include therapeutic work, consultation and advice, parent training, staff training, support to schools on organisational issues such as behaviour management” (Davidson, 2008, p. 46). However, this work made me wonder if educational psychologists themselves would attach the label of ‘mental health specialist’ to their role? If this was the role perception from within the review team, did this perception match the reality of those in the profession?

The 2008 CAMHS review also criticised the tiered structure of CAMHS and commented that at the time of review, there were calls for the four-tiered framework to be replaced. The four-tiered model is a tiered approach to providing mental health support that moves from universal support available to all (Tier 1) to bespoke interventions for those with the highest level of need (Tier 4). For example, Tier 1 support would include services such as involvement from the general practitioner (GP) and health visitors. Support at this level is from professionals who encounter a large number of young people and are not necessarily specialised to mental health support. Tier 2 involves the support from more specialised services such as primary mental health workers and community paediatric services. Tier 3 involvement is generally multi-disciplinary in nature and with teams that provide support to those with moderate to complex needs. The final Tier, Tier 4 represents services that are highly specialised and may involve hospitalisation, such as an inpatient unit. A visual representation of the model is presented below.

Figure 1: CAMHS Tier Model

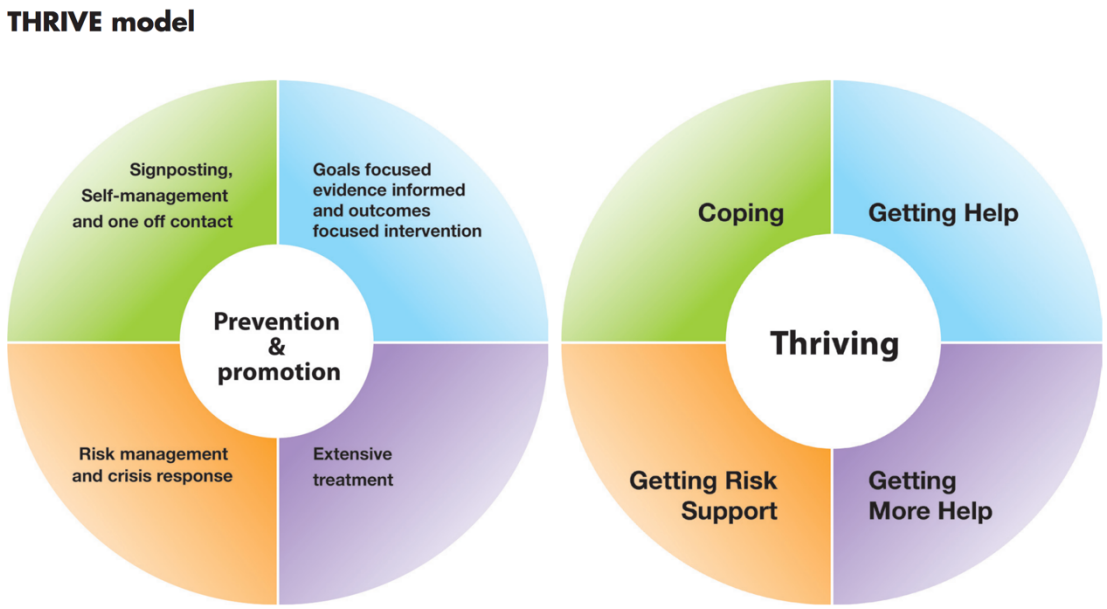


This Tiered model of CAMHS was developed in 1997 and part of the rationale behind its development was to enable the differentiation between the types of support that could be available to a child or young person (Wolpert et al., 2014). In the Tiered model, the support offered by educational psychologists falls within Tier 2/3 (NHS, 2015). However, is this how educational psychologists view their involvement?

As I have mentioned above the CAMHS Tiered model was reviewed and difficulties with the service delivery model were highlighted. However, the review report was not the first publication to highlight concerns with the CAMHS Tiered model. CAMHS has long been criticised for; not providing enough support to those children and young people at the beginning of any mental health difficulties, not supporting wellbeing, and lacking integration with other services (Daniel, Weir, & Tiffin, 2013; Foreman, 2016; Hay, Majumder, Fosker, Karim, & O'Reilly, 2015; Kelvin, 2005; Timimi, Tetley, Burgoine, &

Walker, 2012). In 2014, Wolpert and colleagues at the Anna Freud Centre presented their conceptualisation of a new model of CAMHS service delivery. This new model was entitled Thrive and took a client focused paradigm that moved from a Tiered support model to a client focused cycle model. In this model a child or young person does not have to reach a threshold for the inclusion of certain services but is supported on an individual needs basis. The Thrive model also emphasised the importance of both early and preventative support for mental health and signalled a possible move away from a reactive service (where difficulties are supported when presented) to a proactive service (aimed at supporting social emotional mental health and wellbeing). A visualisation of Thrive the model is presented below.

Figure 2: Thrive Model



(Wolpert et al., 2014)

The Thrive Model is a whole systems approach to supporting mental health that is "aligned to emerging thinking on payment systems, quality improvement and performance management." (Wolpert et al., 2015, p. 8). In this model, there is no set Tier for an agency to become involved and no hierarchy to any agency's role. With no

hierarchy of involvement, I wondered where educational psychologists would place themselves in this model and what aspects of both ‘prevention and promotion’ and ‘thriving’ best matched with their perception of their role supporting mental health in schools. The Thrive model acknowledges the continuum definition of mental health I presented above with the model using language such as ‘wellbeing’, ‘ill health’, and ‘support’, to categorise where an individual is having an issue and focusing on promoting wellbeing. By commenting on a person’s wellbeing rather than just listing diagnostic criteria, I would argue that the Thrive model moved to a ‘needs based’ model that aims at using the skillset of the professional most appropriate to support an individual at the most appropriate time.

Wolpert comments that the Thrive model was heavily influenced by both the Choice and Partnership Approach (CAPA) and the Child Outcomes Research Consortium (CORC) (Wolpert et al., 2015). Both the CAPA and the CORC use an evidence based framework to improve children’s and young people’s wellbeing. Both CAPA and CORC are flexible frameworks that place the client at the centre of planning and thinking and use a needs based approach to interventions to improve outcomes (Fleming, Jones, Bradley, & Wolpert, 2016; Naughton, Basu, O’Dowd, Carroll, & Maybery, 2015).

I am including this model as I think it represents a move towards including the continuum model of mental health and taking a ‘needs based’ approach to supporting individuals, and moves away from a more medicalised hierarchy based model that does not include ‘prevention and promotion’ of wellbeing at its core. While I accept that this model is not yet complete and still a possible structure representing how children’s and young people’s mental health services could be organised, I think it is particularly relevant to educational psychologists as it discussed the important role schools can play in promoting wellbeing, explores the need for a whole system approach to support that

includes education professionals. It is also a model I came across as part of my training placement and thus, one that some educational psychologists may be familiar with.

1.3.2 Foci of Research Phases

As explored in the literature review and the overview chapter of this thesis the rationale for phase one of my research project is as follows. Firstly, there is a renewed governmental focus on children and young people's mental health, as well as research indicating that schools can be a key resource in both preventing mental health difficulties and reducing their impact. The government have stated that they see schools as one of the key areas where change is needed to improve the mental health outcomes for their students.

Secondly, there has been a change in the recruitment and training of educational psychologists and this has enabled trainees from a broader experience background by removing the teaching requirement (e.g. those with clinical/research experience but without teaching experience) to enter the profession. By coming from a variety of backgrounds those new to the profession or training to enter it may hold a different view of their role than those more experienced educational psychologists.

Thirdly, with the change to both the context and environment educational psychologists work and train in, do recently qualified educational psychologists (RQEPs- For the purposes of my research project I am defining 'RQEP' as an Educational Psychologist who completed a recognised DEdPsych training course in England within the last five years) and trainee educational psychologists (TEPs-first to third year students completing a DEdPsych course in England) still feel that the term 'educational psychologist' is appropriate to the work they carry out for students, schools and school staff, or do they believe it limited their role by having school staff solely focus on the educational aspect they can play.

The rationale for phase two of my research project is also multifaceted. Firstly, there is some debate about the unique contributions of educational psychologists (Cameron, 2006), and if educational psychologists have a role supporting mental health (MacKay, 2002). There has been little research on what factors have influenced or developed any perspective an educational psychologist may hold. Has the changing environment or the change in recruited trainees impacted the perception of RQEPs and what could these perceptions imply for the future of the profession?

Secondly, while the existing literature has examined the doctoral training TEPs receive and the level of therapy training (AEP, 2016; Atkinson, Squires, Bragg, Muscutt, & Wasilewski, 2014; Evans, Grahamslaw, Henson, & Prince, 2012; Squires, 2010; Squires & Dunsmuir, 2011; Woods, 2014) very few studies have ascertained how much of the training received to support mental health is implemented by RQEPs in practice. While phase one aims to ascertain how RQEPs rate the sufficiency of the training they received to support mental health in schools.

Thirdly, as I further explore in the literature review chapter, the move to a traded service model of delivery has had an impact on the working environment for educational psychologists, with Fallon and colleagues (Fallon, Woods, & Rooney, 2010) suggesting that it could impact an educational psychologists sense of professional identity. The researchers argue that individual educational psychologists are “developing more clearly and distinctively their own skills set portfolio” (Fallon et al., 2010, p. 15) and that this move could increase the ability for educational psychologists to compete on the service market with other professionals.

However, there is a gap in the literature as to whether those who have just entered the profession (i.e. RQEPs) believe that service trading impacts their ability to provide mental

health support in schools, and if service trading has increased the quality of multi-agency collaboration with other CAMHS agencies.

Finally, phase one assesses how RQEPs and TEPs rated the suitability of educational psychologist as a professional title, (as well as a number of other options). I do this by exploring whether RQEPs believe that the title educational psychologist; provides a clear understanding for service users as to the role, should continue to be used by the profession, is an accurate description of their work, and how would they feel about removing 'educational' from the title.

1.3.3 Renewed Interest in Mental Health in Schools

There has been an increasing focus on mental health in schools, at both a national and international level (Sharpe et al., 2016). While there has been an increasing interest in mental health in schools, as well as a governmental emphasis on supporting mental health in schools, I think there has been a lack of information on which agencies can make the changes? The umbrella agency tasked with supporting mental health in schools, CAMHS, is reporting an increasing number of referrals while funding while at the same time there has been a reduction in funding (Foreman, 2016; Wright, Roberts, Redmond, Davies, & Varley, 2016). This funding cut has been extensive in some areas with O'Hara reporting that CAMHS funding had been cut by as much as 30% in some localities (O'Hara, 2014).

If educational psychologists are acknowledged as having a role larger than supporting/assessing learning difficulties, and there is an increasing demand for mental health to be supported at a school level.

1.4 Author's Perspective

This research was inspired by my professional interest in the educational psychologist role, and my experiences from before and during the DEdPsych course at Exeter University.

Prior to joining the DEdPsych course I worked in a residential centre for young people up to 18 years-of-age with developmental and mental health issues in the United States of America (USA). Here, I gained extensive experience working with children on the autistic spectrum, children with a conduct disorder diagnosis, and children diagnosed with other mental health difficulties. During my time working with these individuals I observed the effect mental health difficulties could have on the academic progression of children and young people. Working with clinical and school psychologists it became clear to me that supporting mental health in schools was within the purview of both clinical and school psychologists. However, I began to wonder if there was an identified professional to champion the importance of mental health support in UK schools.

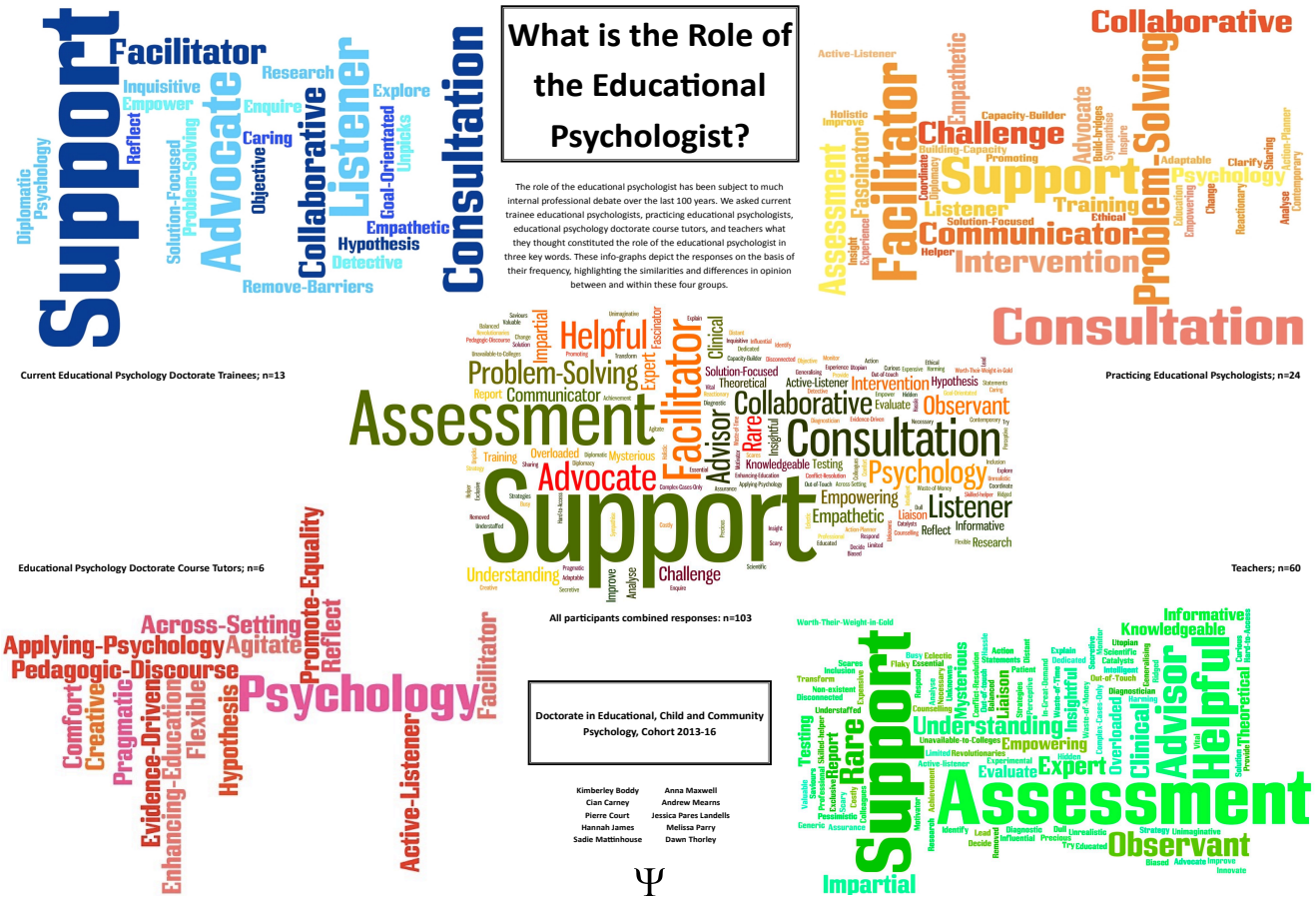
During my DEdPsych placement I started by shadowing my supervising educational psychologist, before moving to having my own 'patch'. In many of the cases I was involved with, there were mental health issues that presented in the educational environment such as autism spectrum condition (ASC), anxiety disorders, eating disorders, attachment issues, hyperkinetic disorders, or other mental health diagnoses. Many of the special educational needs co-ordinators (SENCos) I was working with requested the involvement of an educational psychologist to help with a case, as the thresholds for CAMHS were 'too high' or there was a long waiting time for their involvement. It was at this time that I realised many of the schools I was supporting did not consider educational psychologists to be part of CAMHS and I started to wonder if my fellow developing educational psychologists felt they were part of CAMHS.

During my first year of the DEdPsych I was part of a research project that asked TEPs, teachers, DEdPsych course tutors, and main grade educational psychologists “what does an educational psychologist do?” and requested to provide three key words which described what they do in response. The finding of this research is presented in the poster (Figure 3). None of the participants responded with ‘mental health support’ or a related answer. This made me question why none of the participants gave an answer that implied that mental health support was within the purview of an educational psychologist, or at least in the top three key words associated with the role.

My experiences before starting the DEdPsych course, my placements and the first-year research project made me question why others do not associate educational psychologists with supporting mental health in schools. Educational psychologists are practitioner psychologists, who work in schools and have an in-depth knowledge of psychology, child development and the complex nature of providing support in a school setting. Yet, they are not overtly referred to in governmental publications discussing mental health in schools. This made me wonder if this was partly because educational psychologists may not view this as an intrinsic part of their role.

In summary, my previous experience supporting mental health with school age children and young people, the requests of those I was working with during my placement and my knowledge of the growing need for additional provision for mental health in schools, have influenced the development of this research project. I hope that my research will explore how developing educational psychologists frame their role, and thus provide an insight to the barriers and facilitators that could provide a new area of growth for the profession.

Figure 3: TEP Poster



1.5 Aims of this Research

The above discussion, including the reviewed literature, my previous experience working with clinical psychologists and school psychologists, and my current training made me question both the current and future involvement of educational psychologists in supporting mental health in schools, particularly:

- Is there a role for educational psychologists to provide mental health support currently and what could a future role look like?
- Do educational psychologists provide mental health support that they label as something else?
- How do educational psychologists view their involvement in CAMHS?

- Do educational psychologists think the professional title is suitable for the work they do?
- Has the involvement of educational psychologists in supporting mental health been impacted by the introduction of ‘service trading’?

I aimed to answer these question through a two-phase research project. In phase one of my research project I use the questionnaire method to explore the perceptions TEPs and RQEPs have of their role providing mental health support to schools, and their involvement with CAMHS. In phase two I use semi-structured interviews with 6 RQEPs exploring their perception of the future role educational psychologists could have supporting mental health in schools, if they perceive there to be a demand for to support mental health in schools, and if service trading has had an impact on their perception.

The research questions for phase one of the research project are:

1. To What Extent do TEPs and RQEPs view mental health support as a core part of the educational psychologist role?
2. How does this mental health role compare to their role providing learning support?
3. To what degree do TEPS and RQEPs report being sufficiently trained in mental health?
4. How do developing educational psychologists view their placement in terms of the CAMHS Tier and Thrive Models?
5. To What Extent do TEPs and RQEPs View the Title of ‘Educational Psychologist’ as Suitable for The Work They Do?

Research questions for phase 2

1. In what way do RQEPs perceive the future role educational psychologists can have providing mental health support to schools?
2. To what extent do RQEPs believe working in a traded service would support or inhibit their involvement supporting mental health in schools?
3. In what ways do RQEPs perceive themselves as being in competition with other agencies to provide mental health support to schools?

2. Literature Review

In this chapter I will explore how the literature I reviewed affected my thinking when developing and designing my research project. The aim of my literature review chapter is to provide a summary of; the literature I focused on gaining an understanding of the educational psychologist role, the perception educational psychologists have about their involvement supporting mental health in schools, and the involvement and interaction educational psychologists have supporting mental health.

The following literature informed the title of my research project, in that I seek to explore the relationship between educational psychologists and their role supporting mental health in schools. In this literature review chapter I aim to review the literature from several peer reviewed journals, establish the current role educational psychologists have supporting mental health. I then go on to explore the context of the work environment in which educational psychologists practice. I will initially describe the steps I followed to complete a systematic literature review, including the key terms used and the exclusion criteria I developed. I will then relate the findings of this literature review back to the aims of my research project and discuss topics in relation to the research questions that guide my thesis. During my literature review I also critically analyse the existing research into any mismatch between the training provided to educational psychologists, the day-to-day role of an educational psychologists and the perceived day-to-day role.

I do this by exploring the literature and presenting my view that the recent changes to the role of an educational psychologist, the working environment, and the increased level of training provided has impacted their perception of their role in supporting mental health in schools.

To carry out my literature review I explored the existing research that centred on:

1. Mental health in UK schools.
2. The role of educational psychologists in supporting mental health in schools.
3. The impact of the training changes on the educational psychology role.
4. The view school staff and other professionals have of mental health support in schools and how they recognise the role of an educational psychologist.
5. The professional title of an educational psychologist

2.1 Search Strategy

As part of my literature review I used two main electronic databases, namely PsycINFO and Google Scholar. I used a limited range of terms (allowing for variation in terminology). While exploring the topic I realised that there is a limited range of literature available. The majority of the papers I selected for my literature review specifically explored educational psychological practice and training in the UK (Cameron, 2006; Evans et al., 2012; Larson & Choi, 2010; Monsen, Graham, Frederickson, & Cameron, 1998). While other research articles focus on the involvement of educational psychologists in supporting mental health (Corcoran & Finney, 2015; Corcoran & Slee, 2015; Mcloughlin, 1986; Norwich & Eaton, 2014). The literature I have explored ranges from peer reviewed articles (MacFarlane & Woolfson, 2013) to government publications (DfE, 2014a) and educational psychological training casework examples (Beaver, 2011).

In the second section of my literature review I shall critically explore the literature I have selected. The majority of the literature in this review was sourced over a nine-month period (December 2015-March 2016). However, additional research papers and articles were included up to February 2017 to ensure the literature review included a current

conceptualisation of the situation and was up to date.

Table 1: Literate Search Strategy

Search Engines used	Key terms used
Google Scholar PsycINFO Science Direct ERIC EBSCO Searches through relevant journals • Journal of Educational Psychology • Educational Psychology • British Journal of Educational Psychology	Educational Psychology training* Educational psychology mental health* Educational psychology UK Newly qualified educational psychologists* Recently qualified educational psychologists* Role of educational psychologist Educational psychology issues *=Searched school psychologist and educational psychologist

I searched for governmental publications using www.gov.uk/government/publications and chapters from printed books were located through Google Books or library searches.

To inform my literature review and ensure that the articles and studies my search returned were relevant to the aims of my research project, I developed a set of exclusion criteria listed below:

- The study was written in English
- The research had to be carried out in the UK or explore a role similar to that of an educational psychologist outside of the UK
- The date range for articles was 2006-2016
- The studies had to be reported in peer reviewed articles

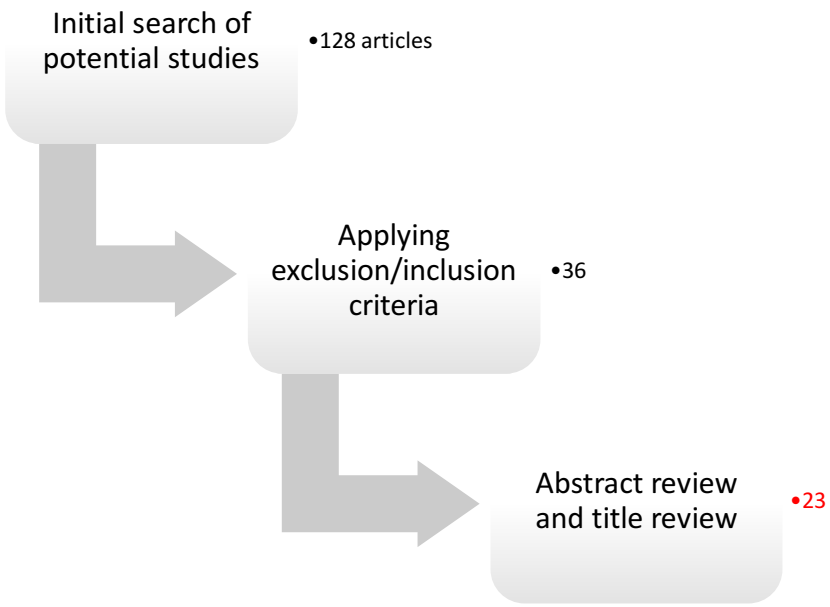
- The studies were published in articles exploring educational psychology, mental health or social and emotional wellbeing.

As I have stated, my research project is specifically interested in reviewing the recent literature exploring the involvement UK based educational psychologists have in supporting mental health in schools. In the course of my literature search I came across studies that took place outside of the UK (namely in the USA), I have included some of these studies in my literature review and flagged them as being from a country other than the UK. I included these studies as I believe they provide interesting contextual information about how the role is viewed in other geographic areas and how similar professional roles are perceived outside of the UK.

After my initial search, I developed additional exclusion criteria, these criteria were established to screen the titles and abstracts of the articles returned by my search. I included these additional criteria to ensure the articles were relevant to the aims of this research project. The below criteria were developed:

- Review articles were excluded.
- Non-psychology projects were excluded (e.g. articles from other academic fields or opinion articles)

Figure 4: Summary of literature review articles



2.3 Educational Psychologists and Mental Health

In this section I explore the relationship between educational psychologist and mental health.

2.3.1 Unique Contribution of Educational Psychologists

While all of the factors I have discussed in the introduction demonstrate that this is a time of great change for educational psychologists, there has always been some debate as to the role (Burden, 1999). To assess how the role is viewed by recently qualified educational psychologists, Ashton and Roberts (2006) completed a small scale study assessing which aspects of the educational psychology role SENCos and RQEPs found 'valuable'.

The rationale for this study was summarised by the authors in the statement that educational psychologists “have their own ideas about what the service should look like, which may not be the same as any of their clients’ views.” (Ashton & Roberts, 2006, p. 113). The authors used the questionnaire method for both the educational psychologist and SENCo participant groups. They recruited 22 participants in the SENCo group and 8 participants in the educational psychology group. The main finding of the authors was that SENCos value the ‘traditional’ educational psychologist role (defined using closed tests and an ‘expert’ role) whereas educational psychologists believed they could provide a ‘much wider role’ (e.g. providing training or systemic work).

While some could argue that by only recruiting RQEPs the researchers were ignoring how experienced educational psychologists view the role, and thus missing out some of the possible reasons for the mismatch between what the SENCos reported wanting and what educational psychologists view themselves as providing. While I acknowledge, this is an accurate and fair argument. I think that by focusing on recruiting RQEP participants, the researchers have provided a perspective of what developing educational psychologists find valuable about the role.

Ashton and Roberts (2006) commented that there was a connection between anxiety caused by being a newly qualified professional and a lack of clarity about the role. Recruiting more experienced educational psychologists would have enabled the researchers to assess if a lack of role clarity was consistent throughout the working life, and thus not impacted by anxiety about being newly qualified.

The study also contained a relatively small sample size in recruiting only eight educational psychologists, and all the participants were from one borough and only included the SENCos of mainstream schools. By expanding both participant groups, the finding of the researchers could have seen if these factors were limited to just one region

of the country or similar in different local authorities and reduced this gap in the literature.

The above study highlights the difficulty that exists when exploring an individual's or group's 'role' as the term role has many meanings and can be interpreted in many different ways from the part an actor takes in a play to a job description (Reed, 2001). Reed comments that historically when the term 'role' is used to describe something (such as a job description) it is a limiting term where the a 'role' is 'wholly or largely defined for us' by others (Reed, 2001, p. 1). Reed then explores how one's role is often a mixture of both a psychological role (how an individual behaves) and a sociological role (how some individual acts in relation to how they feel they should, or could behave). Reed comments that when an individual creates a role they are actually creating "a mental regulating principle, based on a person's living experience of the complex interaction of feelings, ideas and motivations, which are being aroused in carrying out the aim of a system, and is expressed in purposive behaviour by the role-taker." (Reed, 2001, p. 5). I would argue that an educational psychologist's role is a highly constructed one that each practitioner creates for themselves. This is similar to Ashton and Roberts' comments that educational psychologists "have their own ideas" (Ashton & Roberts, 2006, p. 113) about what their service should look like. In my research, I acknowledge the complex nature of defining the term 'role' and I am defining it as a personal, psychological and social construction that influences how a practitioner views the work they carry out and the types of work they should carry out.

2.3.2 Mental Health

To provide an elaboration of what I stated in the rationale section of my introduction chapter, the World Health Organization (WHO) define mental health as:

> "*A state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community"* (World Health Organization, 2001, p. 4).

As I presented earlier, the WHO estimated that one fifth of children younger than 18 years-of-age had 'mental health issues'. In this context, the WHO are defining a 'mental health issue' as including both diagnosed and subclinical mental health and behavioural disorders in the population. While this is the estimated rate for all children worldwide the rate rises to a quarter of children, when exploring those living in the 'adverse' conditions mentioned above (World Health Organization, 2004, p. 15).

The WHO data demonstrate that mental health issues in children and young people are very prevalent worldwide, but are similar rates seen for children and young people living in the UK? The Department for Education (DfE) have estimated that one in every ten children aged between 5 and 16 have a clinically diagnosed mental health condition, with one in seven having sub-clinical mental health issues (DfE, 2014a, p. 4). When the figures published by the DfE are viewed as a whole, this indicates that mental health issues affect all schools nation-wide as statistically between 10- 25 of every 100 students have some form of mental health difficulty (Bradshaw, 2016).

The literature presented in this chapter highlights that at the lowest estimate 10% of children and young people have a diagnosable mental health condition. The above data presents that there is a high rate of mental health difficulties among under 18-year-olds. Common sense and research data have also established that a majority of children and young people spend a significant amount of time at school or in an educational setting (Mazzer & Rickwood, 2015). Greenwood and colleague's supposition that when combined these two points indicate that schools are ideally placed as a setting for

targeting mental health interventions for children and young people (Greenwood et al., 2008).

As I have discussed above, I am taking a continuum view of mental health, which extends from wellbeing to difficulty. However, in many of the governmental publications the topic of 'mental health' is explored using a more medicalised model that is focused on supporting those with a mental health diagnosis as opposed to developing wellbeing.

Viewing schools as being an ideal location for mental health support is something that the government have commented on, announcing a governmental focus on promoting mental health in schools. The current Special Educational Needs and Disabilities Code of (CoP) Practice (DfE, 2014b) comments that schools can play a key role in supporting student with additional needs, including supporting social, emotional and mental health (SEMH) difficulties. The CoP comments that schools need to have clear processed in place to support those with SEMH difficulties including how these difficulties could impact other pupils in schools. The Parliamentary Under Secretary of State for Education demonstrated this when Sam Gyimah stated "Many schools are already doing excellent work in providing support to their pupils but we know there is more to do to ensure schools enrich the whole child. This is why we are setting the first in a series of actions as part of a fresh focus on mental health." (DfE & Gyimah, 2014, p. 1). This governmental 'fresh focus' was demonstrated by the initial publication in 2014 and recent update of *Mental Health and Behaviour in Schools (DfE, 2014a).* The government also produced *Future in Mind* (DoH, 2015) following a Ministerial Children and Young People's Mental Health and Wellbeing Taskforce.

Future in Mind (DoH, 2015) restated the government's vision for children and young people's mental health; restating the findings of Green, McGinnity, Meltzer and Goodman (2004) that only 25-35% of children and young people with a diagnosable mental health

condition access support for that condition. The report commented that there has been an increase in the rates of self-harm among young people, as well as higher rates of emotional difficulties in women. In the report, the authors restated that building resilience, promoting good mental health, prevention and early intervention are key targets in supporting mental health for children and young people, and that schools must be involved in achieving this aim. However, in this document there is only one reference to educational psychologists as being one of the targeted and specialist services to provide support in line with the CAMHS Tiered Model.

While the *Future in Mind* document clearly states that schools need to be involved in supporting students diagnosed with a mental health condition, as well as building resilience factors to help prevent mental health difficulties from occurring. I would argue that the document does not identify how schools are to achieve this aim or comment in any effective way on the role educational psychologists could play. I argue ignoring trained psychologists that are closely linked to educational settings is a mistake.

Between 2008 and 2011 the government introduced Targeted Mental Health in Schools (TaMHS) (Wolpert, Humphrey, Belsky, & Deighton, 2013). The aim of TaMHS was to help schools provide timely support to those students with mental health issues, as well as those with an increased risk of developing them. The programme used an evidence based practice approach and stressed the importance of multi-agency working among different professionals, support organisations, and schools (Wolpert et al., 2011). The TaMHS interventions viewed educational psychologists as “a key part of mental health support in schools” (Wolpert et al., 2011, p. 20) and educational psychologists were involved in developing the programme.

An evaluation of TaMHS was carried out by the DfE, this evaluation used both a longitudinal study as well as a randomised controlled trial (RCT) evaluation of the

programme by comparing local authorities and schools implementing the TaMHS programme with those that did not. The longitudinal aspect study recruited 2,687 primary school students and 2,322 secondary school students and assessed their mental health on self-report ratings over three years. This study also recruited parents (between 780 and 1,842 across the years) teachers (between 3,671 and 6,972 across the years) and policy makers (11) and TaMHS staff (26).

The RCT aspect of the study recruited 7,330 primary school students and 5,907 secondary school students who completed online questionnaires in 2009 and 2010. Both aspects of the evaluation study also sought the perspectives of parents (2,857 in 2009 and 1,606 in 2010), teachers (15,980 in 2009 and 9,322 in 2010).

The evaluation found that “TaMHS led to a significant reduction in problems for pupils in primary school with behavioural problems when compared to schools not implementing TaMHS” (Wolpert et al., 2011, p. 2). However, the study did not find any impact for students with emotional problems at primary school level and no impact for secondary school students with either emotional or behavioural issues.

While both the design and sample size of the evaluation project are clear strengths of the TaMHS evaluation, it should be noted that there are also limitations to the project. In the RCT aspects, it was not a ‘true’ RCT as the participants in each group had knowledge of what group they were in and what the research was exploring. This could have impacted the findings by changing the behaviour of either group in response to being in the control or other group (Grossman & Mackenzie, 2005).

The researchers also used standardised measures (such as the SDQ) and bespoke measures developed by researchers (Me and My School: M&MS) questionnaires. Using measures developed by the researchers could damage the generalisability of the study

as the materials may have been tailored to that particular study and population (Boynton & Greenhalgh, 2004).

While the project recruited a large number of participants (as explored above) to evaluate the TaMHS project, TaMHS was a nationwide project (Wolpert et al., 2013). DfE data demonstrated that in 2012 there were approximately 4.2 million pupils in primary school and 3.2 million students in secondary school. This indicated that while the evaluation recruited thousands of participants, they may not still have had been from a representative sample of the nationwide project.

Which the above intervention and review studies demonstrate that previous governments focused on changing schools to support children's' mental health, the current government have also started to renew exploring how to support mental health. This renewed focus on mental health has also continued with Prime Minister May's government. On the 7th of January 2017, Prime Minister May announced a green paper focused on supporting children and young people's mental health from an early age (Prime Minister's Office, 2017). In this press release Prime Minister May commented "comprehensive package of reforms to improve mental health support at every stage of a person's life – with an emphasis on early intervention for children and young people" (Prime Minister's Office, 2017) including an emphasis on promotion of mental health support at school.

These comments build upon previous Governments' positions that mental health support should involve the school environment. In David Cameron's government there was a 2014 DfE publication entitled *Mental health and Behaviour in School*, this was developed as departmental advice for school staff (DfE, 2014a). The publication was produced with the aim of providing detailed information about mental health (including definitions of mental health issues commonly seen in schools) and provides clear steps and pathways

for schools to follow with students in need of mental health support.

The publication also states that schools have “a role to play in supporting [students] to be resilient and mentally healthy” (DfE, 2014a, p. 6) it does this through listing: the signs of mental health issues schools should be aware of; which organisations, online resources and professional agencies schools can get further support from when mental health issues arise. However, like many of the previous governmental publications, this publication does not focus on a positive definition of mental health in schools, rather they focus on the ‘warning signs’ of a mental health difficulty and the correct label and agency to connect.

It is also worth noting that *Mental health and Behaviour in Schools* (similarly to *Future in Mind*) makes only one mention of educational psychologists in the child psychologist section commenting it may “be possible for schools to use the services of a local authority educational psychologist or to commission one directly themselves, depending on local arrangements.” (DfE, 2014a, p. 23). Greig and colleagues (2016) comment that only referring to educational psychologists once in the document may indicate that the government fail to realise the “key role the position holds” in terms of having a psychologist regularly working and already supporting students in schools (Greig et al., 2016, p. 7).

2.3.3 Educational psychologists and Their Involvement in Mental Health

As I have discussed in section one, there is a renewed governmental focus on supporting mental health in schools, but who should take on this responsibility? A 2011 study exploring the perceptions of teachers in their support of mental health in schools in the USA (Reinke, Stormont, Herman, Puri, & Goel, 2011) found that while the majority of teachers perceived themselves as having a role in supporting mental health, they viewed school psychologists as having a greater role. Farrell and colleagues comment that the

role of a school psychologist is very similar to that of an educational psychologist in the UK and they use the terms interchangeably in their research (Farrell, Jimerson, Kalambouka, & Benoit, 2005). Mcloughlin compared the training of education psychologists in the UK and the training of school psychologists in the USA, Mcloughlin commented that both roles were very similar (Mcloughlin, 1986). In the Reinke and colleagues study, teachers reportedly felt that they lacked knowledge about mental health issues and interventions and that this lack of knowledge was a barrier to them taking a more active role in providing the support.

Very similar findings were found in other studies such as Whitley, Smith and Vallancourt (2013) and Mazzer and Rickwood (2015), these studies found that while teachers perceived they had a role in supporting mental health, the participants commented that as teachers they did not have sufficient skills and knowledge to do this. The teachers commented that they believed that educational psychologists had a greater role than teachers in supporting mental health.

The involvement of educational psychologists in supporting mental health in schools is a topic that has been discussed within the profession since the creation of the role (Fallon et al., 2010). MacKay (2011) in his paper commented that the involvement of educational psychologists to support heath in schools is something that is paramount to the profession as they are “uniquely placed to provide holistic psychological services” as they are psychologists with more postgraduate training dedicated to children and adolescents than any other branch of psychology (Tommy MacKay, 2011, p. 11).

This perspective was echoed in the 2016 BPS publication *Delivering Psychological Therapies in Schools and Communities (Division of Educational and Child Psychologists, 2016)*. This publication comments that there is a need for mental health interventions in school and that educational psychologists are well placed to support mental health. This

publication provided the example of educational psychologists implementing therapeutic interventions to support mental health (e.g. Cognitive Behavioural Therapy to support anxiety) with correct supervision and training.

The involvement of educational psychologists and their role has also been debated outside of the profession. In 2010 Annette Brooke (a Member of Parliament at the time) raised the criticisms of the training of educational psychologists at the House of Commons, commenting that there was a need to change the training. During this debate The Minister of State, DfE Sarah Teather commented “I would like them [educational psychologists] to play a greater role in offering therapeutic advice rather than just being used by local authorities as a gatekeeper to services, as happens all too often” (Maddern, 2010, p. 1).

To greater understand the impact of a mental health diagnosis on a student’s academic ability, I selected one mental health diagnosis from *Mental Health in Schools* (DfE, 2014a) namely, attention deficit hyperactivity disorder (ADHD). Using ADHD as an exploration of impact of a mental health disorder in education, and with educational psychologists was explored by Hill and Turner (2016). These researchers explored the perceptions educational psychologists had of the treatment of students with a diagnosis of ADHD. In their research Hill and Turner used the questionnaire method to gather educational psychologists’ perspectives, and found that they are rarely involved in the assessment of ADHD. The researchers also found that educational psychologists perceived themselves to have a key role increasing the awareness of the contextual factors that can impact ADHD. While this was an interesting exploratory piece of research the study had limitations, were unable to complete a second phase of the study to explore what influenced the educational psychologists to hold these perceptions.

While ADHD is a diagnosed condition in the DSM-V (Doernberg & Hollander, 2016), there has been extensive debate about the nature of ADHD and how it should be defined (Loo & Arns, 2015). it is clear that ADHD is a mental health diagnosis commonly seen in UK schools (Hill & Turner, 2016). The Hill and Turner (2016) research project examined educational psychologists' perceptions of the assessment, diagnosis and treatment of ADHD in UK children. The study highlighted that educational psychologists can play a pivotal role supporting children with an ADHD diagnosis by including children's voice in their treatment plans and examining contextual factors related to any diagnosis. As I commented above, the study also reported that few educational psychologists were involved in diagnosing the disorder.

It is estimated that the prevalence of ADHD between 5.9% and 7.1% of the worldwide population (Willcutt, 2012) and a diagnosis that is present in the majority of UK schools (Russell, Rodgers, Ukoumunne, & Ford, 2014). Thus, I believe that examining the impact an ADHD diagnosis can have on the educational life of a student could provide an interesting example of the role educational psychologists can play supporting mental health in schools.

Eisenberg and Schneider (2007) examined the academic perceptions of children diagnosed with ADHD from the perspective of their parents, teachers and themselves. The researchers used longitudinal data and questionnaires to assess this and found that girls diagnosed with ADHD were viewed more negatively by both parents and teachers in terms of their academic ability. This means that both parents and teachers have lower expectations for children and young people with a mental health condition. Boys were also viewed more negatively by both their parents and teachers but to a less degree. In terms of self-perception, they were generally unchanged for both groups, although boys viewed themselves as being less able on mathematics tasks than they were. However, it should be noted that while the findings were statistically significant, the authors comment

that they were not given data for the Spring term of 2002 for analysis, and while the authors comment that they have weighted different to account for the missing data, there may have been an impact from the missing data that reduces the reliability of the findings.

I think this type of research is relevant to my research proposal as it highlights the impact a mental health diagnosis can have on a student's academic ability. If teachers and parents perceive a student to be weaker academically then they are, the parent or teacher may not provide sufficient academic support to help them overcome any difficult situations, thus limiting their ability to achieve their academic potential. In my opinion this further reinforces that there is a role for someone to take a lead in providing support and educating schools about mental health issues in the school environment, however, could this role be viewed as being a core part of the educational psychology role?

Wang, Bernas and Eberhard (2004) examined the effects of teachers' speech and hand gestures on the ability of 45 children with an ADHD diagnosis aged 7 and a half to complete three sets of puzzles. The sessions were video recorded and the researchers found that when teachers used speech in conjunction with gestures, they could best scaffold the child to complete the task. This research found that students with an ADHD diagnosis responded best to a different teaching style than those students without a diagnosis.

I argue that this demonstrates that the children with an ADHD diagnosis may require a different way of presenting and scaffolding a task than students without a diagnosis. However, without training and input teachers may not be aware of this. Once again, I would argue that these two studies highlight that there is a role for a professional with psychological knowledge to provide training and support for teachers to help students with a mental health diagnosis. I view this as an ideal place for the involvement of an

educational psychologist; as they have the ability to provide school staff with the context and an understanding of governmental publications and policy (e.g. *Mental health and behaviour in schools* (2014). Educational psychologists can also support staff in implementing interventions in schools such as Circle of Friends (Frederickson & Turner, 2003), or the educational psychologist can carrying out systemic support on a whole school perspective.

Sherman, Rasmussen and Baydala (2008) completed a literature review into the impact of teacher factors on achievement and behavioural outcomes for children with a diagnosis of ADHD. The researchers found that (similar to the findings above) there was a lack of teacher understanding about mental health conditions. Sherman and colleagues also found that there was a significant relationship between the perception the teacher had of an ADHD intervention and the success of that intervention. As without an understanding of ADHD and relevant interventions a teacher may not competently implement a recommended intervention.

I believe that this paper presents a key and clear role for educational psychologists in supporting mental health. By providing training about both mental health conditions and how an intervention works, this could help engender in the teacher a more positive perception of an intervention and reduce any negative perceptions they may have. Without this type of training an educational psychologist or other professional could suggest an intervention, but if the teacher does not understand the condition itself, or the intervention, then they are less likely to implement it effectively.

I think that this study highlights the issue caused by a vacuum of mental health input in schools and for teachers. As I have mentioned I view schools to be uniquely placed to provide mental health support, as it is the location (apart from the home environment) where students spend a majority of their time (Wells et al., 2003; MacFarlane &

Woolfson, 2013; Reinke et al., 2011; Vostanis, 2013; Wolpert et al., 2011). Schools are also one of the primary locations in which educational psychologists work (Boyle & Lauchlan, 2009; Fallon et al., 2010).

2.3.4 The Evolving Training of Educational Psychologists

In the mid-1990s many researchers commented that there was a need for change in the training of educational psychologists to meet the emerging requirements of the role at the time (Cameron, Frederickson, Lunt, & Lang, 2008). Researchers Farrell and Lunt (1995) published an article that presented the main criticism of the one year Masters training programme that was in place up to the 2005-2006 academic year. The authors question if there is a need for educational psychologists to have taught in a school and if the one-year Masters provides sufficient time to gain the experience and skills needed for the role. I view this as being an important critique of the older Masters course. Before the introduction of the doctorate level training, Educational Psychologist in Training (EPiTs) who qualified with the Masters course needed to work for one year before being eligible to obtain Graduate Basis for Registration as a Chartered Psychologist. This meant that each year's students were completing their formal training without being sufficiently experienced to register as a Chartered Psychologist. This is something that could be solved by moving to a three year doctoral training programme (Farrell & Lunt, 1995).

After these criticisms the training of educational psychologists underwent a huge shift in response (Cameron, Frederickson, Lunt, & Lang, 2008). In May 1997 the Membership and Qualifications Board of the British Psychological Society (BPS) accepted the proposal that educational psychologist training in the England and Wales should be extended from the masters programme to a three-year doctorate (Farrell, Gersch, & Morris, 1998) in which the teaching requirements were removed and the entry

requirements were placed on par with other professional training courses (e.g. clinical psychology) (Evans et al., 2012).

Cameron (2006) wrote a paper to celebrate the twenty-first anniversary of the *Educational Psychology in Practice* journal in which he outlined five of the 'distinctive dimensions' that differentiate educational psychology from other branches of psychology.

> *These are: (i) adopting a psychological perspective to human problems; (ii) uncovering mediating/psychological variables which link particular situations with specific outcomes; (iii) employing psychological knowledge to create explanatory models of complex human problems; (iv) using evidence based strategies for change; and (v) sharing and promoting big ideas from psychology.* (Cameron, 2006, p. 289)

As I have mentioned above, the educational psychology training programme went through a large shift in the 1990s (Cameron et al., 2008). Farrell, Gersch and Morris (1998) presented their argument that the shift to doctoral training combatted seven issues affecting the doctoral training programme

1. A one-year programme did not provide sufficient time for trainees to gain adequate experience.
2. There was a history (as far back as 1983/4) of the British Psychological Society and the Association of Educational Psychologists and other involved agencies finding that the training course needed to be extended.
3. Newly qualified educational psychologists were not eligible to become Chartered Psychologists upon completion of their training.
4. The fact that newly qualified educational psychologists could not gain chartered membership of the British Psychological Society affected the "credibility of our chartered status, especially at a time when we are moving towards statutory

registration" (Farrell et al., 1998, p. 45).

5. Clinical psychology courses were at a doctoral level and counselling psychology courses were also in the process of changes to doctoral level. Thus, educational psychologists could lose some of their professional autonomy by not remaining 'on par' with other branches of psychology.
6. The Masters course did not provide the 300 days of 'supervised experience' that are required by the British Psychological Society for the Diploma in Educational Psychology, which the researchers found "something of an anomaly" (Farrell et al., 1998, p. 46).
7. I think their final criticism of the masters' programme is the one that is still highly relevant today, that educational psychologists need to be prepared for the new demands to provide a creative psychological service and undertake new statutory duties in an increasingly litigious world.

While I acknowledge that these issues may have been present in the masters' course and I acknowledge that many of these issues have been addressed, new ones have developed.

Evans, Grahamslaw, Henson and Prince (2012) set out to assess if the changes made to the training of educational psychologists developed a course that was 'fit for purpose'. The researchers did this by asking how recently RQEP and principal educational psychologists (PEP) rated the skills and knowledge instilled during training and how this compared to those needed for the role.

Evans and colleagues used a mixed-methods design and recorded the opinions of the participants using questionnaires, the researchers recruited 65 RQEPs and 15 PEPs. I think the authors used a novel way of recruiting participants by using online forums such as the Educational Psychology Network (EPNET) and the National Association of

Principal Educational Psychologists (NAPEP). Both of these are organisations that aim to connect educational psychologists and provide relevant information to those working in the profession. While these forums may not provide a representative population for the entire profession, they do represent a vocal minority of the profession.

I think the recruitment methods used were made novel through the use of technology and by reducing the difficulty a participant experiences in taking part (e.g. filling in a paper questionnaire and posting it back vs. completing an online questionnaire). I think that the sample may not represent all of the profession. I would argue that educational psychologists who use online forums are more likely to be more vocal and have an opinion to get across, as they have already found a forum to do this. By recruiting through online forums, the authors have hoped to increase their response rate as they comment, that using an online approach may increase participant uptake. However, having a low or high response rate to an online questionnaire may also provide a data point itself. If there is a high response rate, could this indicate that this is a pressing or important issue for the possible participants, or a low response rate the opposite?

This research project focusses on a very similar topic to mine and aimed to assess if there is a mismatch between the skills and knowledge developed during the doctoral course and the skills required to do the job. However, I think that the findings of the study were limited by focusing only on PEPs and RQEPs, and using this to represent the entire profession. While I can understand their rationale (that those recently qualified represent the future of the profession) I think that not directly accessing the opinions of more experienced professionals means that the researchers may miss the reason behind any mismatch.

2.3.5 Professional Title of Educational Psychologist

In 2006 at the Division of Educational and Child Psychologists Annual General Meeting, the group carried the motion to begin a consultation on changing the name of the profession (Tarrant & Cook, 2008).

Tarrant and Cook (2008) provide a summary of the process and the findings; the researchers set out to assess the opinion of educational psychologists using a questionnaire delivered to 1359 members. The researchers had a response rate of 10.6%, recruiting 144 completed participants. The researchers asked participants “do you think the professional name ‘educational psychologist’ should change?” in a yes/no format and then asked for possible name changes. Of the 144 completed questionnaires, more than 50% of the respondents felt that a name change should take place, however no consensus was reached on a possible replacement title.

I think that this research sought to answer a very timely question for the profession, as I think the role title has enabled the existing ambiguity about the role. Many educational psychologists work in areas that are not strictly education focused or that lie outside of an educational setting (e.g. the home environment/ASC diagnostic panel). I think the study by Tarrant and Cook has advanced the literature, but there are areas that could be improved upon, and this is something I aim to tackle in my research.

The relatively low response rate (10.6%) could have been increased by creating more opportunities for educational psychologists to complete the questionnaire. The researchers do not comment on how the questionnaires were presented to participants, I think that providing the option of paper, online and over the phone versions of the questionnaire could have increased the response rate.

Tarrant and Cook (2008) decided not provide any alternate naming options for the participants; I think that this was an oversight. However, I acknowledge that the researcher did this in order to avoid limiting the creative freedom of the participants. I

think that developing some common options through a focus group of educational psychologists and then providing a section for an 'other' write in option could have provided a clearer view of the perceptions of the professional title. Of the participants who responded that they wished for a change, the term child psychologist was the most suggested (19 participants). I believe the research provides an interesting starting point for future research as a list of popular choices has been developed.

The researchers argued that the involvement of psychology in schools developed in the 20th century (Tarrant & Cook, 2008) and that is when the term educational psychologist was first used. At that time the profession was primarily associated with deciding whether children should or should not remain in mainstream education (Burt, 1937, 1955; Goodman & Burton, 2010). I would question if this historical term is still appropriate for the day-to-day work that educational psychologists are doing? As the training, political and working context of the role has changed, should the professional title be updated to match these developments, or as Tarrant and Cook (2008, p. 32) summarise it "is the use of a 20th century title still appropriate for the 21st century?". It made me question if changing the professional title (or modifying it to bring it closer to the role educational psychologists view themselves as having) could reduce what Cameron (2008, p. 252) referred to as "a crisis of professional identity".

2.3.6 Educational Psychologists and Mental Health

While the government has commented on having a renewed focus on supporting mental health in schools (Greig et al., 2016), I find it interesting that there is very little mention of the role an educational psychologist might play in governmental publications. As I have commented, educational psychologists are only referred to once in *Mental health and Behaviour in School* (DfE, 2014a) or *Future in Mind* (DoH, 2015). In *Mental Health and Behaviour in Schools* the only reference to an educational psychologist is that "it may

also be possible for schools to use the services of a local authority educational psychologist or to commission one directly themselves, depending on local arrangements." (DfE, 2014a, p. 21). However, the document does not go on to explain to a school the types of support an educational psychologist could offer and when educational psychological input might help support mental health in a school.

This suggests to me that the DfE and government do not see a role for educational psychologists in supporting mental health in schools, but is this the case? Through my research, I aim to explore if educational psychologists perceive that they have a role supporting mental health in schools and if developing educational psychologists believe they have been sufficiently trained to provide mental health support.

2.3.7 The New Era of Service Trading for Educational Psychologists

While there have been changes to the training of educational psychologists, there have also been changes to the environment in which educational psychologists work. In May of 2010 a Coalition Government was formed in the UK, and the election of this government had a profound effect on the working environment of educational psychologists with the Association of Educational Psychologists (AEP) commenting on the three main effects of this governmental change (AEP, 2011);

- Firstly, the Coalition Government aimed to reduce public spending, which in turn would reduce the amount of funding going to local authorities.
- Secondly, the government aimed to reduce the number of staff employed by local authorities, which directly affects the number of educational psychologists employed.
- Finally, the Coalition Government wished to increase the number of academies and free schools, changing the working environment for many educational

psychologists.

I believe that these three factors changed the way in which many educational psychologists are employed. For example, less money for the LA, could mean that there is a reduced budget to employ educational psychologists. The AEP estimated that between autumn 2010 and autumn 2011, 200 “substantive educational psychologists posts disappeared from local authorities” (AEP, 2011, p. 3). To cope with the above factors many local authorities changed the way in which they work and introduced a model where non-statutory work (e.g. working with a student without a Statement of Special Educational Need/Education Health and Care Plan) would be paid for directly by the school, with educational psychology services being ‘bought in’ when needed.

In the 1990’s educational psychology services were becoming more accountable regarding the services they deliver to the individuals and organisations they work with and this lead to the development of Service Level Agreements (SLAs) (Bartram & Wolfendale, 1999). The development of SLAs was facilitated through legislative changes with the introduction of the 1988 Education Reform Act and the 1996 Education Act. These legislative changes were developed to respond to the pressures on public sector finances and designed to facilitate an environment of ‘higher accountability in the public sector’ (Leadbetter, 2000). In a SLA an educational psychology service negotiates with the local authority and develops an agreement that includes a description of what the service offers, schools’ entitlement of educational psychology service time, and a means for performance review of educational psychologists’ involvement.

Since the development of SLAs, PEPs have commented that their educational psychology services have developed their offer to work with schools on a traded basis. previously PEPs have commented that the local demand for educational psychology input “easily outstrips available supply” (Fallon et al., 2010, p. 15). but this may not

always be the case. Should educational psychology services widen the variety of services they provide to expand the commissioning market?

Stobie (2002) completed interviews with educational psychologists exploring the 'change' and 'continuity' in the job role and found that in a traded service, educational psychologists reported that individual approaches working with children were 'abandoned' in favour of working more systemically with teachers and other agencies.

However, this research project included participants that experienced both working before and after the changes to the professional environment. This makes me wonder whether educational psychologists feel that this move to more systemic work has redefined the day-to-day role?

As schools are now 'buying in' educational psychologists for non-statutory input, they do not have to use an educational psychologist. A clinical psychologist or other trained professional, could be used to carry out an intervention as opposed to an educational psychologist. I was unable to find any literature exploring the rates of this occurring, in my research I wish to ascertain if educational psychologists view themselves as being in competition with other agencies/professionals for the non-statutory work educational psychologists carry out.

2.4 Research Aims

In the literature review chapter I discussed the literature, which explored: the developing role of educational psychologists, mental health support in schools, and the changing context in which educational psychologists work. During my review, it became clear that there is a lack of research exploring the perception educational psychologists have of their role supporting mental health and any underlying factors influencing their opinions. Do educational psychologists perceive that they have a role supporting mental health in schools and has the change in training changed how they perceive their role in

supporting mental health in schools? If so what are the factors that support or inhibit their involvement supporting mental health in schools and do educational psychologists perceive there to be a demand for their involvement supporting mental health in schools?

The above discussion, including the reviewed literature, my previous experience working with psychological clinicians and school psychologists, as well as and my current training made me question both the current and future involvement educational psychologists have in supporting mental health in schools. I developed several research questions that were influenced by my literature review, below I present the general aims of my research project.

1. **Is there currently a role for educational psychologists to provide mental health support and what might a future role look like?** This question links back to the literature exploring the types of mental health support educational psychologists are currently providing. This is a multi-level questions focusing on the support educational psychologists currently report providing, if they view the concept of mental health support as a core aspect of the educational psychologist role and how they view their future involvement supporting mental health.
2. **Do educational psychologists provide mental health support that they label as something else?** This question aims to explore whether there is a connection between the work educational psychologists do and if they label this work as supporting mental health.
3. **How do educational psychologists view their involvement in CAMHS?** This question aims to explore how educational psychologists place their role in relation to other professionals supporting mental health.
4. **Do educational psychologists think the professional title is suitable for the work they do?** This research question is influenced by the literature exploring the

evolving role of the educational psychologist and how the professional title has remained unchanged.

5. **Has the involvement of educational psychologists in supporting mental health been impacted by the introduction of 'service trading'?** The context in which many educational psychologists work has changed drastically in recent years, as demonstrated by the above literature. However, do educational psychologists perceive that service trading will act as a support or a barrier to providing mental health support to schools?

2.5 Research Questions

I aim to answer these questions through a two-phase research project. In phase one of my research project I use the questionnaire method to explore the perceptions TEPs and RQEPs have of their role providing mental health support to schools and how they view their involvement in CAMHS. In phase two I will complete semi-structured interviews with 6 RQEPs exploring; their perceptions of the future role educational psychologists could have supporting mental health in schools, if they perceive there to be a demand for educational psychologists to support mental health in schools, and whether service trading has had an impact on their view of the role.

The research questions for phase one of the research project are:

1. To what extent do TEPs and RQEPs view mental health support as a core part of the educational psychologist role?
2. How does their mental health role compare to their role providing learning support?
3. To what degree do TEPS and RQEPs report being sufficiently trained to support mental health?

4. How do developing educational psychologists view their placement in terms of the CAMHS Tier and Thrive Models?
5. To What extent do TEPs and RQEPs view the title of ‘Educational Psychologist’ as Suitable for the work they do?

Research questions for phase 2

1. In what way do RQEPs perceive the future role educational psychologists can have providing mental health support to schools?
2. To what extent do RQEPs believe working in a traded service would support or inhibit their involvement supporting mental health in schools?
3. In what ways do RQEPs perceive themselves as being in competition with other agencies to provide mental health support to schools?

3. Methodology

In this chapter I explore both the quantitative and qualitative aspects of my two-phase research project. I aim to provide a clear understanding of the relationship between my methods, methodology and the aims of my research project. I will explore the reasons why I selected to use a mixed methods approach and finally, explore the ethical considerations I considered when designing my research project.

3.1 The Purpose of this Research

When carrying out this research I took an exploratory stance, I did so because I am investigating the perceptions training and developing educational psychologists have of their role providing mental health support in schools. As I have presented in my literature review, there is a lack of clarity about educational psychologists in mental health, as there are multiple definitions and historical factors affecting the perception of the role. I openly acknowledge that the profession of practitioner educational psychologist is a diverse one with several conflicting influences (namely the historical role, the academic aspect of being a psychologist and the realities of being a practitioner psychologist) (Norwich, 2002). The recent changes to the environment in which educational psychologists work, the change in training, as well as the governmental focus on supporting mental health in schools has developed a situation where educational psychologists may be able to provide services in this area. My research project aims to explore this topic by gathering the views of a small sample of the developing profession, on providing mental health support in schools and how this compares to their role providing SEN support. There has been a shortage of research exploring the involvement of educational psychologists have in supporting mental health, particularly what the professionals themselves define as mental health work. I hope that my research

project will both raise awareness of the skillset educational psychologists hold to support mental health, as well as add to the debate about the evolving role definition.

3.2 Research Paradigm and Methodology

3.2.1 Paradigm

My research project as a whole uses a combined or mixed methodological approach which is often justified in terms of a pragmatic philosophical stance (Feilzer, 2010; Johnson & Onwuegbuzie, 2004; Mertens, 2014). In my phase one I am taking a more positivist/scientific perspective, as I believe that a scientific survey can examine the general questions being asked in terms of the measurement of variables. It is an approach which assumes that the participants' beliefs and perceptions are measurable.

In phase two I am taking a more interpretivist/constructivist perspective through using an exploratory interview method. During phase two I am taking the perspective that there are multiple levels of interpretation taking place (Ponterotto, 2005). The participants view of the research and being an educational psychologist, the context in which they work and trained, and my interpretation of the participants meaning.

However, by completing interviews with multiple participants I can examine common and diverging themes across the individual participants to derive some generalised themes that relate to the issues under consideration. By completing multiple interviews, I explore common themes mentioned by each participant and then generalise this to the wider RQEP workforce.

3.2.2 Pragmatism

Cohen and colleagues (2013) suggested by taking a pragmatic stance I am using a ‘what works’ approach to answer my research questions and selecting the most appropriate combination of methods to enhance the research field. My research questions involved a mix of generalising questions about relationships as well as idiographic questions about specific beliefs and attitudes in particular contexts. However, my ‘what works’ approach does not mean I am using an ‘anything goes’ but using the principles of academic rigour, but that I by combining both qualitative and quantitative I am able to better address the research questions and enhance the research field.

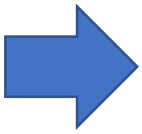
3.2.3 Methodology

I employed a mixed or combined methodological approach for my research project, using Johnson, Onwuegbuzie and Turner’s (2007) definition of mixed methods research. This involved combining elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration.” (Johnson et al., 2007, p. 123). While I take this as a working definition I agree with Creswell that mixed methods is a method approach that is based upon more than simply connecting qualitative and quantitative data but “involves the connection, integration, or linking of these two strands” (Creswell, 2011, p. 51). In my research project the two strands are spread over the two separate phases with phase one focused on variables and generating generated quantitative data through questionnaires, though I included some open ended questions, as these can provide a richer level of information and detail from the participants (Håkansson, 2008). Phase two involved in-depth exploratory semi-structured interviews and generated qualitative data. The relationship between my two data sets is best described using the notation for mixed methods

research provided by Creswell namely “QUAL and QUAN” (Creswell, 2011, p. 57) where both the quantitative and qualitative methods occur at the same time over two phases.

Table 2: Data Set Relationship

Direction	Phase	Procedure	Product
	QUALITATIVE data collection with QUANTITATIVE elements	• Online questionnaire (N=70)	Numeric and text data
	QUALITIATIVE and QUALITATIVE data analysis	• SPSS quan. Software • Thematic analysis using NVivo qual. Software	Descriptive statistics themes
	Interview schedule development	• Purposeful selecting participants from questionnaire (N=6) based on a spread of responses. Influenced by responses from questionnaire.	Cases (N=6)
	QUALITATIVE Data Collection	• Individual interviews	Transcript data (interview transcripts)
	QUALITATIVE Data Analysis	• Coding and thematic analysis • Cross-thematic analysis	Visual models Codes and themes

	Integration of Quantitative and Qualitative Results	• Interpretation and explanation of the quantitative and qualitative results	Discussion Implication Future research

The methodology that influenced phase two of my research project was first developed by sociologists Glaser and Strauss, and is called grounded theory (Glaser & Strauss, 1966). grounded theory is an approach to qualitative research and analysis that focuses on generating theories that are grounded in the research data. In grounded theory the researcher does not come to the data with a hypothesis but uses the data recorded to generate a theory that explains any connections (Charmaz, 2014). Glaser and Strauss commented that the aim of grounded theory is:

- To generate or discover a theory, in this approach the data is used to develop a theory with the researchers holding no preconceived hypothesis. The originators of the theory Glaser and Strauss (1967) argue that any theory obtained by this method is truly grounded in the data.
- Grounded theory aims to generate theories that explore the workings of the social world.

In this approach a researcher does not conduct a literature review of the field they are exploring before starting their research, instead they can conduct a literature review in an unrelated field to develop and enhance the researchers theoretical sensitivity (Glaser, 2002).

The reason I was drawn to use a grounded theory methodology was because of the many strengths associated with the approach. Grounded theory enables researchers to develop new theories, and to approach a situation with an open mind, and without any

preconceptions. Grounded theory also ensures that at all times the elements of the research are active throughout the entire research project rather than just data collection, data analysis or hypothesis generation stage.

However, there are weaknesses to using grounded theory, with Allan (2003) commenting that grounded theory can create a large amount of data, as the researcher is collecting everything without a focus. For example, this means that a questionnaire would be longer as could be less focused and would need to gather as much data as possible to support theory generation. Thomas and James (2006) argue that by not having a clear focus this methodology can be very time consuming in both the collection and analysis of data. Allan (2003) also questioned if any researcher could ever truly approach a subject without any theory or hypothesis? Therefore, is the theoretical underpinning of grounded theory realistic? In this critique, Allan is commenting that even when the research may not explicitly have a working hypothesis that can be confirmed or challenged, the researcher will still have ideas or concepts that may influence the type of data they gather.

Thornberg (2012) advanced these critiques of grounded theory when he commented on the issue surrounding delaying a literature review before starting gathering data. Thornberg commented that makes it impossible for a researcher to carry out any research in a field that is known to them as the researcher cannot ‘unlearn’ what is known to them (Thornberg, 2012). Thornberg (2012) also commented that for many research projects the researcher must prepare a research proposal which includes a brief literature review. As I had completed a literature review and I was also exploring the profession in which I work, I decided that I could not truly apply a full grounded theory approach as I was already developing nascent theories from my lived experience and the literature I had already explored.

3.2.4 Informed Grounded Theory

As I commented above, I adopted a grounded theory type of approach as it would enable me to generate theories from the generated data relevant to the situation of the study's focus, while provide me with a flexible strategy for both gathering and analysing data (Robson, 2011). However, one of the key aspects of grounded theory is not to be biased by existing research and theory. I was researching the field in which I am training and practice, and would therefore already be exposed to some of the literature which could influence my thinking. Therefore, I had a problem if I wished to use a grounded theory approach to research a topic with which I was already familiar. Thornberg (2012) presented a strategy that I felt could enable me to use the principles of grounded theory I was drawn to, while acknowledging the reality that I was aware of the area I was researching and was developing theories. Thornberg stated that he had adapted Grounded Theory, developing what he called informed grounded theory. Thornberg (2012, p. 249) commented that "what I call informed grounded theory refers to a product of a research process as well as to the research process itself, in which both the process and the product have been thoroughly grounded in data by grounded theory methods while being informed by existing research literature and theoretical frameworks".

By taking an informed grounded theory methodological stance I would complete a literature review before collecting data, but this review would be focused on using the literature to organise my thinking as a researcher as well as finding the arguments already present in the field. While completing a literature review using the informed grounded theory model, I would as a researcher take a theoretical pluralism stance where I remain flexible with the choices and ideas that are presented in the literature and basically keep an 'open mind' when it comes to initial theory generation (Kelle, 2007).

Stages of informed grounded theory used in my research project:

1. Complete a literature review
2. Development of Research Questions
3. Theoretical Sampling
4. Data Collection
5. Data Analysis
    a. Open Coding
    b. Axial Coding
    c. Selective Coding
6. Writing

3.3 Design

3.3.1 Introduction

This thesis comprises a research project with two separate phases. The first phase explores and compares the perceptions of RQEPs and TEPs about:

- Their role identity and perceptions of the role title
- The rate of mental health support they currently provide to students, school and staff
- How they rate the training received to support mental health in schools during their DEdPsych training.

With phase one I also aim to understand how RQEPs and TEPs define mental health and if this is related to their definition of mental health. Finally, I will investigate how both participant groups view their placement in CAMHS.

In phase two I completed an in-depth investigation into the extent to which RQEPs and TEPs view:

- Their future role in providing mental health support to schools.
- How they engage with other agencies currently providing mental health support.

- If this involvement has been impacted by the move to a ‘commissioning model’ of service delivery in many local authorities (LAs).

I also explore if they view other agencies as being in competition with them to support mental health in schools and if they perceive there to be a demand from service users for educational psychology involvement in supporting mental health in schools.

3.3.2 Phase One

Phase one involved carrying out an online systematic survey; I selected the survey method as the most appropriate to answer the research questions. In order to gauge the perceptions of what I refer to as ‘developing educational psychologists’ (those training to enter and those who have just entered the profession) I recruited TEPs (43) and RQEPs (27). The participants were asked to rate and describe phenomena directly experienced and to define these experiences in their own words. The data generated was then analysed to provide insight into how developing psychologists view their role supporting mental health in schools.

3.3.3 Phase Two

In phase two of my study I carried out an in-depth exploration as to why RQEPs had the perspectives discovered in phase one. I explored the beliefs and perceptions elicited during phase one by using a semi-structured interview with 6 RQEPs participants from phase one who agreed to take part. In phase two I focused on RQEPs as I wish to examine in detail the perceptions of those in the work force about service trading and any impact it has on supporting mental health in schools. The interview also explored: the working environment of RQEPs, those issues that are central to policy and

organisational structures, multiagency work. Alongside the perceptions RQEPs have about current and future mental involvement such as how their services views its role in mental health support for children and young people.

3.4. Ethical Issues

When completing my research project, several ethical considerations have been reviewed in order to ensure that my research project was in keeping with the ethical guidelines of my university, and the British Psychological Society. The ethical guidelines provided by the British Psychological Society as well as those provided by the University of Exeter were followed and incorporated into the design of this research. Ethical approval was sought and granted by the University of Exeter on the 8th of February 2016 (appendix 10). Each participant was informed about the research, including the aims, research questions and purpose of the research prior to participation. This information was provided to the participants in both the initial information email sent to them and on the first page of the online questionnaire (appendix 1). At the start of the online questionnaire each participant was presented with a summary of the research, as well as information about what was meant by consent. Each participant was then asked to select the 'I consent' option to the question 'Do you provide consent and agree to take part in this research project?' before being able to complete the questionnaire. The participants were made aware that they could withdraw consent at any time and were assured of the anonymity of their responses and that all information would be kept secure and confidential, please see my questionnaire (appendix 1) for additional details.

4. Phase One

The Future of Educational Psychology and School Based Mental Health Support: A trainee and early professional perspective of the developing role.

4.1 Participants

I recruited participants to represent the future of the educational psychology profession. To accomplish this goal, I recruited participants from two distinct yet connected groups: first-to-third DEdPsych students in one of the twelve universities offering the doctorate course through the funded training scheme (AEP, 2016) and educational psychologists currently working in England who completed the doctoral qualification within the last five years (RQEPs). I view this group as providing the perspective of developing psychologists who indicate the direction the profession may grow towards in future.

By recruiting from both of these populations I hoped to record data sets in three groups, a combined group (including both TEP and RQEP responses) that represent the future of the profession, as well as data separated into TEP and RQEP groups. I hoped this would enable me to observe if there are differences in the perspectives held by those training to enter the profession and those who have just started their professional journey as educational psychologists.

4.2 Recruitment

- Initial TEP recruitment wave:
    - An information letter with a link to the online questionnaire was sent to each of the DEdPsych courses recognised by the BPS. This email requested the course administrator/director to forward the email to all TEPs attending the course in their institution.
- initial RQEP recruitment wave:

- A selection of 18 LAs was selected in a cluster sampling approach representing each geographic region of England. In each LA the Principal Educational Psychologist (PEP) was contacted with an information link to the RQEP questionnaire and asked to forward the email to any RQEPs working in their authority.

However, the response rate from the initial recruitment waves was low (23 TEPs and 6 RQEPs). At this stage I did not know what was causing the low response rate and I was also unsure if the contact emails for TEPs/RQEPs was actually forwarded to all of the courses and services.

After discussion with my supervisors, it was decided that the National Association of Principal Educational Psychologists (NAPEP) should be contacted to recruit more participants. I made contact with one of the chairs of the NAPEP, the chair of the NAPEP was then asked to send an information letter containing a link to the RQEP questionnaire and a link to the TEP questionnaire to all PEPs in England, with a request for each PEP to send the email to any relevant RQEPs/TEPs working in their authority. This increased the participant number to 43 TEPs and 23 RQEPs for a total of 66 participants.

A final push to recruit RQEP participants was made in June of 2016 when I requested the tutors at the University of Exeter to send an email to any RQEPs they still had a relationship with and this increased the final number of participants to 70 (43 TEPs and 27 RQEPs).

Table 3: Participant breakdown by Group

Group	Estimated Total Participant Population	Estimated Response Rate
TEPs- 43 participants	360 (12 universities with 10 TEPs a year)	11.9%
RQEPs- 27 participants	360 (12 universities with 6 graduates per year)	7.5%

Table 4: Participant breakdown by TEP/RQEP year

Group Breakdown	Frequency (%)
TEP Group Year of Training	Year 1 **10** (23.3%) Year 2 **15** (34.9%) Year 3 **18** (41.9%)
RQEP group years since qualification	1 year or under **10** (37%) 2 years **6** (22.2%) 3 years **9** (33.3%) 4 years **1** (3.7%) 5 years **1** (3.7%)

The above response rates are low when compared to the entire population in each category. Thus, the data generated may be more indicative of a trend rather than a comprehensive representation of all trainees or professionals.

4.3 Questionnaire

4.3.1 Development

After exploring all other options, I decided to develop two separate questionnaires that shared an identical core. I felt this was the most appropriate way to ensure that the questions were relevant to each participant group while sharing the same core. The majority of the questions would be identical between the questionnaires (19 identical questions out of 26 for TEP and 25 for RQEP). In the differing questions variations of wording were used to make it more appropriate to the participant. For example:

- RQEP questionnaire wording: Using your experiences as a RQEP, please tick the boxes that express or reflect your view of the educational psychology role.
- TEP questionnaire wording: Using your experiences as a TEP, please tick the boxes that express or reflect your view of the educational psychologist role.

Once I selected this shared-core questionnaire format, a pilot of each questionnaire was developed. The questionnaire was also tailored to each group in terms of the demographic questions asked, e.g. each TEP and RQEP was asked which year of study/practice they were currently in. I also asked both participant groups which university they had attended or were attending.

4.3.2 Pilot Questionnaire

Each pilot questionnaire was completed by two RQEPs and one TEP in their category. I made contact with both RQEPs pilot participants by email, both RQEPs were graduates of the University of Exeter and were known to me. Please see appendix one for a copy of the pilot questionnaire.

The TEP questionnaire pilot participant was a third-year student at the University of Exeter and was approached in person. All three pilot participants were not asked to partake in the finalised questionnaire.

Piloting the questionnaire involved providing a link to the online questionnaire to each participant and asking him or her to complete the questionnaire. Once the pilot participants completed the questionnaire, I then completed a brief interview with them. In the interview explored each question in relation to any general weaknesses/issues the pilot participant raised. I then reviewed this feedback and any required changes were made to the online questionnaire before distribution.

During the piloting of the questionnaires a number of changes were made, generally the phrasing used in a question. For example, in the pilot questionnaire, when exploring perceptions RQEPs held about the DEdPsych course they attended I asked:

> “How strongly do you agree with the following statement: "The DEdPsych course I attended provided extensive training focused on supporting mental health and social- emotional well-being in schools". I then gave the participants a 1-9 scale rating from strongly agree to strongly disagree.

The pilot participants commented that they felt a 9-point scale provided too many options. They went on to comment that rewording the question and moving to a sufficient to insufficient scale (with fewer options) could provide a clearer measure for the participants to give their perspectives. I then reworded the question and the scale as presented below with all changes being approved by my supervisor)

> “How would you rate the sufficiency of the training you received focused on 'supporting mental health and social-emotional wellbeing in schools' during the DEdPsych course you attended?”. I then gave the participants a 7-point scale from insufficient to sufficient.

4.4 Materials

4.4.1 Questionnaire

As I have discussed above, the two connected questionnaires were developed and piloted with the corresponding group. The majority of the questions on each questionnaire were identical (19 questions), however the wording on some of the questions was altered to make it more relevant to the participant (6 questions for TEP participants and 5 for RQEP participants). The below table shows the connection between the research questions and the questionnaire questions in each group.

Table 5: Research Questions and questionnaire questions

Research Question	RQEP Questionnaire Question	TEP Questionnaire Question
To what extent do TEPs and RQEPs view mental health support as a core part of the EP role?	Q5 How strongly do you agree the following options are a core aspect of the EP role? Q11 How do you as an EP define mental health? Q15a How frequently do you provide mental health, and social, emotional well-being support services to schools? Q15b How frequently do you work with other agencies to support mental health in schools?	Q5 How strongly do you agree the following options are a core aspect to the EP role? Q11 How do you define mental health? Q15a How frequently do you provide mental health, and social, emotional well-being support services to schools? Q15b How frequently do you work with other agencies to support mental health in schools?
How does this mental health role compare to their role providing learning support?	Q5 How strongly do you agree the following options are a core aspect to the EP role?	Q5 How strongly do you agree the following options are a core aspect to the EP role?
To what degree do TEPS and RQEPs report being sufficiently	Q9 How would you rate the sufficiency of the training you received	Q9 How would you rate the sufficiency of the training you have

trained in mental health?	focused on 'supporting mental health and social-emotional wellbeing in schools' during the DEdPsych course you attended?	received that focused on 'supporting mental health and social-emotional wellbeing in schools' during the DEdPsych course you are attending?
How do developing educational psychologists view their placement in terms of the CAMHS Tier and Thrive Models?	Q 16 Using the above image as a guide, please tick the CAMHS service Tier or Tiers you have provided to schools and individuals Q19 Using the above Prevention and Promotion model as a guide (Left circle above), in which quadrant do you view the majority of EP work taking place? Q21 Using the above Thrive model as a guide (circle on the right of the above image), in which quadrant do you view the majority of EP work taking place?	Q17 Using the above image as a guide, please tick the CAMHS service Tier or Tiers you have provided to schools and individuals as a TEP . Q20 Using the above Prevention and Promotion model as a guide (Left circle above), in which quadrant do you view the majority of EP work taking place? Q22 Using the above Thrive model as a guide (circle on the right of the above image), in which quadrant do you view the majority of EP work taking place?
To what extent do TEPs and RQEPs view the title of 'educational psychologist' as suitable for the work they do?	Q6 In your opinion, how suitable is each of these professional titles for the work you do as an EP Q7 Please select the most appropriate option to the following statement "I think it is important for the professional title used by my profession to be..." Q8 Is there a more accurate professional title than any of those mentioned above? If so,	Q6 In your opinion, how suitable is each of these professional titles for the work EPs do? Q7 Please select the most appropriate option to the following statement "I think it is important for the professional title used by my profession to be..." Q8 Is there a more accurate professional title than any of those

	please provide below.	mentioned above? If so, please provide below.

The final version of the two questionnaires was modified in response to the feedback from the two pilots (see appendix 1 and 2 for the final questionnaires).

I selected to develop and distribute the questionnaire online; I settled on this approach in an attempt to increase the response rate by reducing the effort involved in completing the questionnaire (clicking a link rather than completing and posting back a paper questionnaire). I used Google Forms to create the questionnaire, the primary reason for this was that the final online questionnaire could be completed on a computer/laptop as well as on a tablet or mobile phone.

4.5 Methods

A link to the online questionnaire was distributed to all TEPs and RQEPs studying or working in England as discussed above. The online questionnaire was active for the duration of the study and closed on the 30th of June 2016. The questionnaire link was kept active for 9 weeks and all responses were recorded during that time.

4.6 Data analysis

The questionnaires contained both open and closed question types. The closed (or quantitative) questions were recorded in an Excel spread sheet and analysed using the analytical software IBM SPSS (SPSS). In SPSS, I used descriptive statistics to analyse the data, by calculating the frequency of each answer for each question. Descriptive analysis was used to demonstrate the frequency of the most common answer in each group and highlight any themes. The data were analysed for both groups separately for

all questions, and in a combined set for the questions common to both questionnaire groups.

As I was seeking to compare the participants answers to one another to gain a general theme view, I selected to use to arithmetic mean comparison. By calculating mean I aimed to find what the average answer given by the participants was to each of the questions. I would then be able to compare the means for the different ratings and questions (e.g. view of mental health support vs providing learning support) and observe which aspects were rated higher or lower by the participant group.

The open-ended (or qualitative) questions were analysed using NVivo 11 software to code the responses for themes using 'thematic coding'. Gibb (2007) stated that coding is about how you as the researcher define what the data you are exploring are about. Gibb comments that passages are identified and linked together by a name for this idea called a code. To generate codes and complete my thematic analysis on the qualitative data generated by both questionnaires I followed the steps and phases developed by Robson (2011) provided below.

1. *Familiarization with the data*. I completed this step by reading and re-reading the participant responses and noting down any initial ideas
2. *Generating initial codes*. I completed this step by inductively interacting with the data, coding the data in a systematic fashion across the entire data set. All extracts with similar ideas were given the same code.
3. *Identifying themes.* I collated codes into potential themes, I then observed if the themes worked in relation to the coded extracts and the entire data set. I revised the initial codes as needed.
4. *Constructing thematic networks.* I developed a thematic map of analysis

5. *Integration and interpretation.* I made comparisons between the different aspects of the data using tables. I also explained and interpreted the patterns in the data.

(Robson, 2011, p. 476)

5. Phase one Results

5.1 Research Question 1

To what extent do TEPs and RQEPs view mental health support as a core part of the educational psychologist role?

5.1.1 Mental Health Support as a Core Aspect of the Educational Psychologist Role

The participants were asked to provide their level of agreement (using a five-point scale from strongly disagree to strongly agree) as to whether a presented option was a core part of the educational psychologist role. The participants' responses indicated that while supporting mental health was seen as being an aspect of the educational psychology role, it has the lowest mean value of all presented options (namely: supporting social emotional and emotional wellbeing, supporting learning support, and supporting all round development) on different levels namely supporting schools, school staff, and students.

Table 6: Summary of role and service description means

	School focussed	Staff focussed	Student focussed	Focus of all service
Providing mental health support	Mean 4.27 SD .617	Mean 3.76 SD .889	Mean 4.10 SD.606	Mean 12.17 SD 1.71
Providing social and emotional well-being support	Mean 4.78 SD .455	Mean 4.57 SD .529	Mean 4.63 SD .573	Mean 14.01 SD 1.26
Providing learning support	Mean 4.70 SD .493	Mean 4.46 SD .636	Mean 4.60 SD .552	Mean 13.74 SD 1.27
Providing 'all round development' support	Mean 4.63 SD .573	Mean 4.43 SD .679	Mean 4.55 SD .558	Mean 13.60 SD 1.33
All types of service	Mean 18.35 SD1.38	Mean 17.25 SD 1.78	Mean 17.91 SD 1.82	

The above table shows the mean values of how the respondents see the focus of their service for schools, school staff and students across the four areas of services.

The below Table 7 shows the mean scores for different terms for describing the service focus. Providing mental health support had a lower mean score than providing learning support, supporting all-sound development, or support social and emotional wellbeing. The Friedman Test shows a significant difference in means $p<0.01$ when comparing the mean scores using ($\chi^2(3) = 69.17$, $p=0.000$) as demonstrated in Tables 7 and 8. This indicated that the participants viewed supporting mental health as less of a core aspect of the educational psychologist role than the other presented options.

Table 7: Summary of The Friedman Mean Comparison of the educational psychologist role

Core Aspect of Educational Psychologist Role	Mean Rank
Mental health support	1.62
Learning Support	2.76
Supporting All Round Development	2.60
Supporting Social and Emotional Wellbeing	3.02

Table 8: Chi-Square of Means of the educational psychologist role

Friedman Test Statistics	
Chi-Square (χ^2)	69.170
df	3
Assumption Significance	.000
N	70

When exploring how the participants viewed their service focus in terms of supporting whole school, school staff, or students. The mean ranks for the 3 foci shows that supporting school staff focus has lower mean score than either supporting the whole

school, or individual students. Friedman Test shows a significant difference in terms of the mean at p<0.001 level ($\chi^2(2)=18.89$, p=0.000) as presented in the Tables 9 and 10

Table 9: Summary of The Friedman Mean Comparison of Service Focus

Service Focus	Mean Rank
Supporting schools	2.24
Supporting School Staff	1.68
Supporting Students	2.09

Table 10: Chi-Square of Service Focus

Friedman Test Statistics	
Chi-Square (χ^2)	18.883
df	2
Assumption Significance	.000
N	70

5.1.2 Definition of Mental Health

As part of the questionnaire, participants were asked how they defined the term 'mental health' in an open-ended question.

Most participants in both groups (13 RQEPs [56%] and 22 TEPs [51%]) provided a definition that directly referred to emotional wellbeing. In these responses, the participants included the word wellbeing in their response. Below are examples:

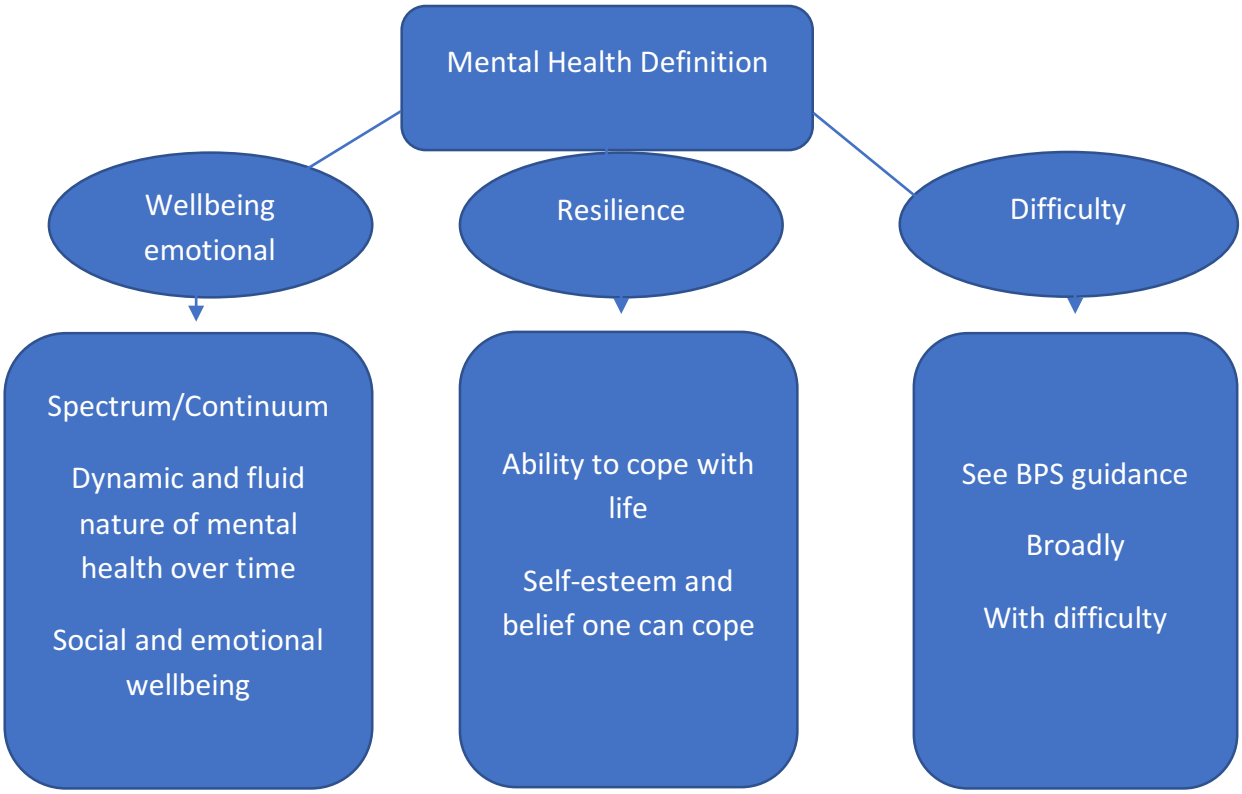
> TEP Participant 6: *"Psychological and emotional well-being"*
>
> TEP Participant 12: *"Mental health is the maintenance of sufficient levels of emotional well-being to be able to function well and to enjoy all areas of life"*
>
> TEP Participant 40: *"Mental wellbeing/ Social and emotional wellbeing"*
>
> RQEP Participant 1: *"Social, emotional and psychological wellbeing'*
>
> RQEP Participant 24: "emotional wellbeing"
>
> RQEP Participant 16: "Psychological and emotional wellbeing and to cope in response to daily life."

The next most common definition referred to resilience (3 RQEPs/13% and 8 TEPs/18%).

> TEP Participant 25: *"Someone who is resilient in the face of difficulties."*
>
> RQEP participant 4: *"This is really difficult! I feel it is about how an individual feels able to cope and respond to day to day life"*

The participants' answer to this question demonstrate that a majority of the participants believe that a core aspect of defining mental health is social and emotional wellbeing.

Figure 5: Mental health definition Themes

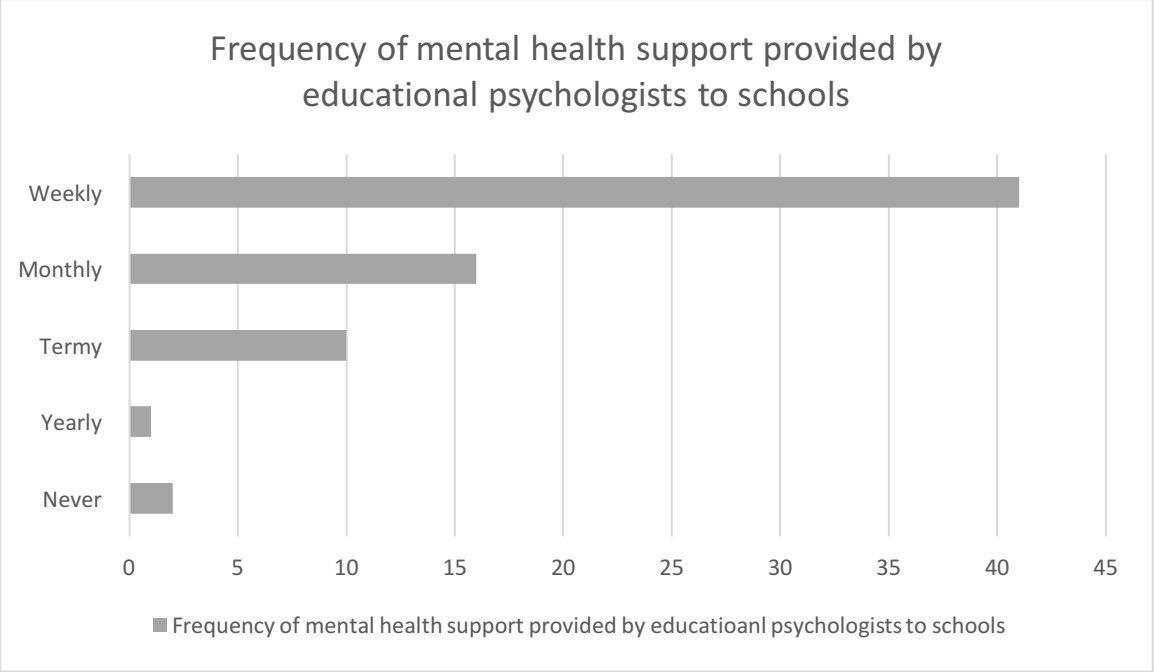


Once the thematic analysis was completed I then observed how many features of the themes were in a response and used this qualitative data to generate the percentages mentioned above, please see Appendix 10 and 11 for examples of analysis coding.

5.1.3 How Frequently do Educational Psychologists Provide Mental Health Support?

In the questionnaire, I asked participants about the frequency with which they provided mental health or social and emotional wellbeing support schools. Figure 6 below shows that 42 of the 70 participants (60%) reported providing mental health support on a weekly basis. The next most frequent measure of the frequency of their involvement was on a monthly basis with 16 participants reporting that they supported mental health on a monthly basis.

Figure 6: Frequency of mental health support provided to school



5.1.4 How Frequently do Educational Psychologists Work with Other Agencies to Support Mental Health in Schools?

Figure 7 below shows how frequently the combined participants reported working with other agencies to support mental health in schools. The most frequent answer was monthly with 17 participants selecting this option. The second most frequent answer was weekly with 16 participants selecting this option.

Figure 7: Frequency of multiagency engagement

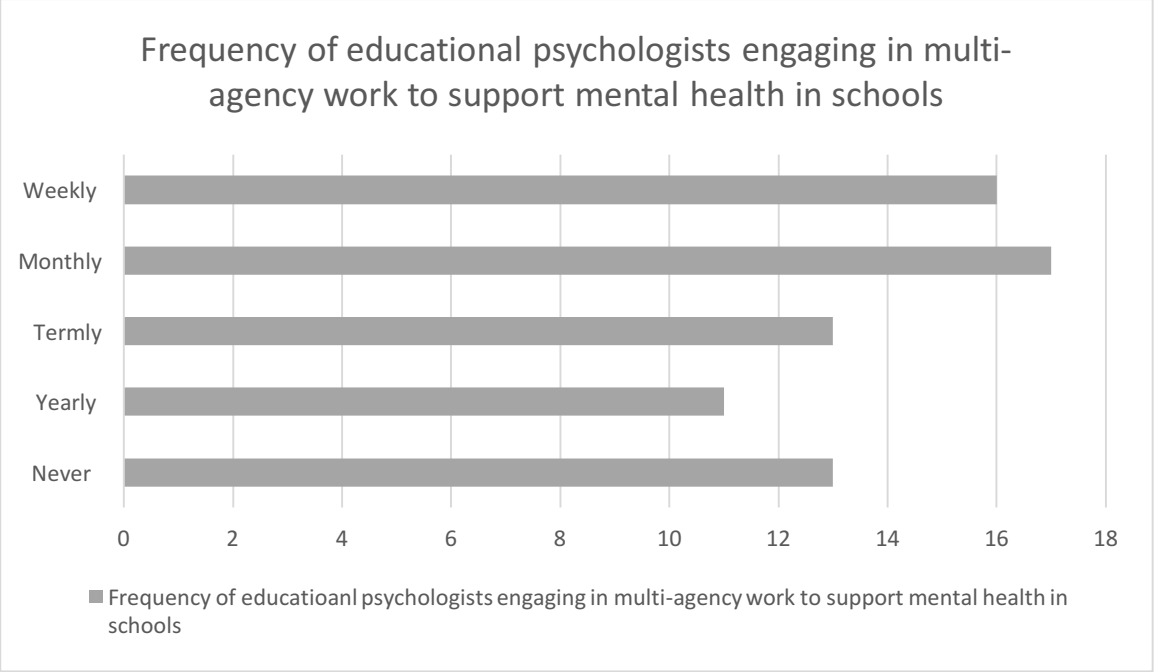


Table 9: Multiagency frequency group breakdown

	Weekly	Monthly	Termly	Yearly	Never
TEP	6 (13.9%)	8 (18.6%)	10 (23.2%)	8 (18.6%)	11 (25.5%)
RQEP	10 (37.0%)	9 (33.3%)	3 (11.1%)	3 (11.1%)	2 (7.4%)
Combined	16 (22.8%)	17 (24.2%)	13 (18.5%)	11 (15.7%)	13 (18.5)

The above table shows that a quarter of TEP participants have never engaged in multiagency work to support mental health, it is also interesting to note that 2 RQEP participants reported never engaging in multiagency work to support mental health.

When the termly, yearly, and never answers are combined it is clear that there is a low level of multiagency work to support mental health taking place (37 participants or 52.8%).

5.2. Research question 2:

How does their mental health role compare to their role providing learning support?

Table 12 below shows that when exploring how the participants view their role support mental health when compared to providing learning support. The participants rated supporting learning as much higher than supporting mental health (12.17 vs 13.74). However, it is interesting to note that the participants rated supporting social and emotional wellbeing as higher than learning (14.01 vs 13.74), which is an interesting difference when considering that 50% of the participants (35 TEPs and RQEPs) defined mental health as being about supporting social and emotional wellbeing.

Table 12: Mental health vs learning support

	School focussed	Staff focussed	Student focussed	Focus of all service
Providing mental health support	Mean 4.27 SD .617	Mean 3.76 SD .889	Mean 4.10 SD.606	Mean 12.17 SD 1.71
Providing learning support	Mean 4.70 SD .493	Mean 4.46 SD .636	Mean 4.60 SD .552	Mean 13.74 SD 1.27

Providing social and emotional well-being support	Mean 4.78 SD .455	Mean 4.57 SD .529	Mean 4.63 SD .573	Mean 14.01 SD 1.26

5.3 Research Question 3:

To what degree do TEPS and RQEPs report being sufficiently trained to support mental health?

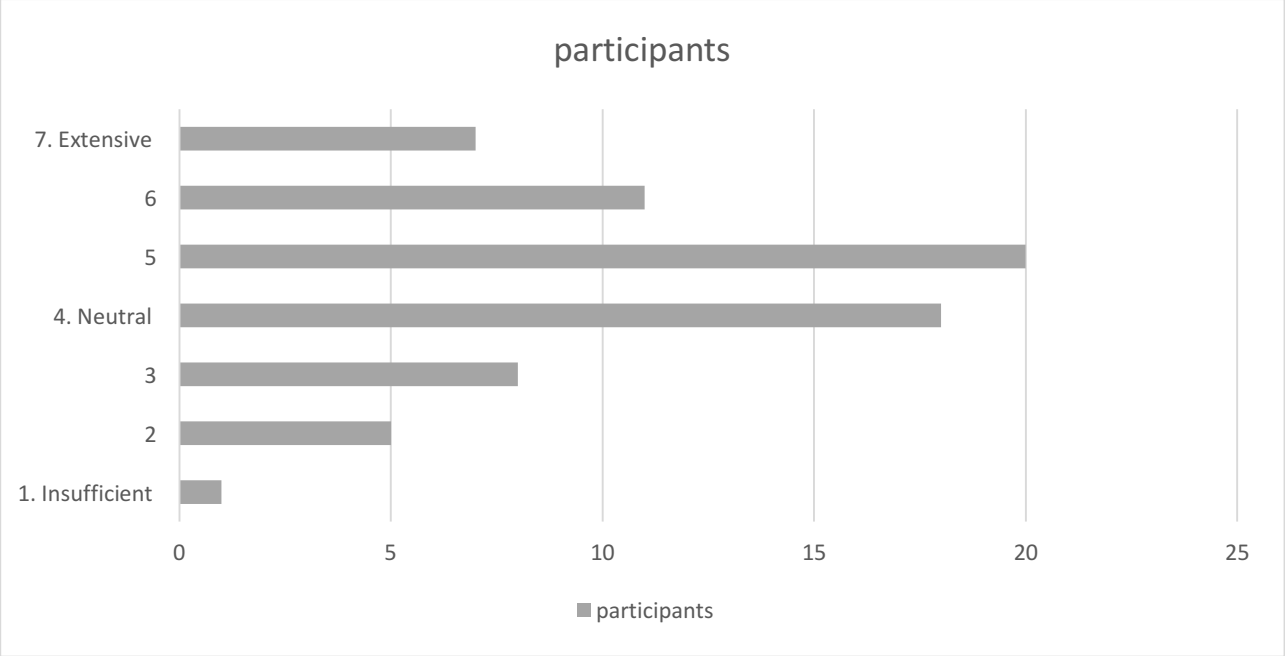
The majority of RQEPs (60.8%) and TEPs (51.2%) rated the training they received to support mental health and social/emotional wellbeing as being greater than neutral on a 1-7 scale from insufficient to extensive with 13% of RQEPs and 7% of TEPs rating the training they received as extensive. However, while more participants reported receiving sufficient training during their DEdPsych course, 39.1% of RQEPs and 48.8% of TEPs rated it as insufficient (1-3 on the 7-point scale), indicating that a large minority of participants felt the DEdPsych courses are lacking in mental health input.

Table 13: Training rating

1-7 Scale (insufficient to extensive)	TEP	RQEP	Combined
1 (Insufficient)	1 (2%)	0 (0%)	1 (1%)
2	4 (9%)	1 (4%)	5 (7%)
3	4 (9%)	3 (15%)	8 (11%)
4	12 (28%)	6 (22%)	18 (26%)
5	13 (30%)	7 (26%)	20 (29%)
6	6 (14%)	5 (19%)	11 (16%)
7 (Extensive)	3 (7%)	4 (15%)	7 (10%)

When both subgroups are combined, the most frequent rating was just above neutral with 20 participants rating their training a 5. The second most frequent rating of the training was neutral with 18 participants rating the training they received during the DEdPsych course as neutral.

Figure 8: visualisation of training rating



5.4 Research Question 4:

How do developing educational psychologists view their placement in terms of the CAMHS Tier and Thrive Models?

5.4.1 Views of Educational Psychology Placement on CAMHS Tiered Model

The CAMHS Tier model places the educational psychology service in Tier 2/3 as a referred service. This research question aims to explore if RQEPs and TEPs agree with this placement by selecting the Tier or Tiers that they feel best represents the involvement they have had supporting individuals and schools. In the questionnaire, I presented a visualisation of the Tiered model and asked the participants “Using the above image as a guide, please tick the CAMHS service Tier or Tiers best describes the

work you provide to schools and individuals". The most common response from participants was to select Tiers 1, 2, and 3 (26 participants/ 37.1%), with the second most common answer being to select all the Tiers 1-4 (18 participants/25.7%). The remainder of the responses are demonstrated by the chart below.

Table 14: CAMHS Tier responses

Tier	Frequency of Response	Percent
1	2	2.9
2	4	5.7
3	3	4.3
4	0	0
None	5	7.1
1 and 2	3	4.3
2 and 3	7	10.0
1 and 3	2	2.9
1, 2, and 3	26	37.1
1, 2, 3, and 4	18	25.7

I also asked participants an open-ended question around why they selected this Tier. The most common theme in the response was focused on the view that educational psychologists work with both individuals and organisations and thus have a role that overlaps different Tiers. Not all participants answered this question, below I have included some of the most common themes.

One RQEP participant commented:

All pieces of casework involve supporting at Tier 1, some (especially SEMH/BESD) involve Tier 2 in direct work with children, support for families and discussing/building capacity in settings. Tier 3 work has been more in-depth work e.g. on-going narrative therapy/therapeutic work or work with school non-attender.

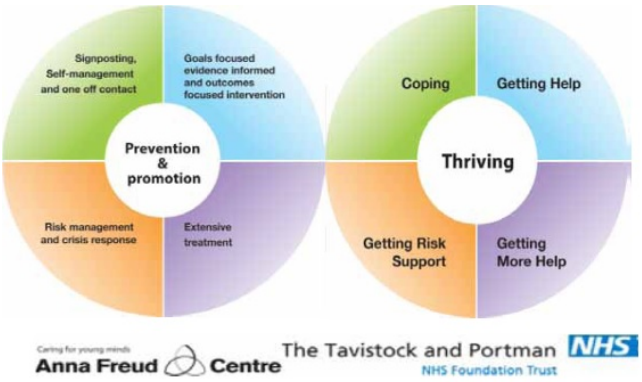
TEP participant commented:

My general work tends to be at Tier 2 or 3, working with children and young people with additional or high needs in schools. Occasionally, I may be asked to provide support to CYP with the highest level of need, often in lieu of CAMHS services, due to long waiting lists or unavailability of services. This type of work would have a therapeutic focus. Work within Tier one would have a whole school focus, such as staff training.

5.4.2 View of Educational Psychology Placement on Thrive Model

In recent years, there has been a move away from the Tiered model of CAMHS, as part of this shift, one of the models suggested has been the CAMHS Thrive model (Wolpert et al., 2014, 2015). The participants were presented with a written summary taken from the Anna Freud Centre and the Tavistock clinic publication which included a visual summary of the model (2014). I have included a copy of the model below.

Figure 9: Thrive Model



The participants were also presented with the above visual of the Thrive model, and asked which quadrant in each aspect best represented where the majority of educational psychology work takes place.

Table 15: Prevention and Promotion aspect of the Thrive model

Area	Frequency	Percent
Signposting, Self-management and One-Off Contact.	11	15.7
Goals Focused Evidence Informed and Outcomes Focused Interventions	53	75.7
Risk Management	4	5.7
None	2	2.9

When reporting upon the Thrive aspect of the model, the participants reported the following area as the aspect which best conceptualised the work they do as an educational psychologist.

Table 16: Thriving aspect of thrive model

Area	Frequency	Percent
Coping	9	12.9
Getting Help	34	48.6
Getting more Help	24	34.3
Getting Risk and Support	1	1.4
None	2	2.9

The above tables show that there is a clear view that the work educational psychologists do is in the “Goals Focused evidence informed and outcomes focused interventions” area of the Prevention and Promotion aspect. There is a similar clarity when exploring the perceptions of the educational psychologist role in the Thrive aspect, most participants felt that their role was in the ‘Getting Help’ category.

5.5 Research Question 5:

To what extent do TEPs and RQEPs view the title of ‘Educational Psychologist’ as Suitable for the work they do?

In the questionnaire, I asked participants to select how suitable they felt a list of professional titles were for the work they do as educational psychologists. I also asked the participants to suggest an option if none of those provided fit their definition of the role.

When both groups are combined, and treated as one, the title voted ‘very suitable’ was Educational and Child Psychologist by 68% of the participant group. When the groups are analysed separately RQEPs scored ‘Educational and Child Psychologist’ as their second most suitable title (73.9%) and the title most frequently scored as ‘very suitable’ was ‘Educational Psychologist’. The TEP group selected ‘Educational and Child

Psychologist' as the title most suitable for the work they do as an educational psychologist.

Table 17: Role title 'very suitable' rating

Title (% very suitable)	**TEP**	**RQEP**	**Combined**
Educational Psychologist	24 (56%)	18 (67%)	42 (60%)
Child Psychologist	13 (30%)	9 (33%)	22 (31%)
Educational and Child Psychologist	**28 (65%)**	**20 (74%)**	**48 (69%)**
Child, Adolescent and Young Adult Psychologist	15 (35%)	6 (22%)	21 (30%)
Adolescent Psychologist	2 (5%)	2 (7%)	4 (6%)
Community Psychologist	1 (2%)	2 (7%)	3 (4%)
Child and Adolescent Psychologist	11 (26%)	4 (15%)	15 (21%)
Child and Young Adult Psychologist	6 (14%)	2 (7%)	8 (11%)
Child and Educational Psychologist	20 (47%)	14 (52%)	34 (49%)

The below table shows the mean answer for the combined group. When the data is analysed using the mean it is clear that the highest rated answer is Educational Psychologist with the second highest being Educational and Child Psychologist. The third highest rated answer is Child and Educational Psychologist. This demonstrated that the participants rate the term education as an important aspect of the professional titles.

Table 18: Combined Mean for Professional Title

Professional Title	Mean answer and SD
Educational Psychologist	Mean 4.60 SD .600
Child Psychologist	Mean 3.91 SD 1.04
Educational and Child Psychologist	Mean 4.53 SD .84

Child, Adolescent and Young Person Psychologist	Mean 3.91 SD .944
Adolescent Psychologist	Mean 2.74 SD 1.03
Community Psychologist	Mean 2.97 SD .94
Child and Adolescent Psychologist	Mean 3.61 SD 1.01
Child and Young Adult Psychologist	Mean 3.36 SD .964
Child and Educational Psychologist	Mean 4.17 SD .932

I also asked participants to select the most appropriate option to the following statement "I think it is important for the professional title used by my profession to be..." I gave the following options to the participants:

- Health and Care Professionals Council (HCPC) accredited.
- A protected title.
- Both of the above options.

Table 19: The participants' title responses

	Frequency	Percent
A protected title	4	5.7
HCPC accredited	2	2.9
Both	64	91.4

This indicates that the participants felt it was important that their professional title should be both HCPC accredited and protected in terms of who can use it.

5.6 Themes from phase one

The major theme that came out of findings from phase one, was that while the participants rated supporting mental health as a core aspect of their role, supporting social and emotional wellbeing, supporting learning and supporting all round development had higher means. When considering these ratings in light of the mental

health continuum I explored in the introduction, developing educational psychologists may view their role as more focused on providing support on the wellbeing support axis of mental health, rather than supporting those who are running into mental health difficulties on the mental health axis.

This theme of supporting wellbeing was further displayed when the participants were asked to define mental health. A majority of the participants directly referred to 'supporting social and emotional wellbeing' in their definition, indicating once again that providing wellbeing support was seen as more of a core aspect of the educational psychologist role.

This theme also made me wonder if the participants viewed mental health as being a continuum from wellbeing to difficulty, or if they defined 'mental health' as being about difficulty and wellbeing as being a separate construct.

5.7 Discussion

This section contains a discussion of the findings presented above. The findings are discussed and placed within the existing literature, discussed in terms of the limitation of the study. Finally, this section contains the implications of the findings for educational psychological practice and its implications for future research and professional practice are discussed.

5.7.1 Mental Health and Developing Educational Psychologists

A 2011 study exploring the teacher perceptions of their support of mental health in schools in American (Reinke et al., 2011) found that while most teachers perceived themselves as having a role in supporting mental health, they viewed school psychologists as having a greater role. As I stated in the literature review chapter, a

school psychologist is a similar role to that of an educational psychologist in the UK (Mcloughlin, 1986). Reinke and colleagues (2011) found that teachers felt that they lacked knowledge about mental health issues and interventions, this lack of knowledge was a barrier to them taking a more active role in providing the support.

The other research I explored in the literature review suggests that there is an atmosphere where schools are looking for mental health support and they are unsure who should provide this support. There is also a governmental push for educational psychologists taking more of an active role in this sector.

The findings indicate that a majority of the participants agreed that supporting mental health was a core aspect of the educational psychologist role, but rated it at a lower level than supporting learning, all round development or social and emotional wellbeing. It is interesting to note that while a majority of the participants defined mental health as being about supporting social and emotional wellbeing, they responded very differently when rating mental health, or social and emotional wellbeing. It is interesting that this discrepancy exists between how the participants define mental health when asked and their actual held definition of what mental health work is. I would argue that the participants may not be aware of this discrepancy as if they were, they presumably would have presented a consistent answer. I also wonder if their view of mental health is impacted by their professional role. If other agencies and school staff do not believe educational psychologists support mental health, then they may stop viewing the work they are doing as being strongly connected with mental health. This indicates to me that the participants may not view mental health as being on a continuum but may hold more of a medicalised model focused on difficulty and diagnosis.

It is also interesting to note that 42 of the 70 participants reported that they supported mental health on a weekly basis, yet they viewed it as less of a core role than other

factors. I also find it interesting that when placing themselves in the CAMHS Tiered model, 26 placed themselves in Tiers 1, 2, and 3 and 18 participants placed themselves in Tiers 1-4. This means that 44 out of the 70 participants believed that educational psychologists had an active role in Tier 3 (targeted services) and/or Tier 4 (special mental health work).

I would argue that this presents a tension in developing educational psychologists reporting that they are carrying out mental health support regularly, placing themselves in the upper levels of CAMHS, yet still being reluctant to directly associate with the term 'mental health'.

5.7.2 Educational Psychologist Training in Providing Mental Health support

As I have commented upon in the literature review, in the mid-1990s educational psychology researchers commented that there was a need for change to the Masters level training received by educational psychologists to allow them to meet the developing demands of the role at that time (Cameron, Frederickson, Lunt, & Lang, 2008). Farrell and Lunt (1995) questioned both whether there was a need for educational psychologists to have taught in a school and if the one-year masters provided sufficient time to gain the experience and training skills needed.

Responding to these and other criticisms, the training of educational psychologists evolved (Cameron, Frederickson, Lunt, & Lang, 2008) and in May 1997 the BPS approved the change from a Masters to a new three-year doctorate (Farrell, Gersch, & Morris, 1998). The teaching requirements were removed and the entry requirements were placed on a par with other professional practitioner psychologist training courses such as clinical psychology (Evans et al., 2012). Now there was only a requirement for an applicant to the doctoral course to have a BPS accredited undergraduate degree in

psychology (or equivalent) and there was no requirement to have had any teaching experience.

The findings of this indicate that just over half of the participants rated the mental health training they received during the DEdPsych course they attended as between neutral and extensive. This indicates that while a majority of the participants rated the training positively, a substantial number of participants rated the training as being between neutral and insufficient.

Table 20: Training rating

Scale	TEPs (43)	REQPs (27)
1 (insufficient)	1 (2%)	0 (0%)
2	4 (9%)	1 (4%)
3	4 (9%)	4 (15%)
4 Neutral	12 (28%)	6 (22%)
5	13 (30%)	7 (26%)
6	6 (14%)	5 (19%)
7 (Extensive)	3 (3%)	4 (15%)

When this finding is connected with the finding from research question one (that the participants were reluctant to attach the term mental health to the work they carry out), it suggests that a majority of TEPs and RQEPs are satisfied with the level of training they receive. However, I wonder if this level of satisfaction is caused by the fact that they may not view themselves as supporting mental health and thus, do not feel they need additional training.

The above finding indicates that for both the TEP (47%) and RQEP (60%) rated the training they were receiving or had received as more positive than neutral (e.g. higher than 4 on the 1-7 scale). It is interesting to note that almost a quarter of TEPs (28%) and RQEPs (22%) rated the training they received as neutral. This could indicate that they felt that the training somewhat prepared them for supporting mental health in schools.

When this is connected with the theme that more participants rated the supporting ‘social and emotional wellbeing’ higher than ‘mental health’. It may indicate that there may be a gap in the training about supporting those going through mental health difficulties as opposed to supporting wellbeing in schools.

5.7.3 CAMHS Placement of Educational Psychologists

The CAMHS Tier model clearly placed EPs in Tier 3 as a referred service. However, both RQEPs and TEPs reported a more complicated view of how educational psychologists identify the Tier or Tiers that best represents the type of support they provide. RQEPs selected both Tiers 2 and 3 as the most commonly selected Tiers with 92.3% (24 participants) selecting both. Most TEP participants 79.1% (34 participants) selected Tier 2 as best representing the kind of support they provide to schools and individuals. This pattern of responses could be caused by the variety of work the participants take part in. One TEP participant (TEP participant 9) commented that:

> *“Most commonly I would say Tier 3, but with variation across all Tiers. Mostly due to lack of capacity EPs gradually see more and more extremely complex young people and very few with more 'straightforward' additional needs, which previously would have been the typical role for EPs”*

The above quote provides one possible explanation, in that educational psychologists are taking on more complex work at a higher Tier to overcome a lack of capacity in other services supporting mental health in schools.

In terms of the new CAMHS thrive model a vast majority of both the TEPs and RQEPs selected the 'Goals Focused, evidence informed and outcomes focused intervention' quadrant. One of the RQEP participants (RQEP participant 14) explained their selection:

> *"Because I use consultation, often work from a social constructionist perspective and support people to work on specific, manageable goals, which are evidence-based/informed"*

Both groups also selected the 'Getting help' quadrant. With one TEP participant (TEP Participant 13) explaining this choice by commenting that:

> *"I feel EPs need to be supporting schools to be proactive rather than reactive, and to do this we need to be proactive ourselves. Using our knowledge of psychology should allow us to support schools with the emotional well-being of all students rather than waiting for crisis situations."*

It is interesting that there is more consensus among participants in terms of the Thrive model than the Tier model. When examining the responses for the Tier model, 37% of participants selected the same Tiers (namely Tiers 1,2, and 3) with all other responses occurring less frequently. In the newer Thrive model 75.7% (prevention and promotion aspect) and 48.6% (Thriving aspect) of participants selected the same response. The differing level of clarity may be because participants felt a clearer connection to the educational psychologist role and the Thrive model, however this is an interesting option for future research.

5.7.7 The Professional Title

Tarrant and Cook (2008) examined whether the title of educational psychologist was still suitable by balloting members of the AEP, they had a response rate of 10.6% and no consensus was reached on whether a change of role title was required. In their paper, Tarrant and Cook (2008) provided the most common answers they received. I then combined these answers with titles generated in the piloting phase of the research project. These options were presented to the participants.

When exploring the possible titles using the mean score of their rating, the participants rated 'Educational Psychologist' as their most preferred title (with the mean response being 4.60). The second most favoured response was 'Educational and Child psychologist' (with the mean response being 4.53). The two least favoured options were 'Adolescent Psychologist' and 'Community Psychologist' (with means of 2.74 and 2.97 respectively).

When exploring just those responses marked 'very suitable', the title of 'Educational and Child Psychologist' was the most popular with 48 participants rating this as very suitable title. The next highest rated professional title was 'Educational Psychologist' with 42 participants rating this as a very suitable title.

This indicates that the current title of the profession is the most favoured by the participants of my study when looking at all positive answers (i.e. had the highest mean ranking). However, 'Educational and Child Psychologist' was the most popular when solely looking at the most positive response (i.e. it has the highest number of participants ranking it as 'very suitable'). I find it interesting that the second most favoured option is Educational and Child Psychologist as this is the label used by the BPS to categorise educational psychologists and other psychologists working directly with children. It is

possible that the participants are already more familiar with this title and thus rated it higher.

5.7.8 Key Findings and Themes from Phase One

- A majority of the participants agreed that providing mental health support to schools, students and staff members is a core part of the educational psychologist role, however supporting learning, as well as social/emotional wellbeing was rated higher as a core aspect of the educational psychologist role. This data represents that for the participants of my research project, they preferred to frame their educational psychology service as supporting learning, social and emotional wellbeing, rather than mental health.
- The participants ratings indicate that they view the educational psychologist role as possibly being providing wellbeing support as opposed to supporting mental health difficulties when exploring their responses on the mental health continuum model of mental health.
- It is interesting that the participants viewed the focus of their service as being about supporting a school (mean 18.53) more than supporting school staff (mean 17.25) or individual students (mean 17.91). Indicating that the participants may view the educational psychologist role as being more about providing systemic support rather than individual support when exploring mental health.
- A small majority of the participants rated the training received during the doctorate to support mental health as sufficient (54.6%) however, 45.4% rated the training as neutral or insufficient.
- Both RQEPs and TEPs held a similar perspective on their placement on both the CAMHS Tiers (2 and 3) and Thrive models (Goals Focused, Evidence Informed and Outcomes Focused Interventions; Getting Help).

- RQEPs rated the professional title of Educational Psychologist as the most suitable for their view of the profession and TEPs rated the professional title of Educational and Child Psychologist as most suitable. RQEPs did rate Educational and Child Psychologist (ECP) as the second most suitable title (EP 78.3% vs. ECP 73.9%).

6. Paper two: An In-Depth Exploration of the Specific Perspectives RQEPs, Whose Views Differ with Respect to their Mental Health Role Delivery.

6.1 Introduction

The key findings and issues that emerged from Phase One:

- While RQEPs responded that they did perceive supporting mental health in schools as a core aspect of their role, their level of agreement was dependent on the terminology used. The participants rated supporting 'social and emotional wellbeing' as more of a core aspect of the role than supporting 'mental health' yet a majority of the participants defined mental health as being social and emotional wellbeing.
- When asked to define 'mental health' the vast majority of participants used the 'positive mental health' definition used by the WHO and CAMHS (Herrman et al., 2005). However, when giving examples of this type of mental health support provided to schools, the participants described interventions to support mental health conditions rather than supporting social and emotional wellbeing.
- A majority of the participants placed themselves on Tier 2 and 3 of the CAMHS model and had similar views of their involvement on the Thrive model (Goals Focused, Evidence Informed and Outcomes Focused Interventions; Getting Help).

In the second phase of my research project, I completed an in-depth exploration the perceptions RQEPs have of their role supporting mental health in schools. In the second phase I focused solely on the perception of RQEPs (those who qualified in the last 5 years) instead of both RQEPs and TEPs to allow a more in-depth exploration of the reality of the educational psychologist role. I also wished to explore factors that act as a barrier or facilitator for RQEPs in supporting mental health in schools, as well as

exploring how they viewed service trading and the placement of the role in relation to other professionals.

The second phase of my research project was heavily influenced by the outcomes of phase one which highlighted that while developing educational psychologists believed they had a role supporting mental health in schools, it depended on the term used (mental health or social and emotional wellbeing). Phase one also emphasised that many developing educational psychologists seemed to hold a more medicalised view of the term ‘mental health’ viewing it as being about the absence of a mental health condition, rather than the definition given when asked (i.e. mental health being about social and emotional wellbeing). This implied that for developing educational psychologists their explicit definition is different to their own internal model of mental health, demonstrating a contradiction in their attitude.

In phase two I wished to explore this by asking RQEPs about:

- Their future role in providing mental health support to schools.
- How they engage with other agencies currently providing mental health support.
- If their involvement supporting mental health has been impacted by move to a ‘commissioning model’ of service delivery in many LAs.

In phase two I also wished to explore the extent to which RQEPs believe the service trading model will impact their ability to provide mental health support to schools. I would argue that there is a gap in the literature exploring the above issues as while some research has been conducted exploring service trading for educational psychologists, very little has been carried out focusing on those members of the educational psychology workforce who have only worked in a traded service.

The research questions for phase two are:

1. In what way do RQEPs perceive the future role educational psychologists can have providing mental health support to schools?
2. To what extent do RQEPs believe working in a traded service would support or inhibit their involvement supporting mental health in schools?
3. In what ways do RQEPs perceive themselves as being in competition with other agencies to provide mental health support to schools?

6.3 Research Methodology

The aims of phase two are to explore and identify the factors that impact RQEPs perceptions of their ability to provide mental health support to schools. This type of research is exploratory and interpretative, as I am examining the perceptions of others and interpreting them during the analysis phase. This type of in-depth research is best suited to interviewing for thematic qualitative inquiry (Schwandt, 2007).

The design and research questions for phase two are well suited to the interview method, namely using a semi-structured design. Using this design allowed me to gain a deeper level of knowledge than using a questionnaire alone and also gave me a greater understanding of the participant's beliefs (DiCicco-Bloom & Crabtree, 2006).

6.4 Research Design and Methods

In phase two of my research project I used a semi structured questionnaire to explore in-depth how RQEPs view; the future of their role supporting mental health, the impact of service trading, the doctorate they attended, and whether they perceive educational psychologists to be in competition with other professionals.

6.5 Participants

The participants were recruited from those RQEPs who that volunteered in phases one. At the time of recruitment all of the participants were practicing educational psychologists, who completed a DEdPsych within five years of participating in this research. In phase one, participants were asked if they would be willing to take part in an interview discussing the educational psychologist role. The participants who agreed were then asked to provide contact details. 18 participants (66.7%) agreed, however only 15 provided contact details (email address) in the provided box. Of these 15 possible participants, 7 did not respond to a contact email arranging a time for the interview.

While all of the eight participants who responded to the contact email were contacted, only six interviews were completed, with two participants selecting not to take part in the interviews or not responding to my emails attempting to arrange an interview. The below table provides an overview of the phase two participants and their rating of mental health questions from phase one.

Table 21: Participants

Participant	Gender	Level of agreement of mental health being a core aspect of the educational psychologist role	Years since graduating
201	Female	Agree	1
202	Male	Agree	3
203	Female	Neither agree nor disagree	3
204	Female	Neither agree nor disagree	1
205	Male	Strongly agree	3
206	Male	Agree	3

The participant group included a spread of opinions about the role educational psychologists play in supporting mental health in schools. Two participants neither agreed nor disagreed that it was a core aspect of the role, while three agreed and one

strongly agreed. Thus, the participants represent a spread of opinions on the involvement educational psychologists have in supporting mental health.

6.6 Interview

6.6.1 Development

After exploring other options, I selected to use a semi-structured interview, as I felt this would allow me to explore of any topics raised in an interview and allow me to follow what the participant is saying rather than sticking to a rigid interview structure (Olson, 2016). To ensure that relevant and specific topics were explored with each participant. I realised that an interview schedule needed to be developed. To develop the interview schedule, I followed the guidance developed by Drever (1995). I adapted the Drever's process by including questions, probes and prompts on a grid like structure (appendix 9).

I used the research questions to design and develop the interview schedule and divided the schedule into 3 sections; mental health role, training, and service trading. Each of these sections contained multiple questions with 4 layers of follow on questions.

For example

1) How do the mental health contributions of educational psychologists compare to the contributions of other mental health professionals working in schools?
    a) Which other professions have you encountered?
        i) Have you engaged in multi-agency working to support mental health in a school?
            (1) What is the quality of collaboration with other professionals?

By using an semi-structured technique I was able to include multiple versions of the same question to see the participant's perspectives were influenced by the phrasing used. For example question 8 was "Does a traded service model, in your experience,

support or inhibit a mental support role for educational psychologists? and question 12 was “Do you think educational psychologists could provide more mental health support to school in a traded service?”. Both of these questions seek to explore the participant’s perceptions on the impact a traded service can have on their involvement supporting mental health in schools.

6.6.2 Pilot interview

I made contact with one of the RQEPs who was involved in the pilot from phase one and asked if s/he would agree to take part in the pilot of the second phase of my research project. The RQEP pilot participant is a graduate of the DEdPsych course at the University of Exeter and was known to me. Piloting the interview involved completing the interview with the pilot participant over Skype. Once the interview was completed, the participant and I went through the questions and any issues were explored. The recommended changes and clarifications were then made to the interview schedule before its used with the participants in phase two, please see appendix 9 for the pilot and appendix 10 for the final interview schedule.

6.6.3 Final interview schedule

Following the feedback from the pilot interview and discussion with my supervisor, the final schedule was ready to be implemented with the 6 participants for phase two. The table below shows the connection between the research questions and the primary questions of the interview schedule.

Table 22: Phase 2 Questions

Research question	Interview questions
1. In what way do RQEPs perceive the future role educational psychologists can have providing mental health support to schools?	• What future role do you envisage for EPs in supporting mental health in schools? • Have you experienced any demand or request for mental

	health support while working in an EP service? • What are your views about dropping the word 'educational' from the role title?
2. To what extent do RQEPs believe working in a traded service would support or inhibit their involvement supporting mental health in schools?	• In your experience, does a 'traded service' model support or inhibit EPs involvement in providing mental health support? • Does a traded service model increase or decrease the quality of multi-agency collaboration around mental health? • Do you think EPs could provide more mental health support to schools in a traded service?
3. In what ways do RQEPs perceive themselves as being in competition with other agencies to provide mental health support to schools?	• To what extent are other agencies in competition with EPs to provide mental health services in schools? • To what extent does your EP service view that they have a role to support mental health in schools? • Is this a positive or negative matter?

6.4 Methods

Once the interview schedule was finalised I then arranged to contact each of the participants to complete an interview using the Voice Over Internet Protocol (VoIP) programme Skype. The use of Skype in research has been well documented (Adams-Hutcheson & Longhurst, 2016; Deakin & Wakefield, 2014; Hanna, 2012; Janghorban, Roudsari, & Taghipour, 2014), and researchers have commented that it can be a useful tool to increase responses (Weinmann, Thomas, Brilmayer, Heinrich, & Radon, 2012). I felt it was the most appropriate way of completing interviews with participants (who are

spread around the country) in a time and cost effective way. The six interviews took place between April and June 2016, and were recorded and then transcribed to enable thematic analysis.

4.5 Thematic analysis

Once the interviews were transcribed I then analysed them using the steps suggested by Robson (2011) listed below:

1. *Familiarization with the data*. I completed this step by re-reading and reading the participants' responses and noting down any initial ideas
2. *Generating initial codes*. I completed this step by inductively interacting with the data coding the data in a systematic fashion across the entire data set. All extracts with similar idea were given the same code.
3. *Identifying themes.* I collated codes into potential themes I then observed if the themes worked in relation to the coded extracts and the entire data set. I revised the initial codes and needed.
4. *Constructing thematic networks.* I developed a thematic map of analysis
5. *Integration and interpretation.* I made comparisons between the different aspects of the data using maps. I also explained and interpreted the patterns in the data. (Robson, 2011, p. 476)

In phase one I used Nvivo (2011) to complete all stages of my analysis. For phase two, I completed stages one and two manually before using the computer programme. I did this to better familiarise myself with the data.

6.6 Ethics

As I commented up on the ethics section of chapter 3 I followed ethical guidelines provided by the BPS as well as those provided by the University of Exeter when

designing the second phase of my research project. The ethical approval for phase two was incorporated into the ethical approval granted on the 8th of February 2016 by the University of Exeter.

At the start of the phase one online questionnaire each participant was presented with a summary of the research, as well as information about what was meant by consent.

At the end of the phase one questionnaire the participants were asked if they consented to taking part in phase two of the research (a recorded interview). Their selecting 'yes' and providing contact details, as well as their agreeing to complete the interview was taken as their consent.

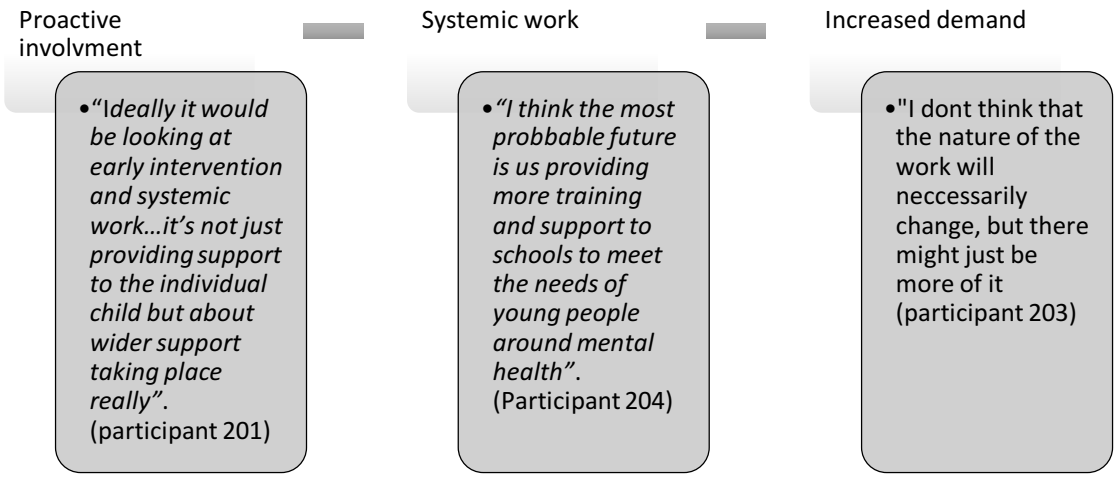
7 Phase Two Results

7.1 Research Question 1**:**

In What Way do RQEPs Perceive the Future Role Educational Psychologists Can Have Providing Mental Health Support to Schools?

Analysis across the participants' responses showed that all agreed that there is a future role for educational psychologists in supporting mental health in schools. The main themes that came out of the research were that RQEPs felt that their role could become more positive in the future. When the participants were discussing this future role, I found three main themes in their responses. These themes were: 'proactive involvement', "systemic work" and "increased demand" I have demonstrated these themes using the Figure 10 with comments that best represent that theme.

Figure 10: Themes from Research Question One



7.1.1 The Theme of Demand and Tension When Providing Mental Health Support

When exploring if the RQEP participants perceived there to be a demand for the involvement of educational psychologists to support mental health in schools, again all

participants mentioned there had been an increased demand for their support. The main theme of the responses was focused on the tension between providing a) mental health support and b) doing this in a traded service.

The tension seemed influenced by a number of factors, firstly there was the perception of an educational psychologist's ability to provide mental health support as a cost to the school, while also being aware that the schools perceive the NHS/CAMHS agencies to provide support at no cost to a school. For example, participant 202 commented that "obviously, the school would have to pay if it was the educational psychologist service coming in whereas NHS services are free". This means that even if an educational psychologist has the skill set and inclination to take on a more direct role supporting mental health in a school, they may not be able to get the school to commission this service.

It is interesting to note that while the educational psychologists seemed to be aware of the school perception that NHS/CAMHS services are available at no charge, they were also aware that there was a high threshold for involvement, something I discuss later in this section. Participant 201 reported that schools may still have a more traditional view of the educational psychologist role commenting "we are mainly a traded service… schools want cognitive assessments and they want things for additional funding as well, than wanting educational psychologist time to be used for more mental wellbeing support". Participant 204 also referred to this commenting that "whether the school would think that they can ask me for support, I don't know".

When the participants responses are collected together it is clear that while RQEPs perceive schools to have a demand for mental health supports, educational psychologists perceive that this would be one of the 'traded services' they would provide at a cost. I find it interesting that while the participants perceived there to be a demand

for mental health support in school, the participants also felt that the schools in which they work may not be aware of the extent to which educational psychologists can support mental health in schools.

7.1.2 Perception of the Skillset of Educational Psychologists

The participants believed that they had a role in supporting mental health in schools and during the interview they commented on many of the factors that will impact upon their involvement in future. One of the most influential factors that was seen to impact was how educational psychologists saw their skillset when it comes to supporting mental health in schools. While the participants commented that schools were not aware of the extent of support educational psychologists could offer. They also often spoke in terms that referred to what the profession could not do to support mental health. Participant 204 commented on the time pressure and increasing demand from schools, stating that:

> "I mean it's very rare that I would have the opportunity to get involved with any more long-term or therapeutic work with a child and we don't diagnose so I'm not going to diagnose a mental health difficulty or attachment difficulties" (participant 204).

Participant 205 commented that educational psychologists may need to develop their own thresholds to decide if they can meet the mental health needs of a child or young person commenting that:

> "it's just about having conscious competence about what your skill set is and where it may be appropriate to sort of thresholds and needs to pass on to other teams". (Participant 205).

Both of the above excerpts show that the participants educational psychologists may perceive mental health support as being about diagnosing (i.e. a medical model of

supporting mental health) and also that educational psychologists vary in the skillset they have to support mental health.

When I asked the participants if their perception of the role that educational psychologists can play supporting mental health has changed since they started working, all of them commented that it had changed. When I asked, what had impacted upon their perception several key factors were identified. These factors all fit in with changes to the policy and context in which educational psychologists work. These key factors were the changes to the Code of Practice as exampled by participant 202 responding:

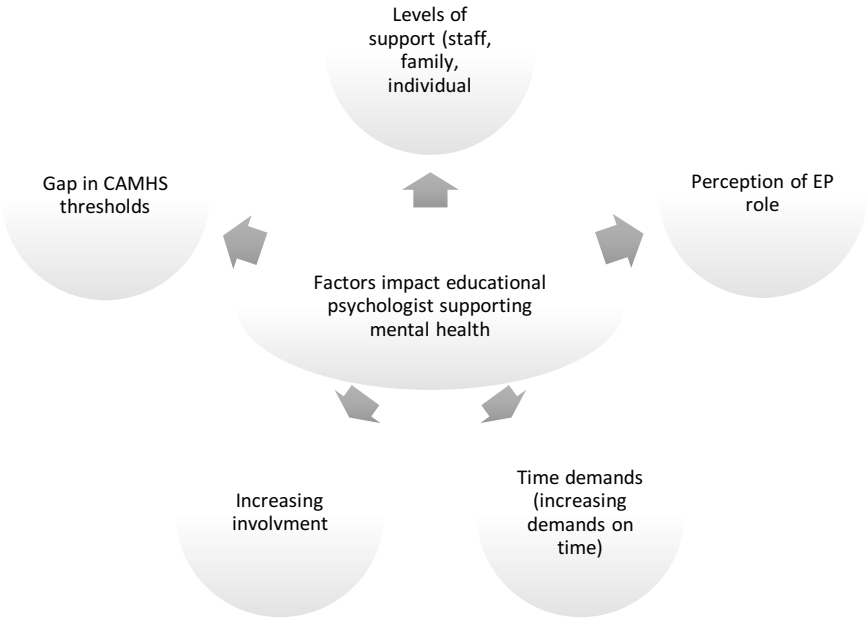
> "that said I think the changes to the code of practice in terms of moving away from behaviour to social emotional and mental health" (Participant 202).

Another factor was the recent media focus on mental health, as Participant 201 commented:

> "Am, I think in part it is because of changes in the Code of Practice, I think in part it is because there is more media focus on mental health. More of a drive, people thinking about it." (Participant 201).

As I commented in the literature review, the current Special Educational Needs and disability CoP (DfE, 2014b) highlighted the importance of supporting social and emotional wellbeing . When taking the continuum perspective of mental health, supporting wellbeing is a core aspect to supporting mental health in schools. Another factor the participants mentioned was their individual attendance on training courses focusing on mental health support. Some of the participants reported that attending training courses enabled them to play a more active role in supporting mental health in schools.

Figure 11: Factors That Impact Future Involvement



As part of phase two I sought to gain a better understanding of whether RQEPs were aware of the disparity between how in phase one they defined the term mental health and the frequency they reported supporting mental health or social emotional wellbeing (namely on a weekly basis). I felt that this was one of the most interesting findings from the first phase of my research project but I did not wish to alienate the participants by asking about the disparity directly.

I decided if I reframed the question to ascertain how their EPS viewed mental health, this might provide me a way of raising the topic at an agency level rather and an individual disparity level. I did this by asking the participants if their view of the educational psychologist role and mental health was influenced by "what their service labelled as mental health work?". By asking this I could gather both what they perceived their EPS viewed as the role and also gain an understanding of what they felt should be labelled as mental health work.

The participants raised multiple themes to help explain the disparity. The first theme explored was that the participant' might be involved in supporting mental health, but officially they may label it as something different. Participants 201 commented:

> "we don't use the term mental health as such, we all say social and emotional difficulties, but I think it would be under the same bracket, I mean we work with TaMHS as well…a targeted mental health services." (Participant 201).

Participant 202 commented that educational psychologists often become involved in supporting mental health through assisting behaviour in school, but with this type of support:

> "I tend to find the work [supporting mental health] that is through referrals around challenging behaviour or difficult with social…sort of social/emotional/social interactions things and that tends to be closely related to mental health needs, rather than it being for a mental health worker as such." (Participant 202).

This continues the theme that educational psychologists may be providing mental health support to schools, even though schools may not be aware and that the educational psychologists themselves may not be aware they are supporting mental health until they consider the topic of mental health.

This disparity about what constitutes mental health support was also commented on by the participants and was seen on two levels. Firstly, that schools do not view the type of work educational psychologists do as being mental health support (because the school referred to the educational psychology service to support behaviour rather than a mental health difficulty).

Secondly, it may be that educational psychologists hold a different definition of mental health than other professionals they work with. Two of the participants indicated that they

felt a core role of the educational psychologist was to harmonise the understanding of all agencies about what constituted a difficulty in school. Participant 206 exemplified this when saying:

> "what I understand by the term and that may be slightly different but as I said it's about trying to kind of get everyone's opinions and understanding out on the table to avoid any kind of uncertainties or misconceptions in that kind of way" (Participant 206).

7.1.3 Educational Psychologists and the Professional Title

In order to gain a greater understanding of the impact the professional title could have on the RQEPs perception of the connection between their role and providing mental support, I asked the participants "What are your views about dropping the word 'educational' from the role title?". This question was informed by the responses from phase one where Educational and Child Psychologist was the second highest rated response to the question of a preferred professional title (and the highest rated when soley looking at the 'very suitable' answers). All but one of the participants commented that they would like to see some change to the professional title. But, all of the participants argued that the term 'educational' should be kept, but that the title should be expanded to include the word 'child' or other relevant phrases to better encompass the reality of the role. The theme of remaining true to the training was seen in a majority of the responses. The participants often referred back to the differing titles of the doctoral training courses at each university and that while they felt the title could be added to, removing 'educational' would separate the professional role from the training received on the DEdPsych course. The comments made by participant 204 encompassed this position:

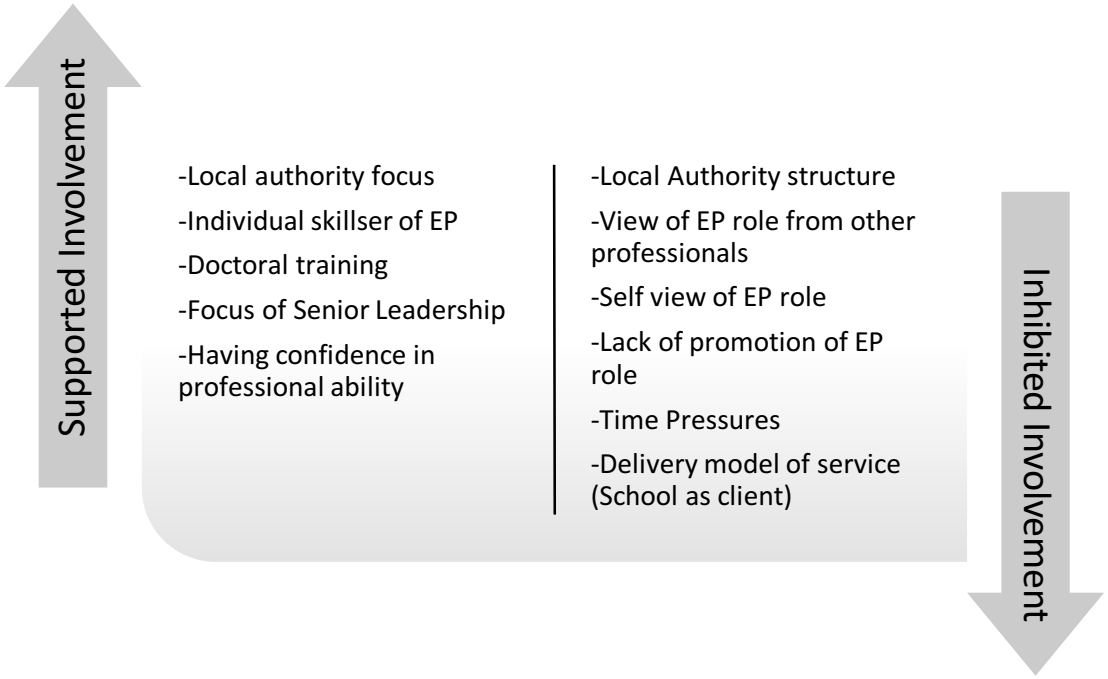
"because I know that all the doctoral courses have slightly different training titles and some other educational psychologists believe we've different titles but my doctorate is a doctorate in educational psychology therefore it would almost be stepping away from what my doctorate is in and what my course title was. So, I think that I would feel slightly – I don't mind bits being added to the title but I'm not sure about taking from it." (Participant 204).

I would argue that this signifies how important the doctoral training course is in defining what the educational psychologist role is becoming and how it develops.

7.1.4 Summary

In summary, when I asked the participants directly about the factors that supported or prevented their involvement in providing mental health support, similar factors to those mentioned above were raised by the participants. The below figure is a summary of the reported factors that impact upon educational psychologists perception of their ability to provide mental health support to schools.

Figure 12: Supporting and Inhibiting Factors



7.2 Research question 2:

To What Extent do RQEPs Believe Working in a Traded Service Would Support or Inhibit their Involvement Supporting Mental Health in Schools?

All but one of the RQEPs believed that service trading inhibited their involvement supporting mental health in schools. The main theme mentioned by the participants was the theme of 'expectations'.

7.2.1 Expectations

This theme expressed that schools have the expectation that 'value for money' is having the most children or young people seen by an educational psychologist. The participants' reported that schools preferred to see educational psychologists seeing more children in snapshot assessments, rather than a longer more in-depth piece of work. The participants felt that schools expected the educational psychologists to complete requested work rather to have a more directive role in selecting the children and young people they want to work with. Participant 201 commented:

> "when schools buy in a certain amount of time they are looking for us to get through as many children as possible, that's how they construct value for money. They've got lots of children they want to be seen by the educational psychology service and unfortunately that doesn't necessarily fit in line with being able to do nice in-depth pieces of work or something that would really support the child fully."
>
> (Participant 201)

The participants of phase two commented that these expectations did not just solely exist because of the traded service model of delivery, but because of the historic aspect of the role. the participants felt that the relationships schools used to have with educational

psychologists in terms of providing cognitive assessments. For example, schools perceive that they use the educational psychologist for their statutory role rather than seeing the breadth of the work they can provide.

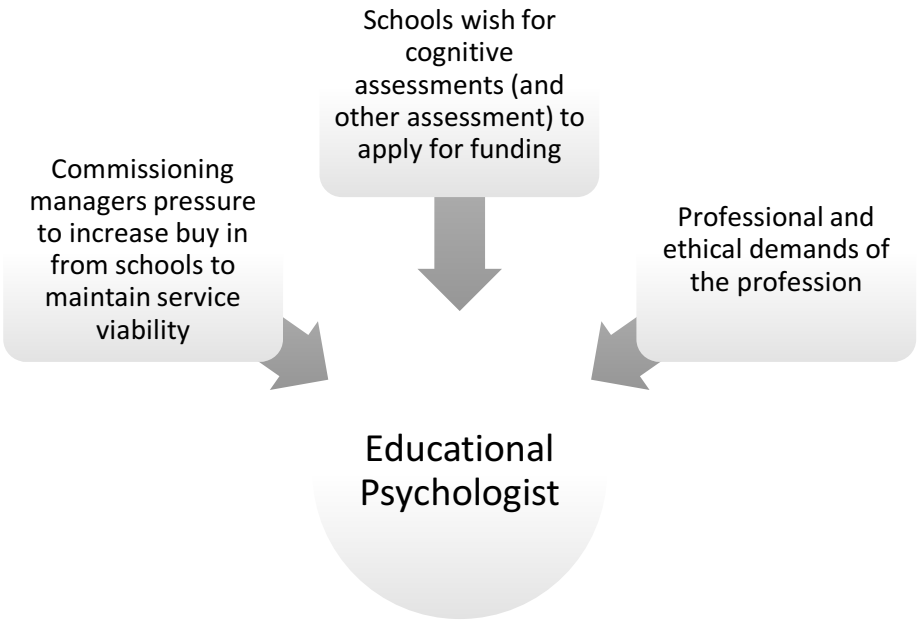
Fitting in with the expectations of the purchasing schools creates an unhappy balance for some psychologists as there is a tension between the educational psychologists' ability "to keep schools happy, but at the same time maintain your professional integrity" (Participant 201).

Where on one hand the participants perceived that schools' the expectations about what the educational psychologist should be doing could limit their involvement supporting mental health, there also commented on expectations from commissioning managers. Participant 205 mentioned this tension:

> "managers have to look for commissioning and for revenue some of the decisions they have to make can challenge some of our ethical views about the way of working but we are staff at the same time and we have to work within systems and we have to able to operate and sometimes that means we have to work within a traded model" (Participant 205)

The comments of the interview participants demonstrate that educational psychologists have multiple layers of conflicting demands placed upon them concerning how they decide as professions to carry out a piece of work. As demonstrated in the below figure

Figure 13: Demands on Educational Psychologists



However, Participant 204 believed that while there was a tension between schools, educational psychology services and professional expectations where educational psychologists could support wellbeing, that the tension provided an opportunity for a change in professional expectations. This participant believed that this could provide an opportunity for negotiation commenting:

> "Some schools would say 'well I've bought your time and I'd like you to use it for this'. It's my job to push back and say 'well I could do that but actually that's not going to – well you've bought the time of a psychologist, you haven't bought a cognitive assessment, you haven't bought you know a particular thing, you've bought a professional to discuss with you what question you're trying to answer and what skills I can bring to answer that question. I think traded services is a real opportunity to showcase what we can do, but sometimes that involves being a little bit uhm, you know, brave about having conversations with schools and sort of slightly putting yourself out there a bit. But on the whole I think it's an absolutely great opportunity – traded work." (Participant 204).

This demonstrated to me that while the educational psychologists' role supporting mental health has been influenced by both the historic role and the complex nature of working in a traded service; educational psychologists could use service trading as an opportunity. This opportunity could allow educational psychologists to reframe how the role is viewed by schools and therefore increase their role supporting wellbeing.

7.2.2 Quality of Multi-Agency Work

As part of my exploration of their perceptions about the traded service model of delivery, I asked the participants if they felt a traded service increased or decreased the quality of multi-agency work to support mental health and wellbeing in schools.

There was a much more mixed response to this than the previous question, with 3 out of the 6 participants responding that service trading has no effect on the quality of multi-agency work, while one participant commenting that it increases the quality and the other two participants commenting it neither increased not decreased the quality.

As before, the participants felt that the largest factor that could have an impact on the quality of multiagency working was funding. The participants commented that as school are the purchasing client, they could dictate which multi-agency meetings they were willing to fund and that when this was combined with the time demands educational psychologists are under, there is a reduced likelihood of educational psychologists engaging in high quality multi-agency work.

7.2.3 Traded Service Model as an Opportunity to Provide Additional Mental Health Support

When I explored this topic with the participants (phrased both positively and neutrally, as I have explored above) they still felt that a traded service inhibits their involvement in supporting mental health in schools. However, those that believed it could support

educational psychological development spoke about the positive aspects of a traded. These participants all referred to the flexibility that could be provided in a traded service. In a traded service, educational psychologists may have the ability to be more flexible in the type of work they agree to do. Participants of the study also commented on flexibility on two levels. On the individual educational psychologist level where educational psychologists are flexible to select a piece of casework and on a commissioning level where EPS directly seek to get commissioned to support mental health in schools.

Another aspect to the participants' answers was that they referred to the idea that educational psychologist involvement in supporting mental health in a traded service was dependent upon how an individual professional categorises as mental health support. For example, an educational psychologist could support mental health but frame it as learning support to enable schools to buy in that service. One of the participants felt that educational psychologists should only be increasing their involvement in supporting mental health in a very confined manner, with Participant 204 stating:

> "I think as long as we didn't step outside the limits of our competency and in terms of us not being clinical psychologists and not having some of the training that that might involve but you know I think there is scope for us to provide more, certainly in terms of you know general support to schools and as I said you know, kind of staff training and that sort of thing." (Participant 204).

7.3 Research question 3:

In What Ways do RQEPs Perceive Themselves as Being in Competition with Other Agencies to Provide Mental Health Support to Schools?

Generally, the participants did not feel that educational psychologists were in competition with other agencies/professionals to provide mental health support to schools.

7.3.1 Do Developing Education Psychologists Perceive That There is a Demand for Them to Support Mental Health?

All of the participants agreed that there was a demand for educational psychologist involvement in supporting mental health in schools, and for multiple different levels of demand. Participant 206 illustrated this with the comment:

> "Yes, right from kind of staff training on kind of raising awareness around emotional health and wellbeing particularly around things like emotional literacy support assistants so ELSAs and that kind of side of things. Running therapeutic style kind of interventions so that kind of build on you know awareness of kind of emotions and responses and social interactions and that side of things" (Participant 206).

I also asked participants whether they felt they were in competition with other agencies to provide mental health support to schools (as I believe that if there is a demand for something, then there may be competition to provide a service). Therefore, if the educational psychologists do not perceive that they are in competition with other services, it indicates there may not be a demand for their involvement supporting mental health in schools.

None of the participants felt that they were in competition with other agencies to provide mental health support to schools. When analysing the participant's answers focused on the participant's answers to the 'competition' question, a similar pattern of themes was similar to the 'demand' question, and that was the theme of 'perception'. The main reason the participants did not feel educational psychologists were in competitions with other agencies, was as Participant 201 stated "because of the way we are seen" by

schools and other professionals. The participant went on to say that schools and other agencies do not believe educational psychologists have a role in supporting mental health and thus do not view them as competition in a traded world. Participant 201 went on to say that “schools don’t necessarily see us as having really that function” when referring to providing mental health support to schools. Participant 204 also commented on the impact of the perception of the educational psychologist role:

> "I haven’t really seen it in those terms really, I haven’t seen it in terms of competition… more sort of terms of how we’re perceived.” (Participant 204)

The theme of perception was not just about how educational psychologists are perceived by others, but how they perceive themselves. Participant 205 commented that educational psychologists need to have:

> “more confidence in ourselves in the profession if we’re going to seek out those opportunities but to do it in quite a transparent and open way”. (Participant 205)

Participant 202 believed that educational psychologists rather than being in competition with other agencies should signpost to other agencies as educational psychologists have an understanding of the:

> “qualifications and role of different professionals and maybe one of our jobs is helping them [schools] to understand that. I think that actually the last thing that is unique to EPs that we are able to offer other professionals aren’t able to offer”. (Participant 202)

7.3.2 Do the Educational Psychologists Feel Supporting Mental Health is a Focus of Their Service?

I think that a key aspect of understanding how RQEPs perceive how their role supporting mental health compares to other professionals, is by asking them how they think their

service views the importance of supporting mental health. I asked the participants “To what extent does your educational psychology service view their role in supporting mental health in schools?”. The participants responded that most of the EPSs viewed supporting mental health as an important part of the support an educational psychologist provides. However, the theme of role perception was once again raised. Participant 201 commented:

“I would say that, oh I don’t know…I think their view would be that we had a big role in it, but whether that role would be recognised by, explicitly by professionals, I don’t know” (Participant 201).

Once again, the participants commented that the role they play supporting mental health may be a general role of the profession but individual working within that profession may not consider it as something within their remit. An explanation for why this could be a factor was a theme in the responses. The participants felt that often educational psychologists can support mental health in a very ‘subtle’ way as I have discussed above. This ‘subtle’ support was supporting social and emotional wellbeing through systemic support in schools, indicating that while educational psychologists support mental health, they may provide more support to the wellbeing aspect of the continuum.

Another theme that came out of the participants’ responses was that supporting mental health was a relatively new aspect to the role and that their service was either engaging in a new ‘push’ to support mental health or that the service was investigating how that would provide mental health support in future.

This idea that an educational psychologist becoming involved in supporting mental health was not just about a service push, but also about individual factors was also present in the participants’ responses. There was a theme of professional autonomy, ability and

capacity as being at odds with the EPS drives. This was demonstrated when the participants were discussing the capacity of educational psychologists to support mental health.

7.3.3 How Does the Educational Psychologist Role Compare to Other Professionals Supporting Mental Health?

The participants of my research project presented a unique picture of the role that educational psychologists have, and could have in supporting mental health in schools. One theme that was common to all the participants' responses was that educational psychologists work in a different way to other professionals. Educational psychologists work in a systemic way to support mental health or as Participant 206 referred to it "we're more kind of more hands-off" and can provide support by working with the system of a school rather than needing to just focus on an individual case. The fact that educational psychologists often work through the consultation method to support other professions who work with children was seen to be a distinctive aspect to the role educational psychologists. Therefore, educational psychologists provide systemic support to help schools meet the social and emotional wellbeing aspects of students' mental health needs. The participants also presented the role of the educational psychologist as providing ongoing support to students who are being directly supported by CAMHS professionals in a systemic way.

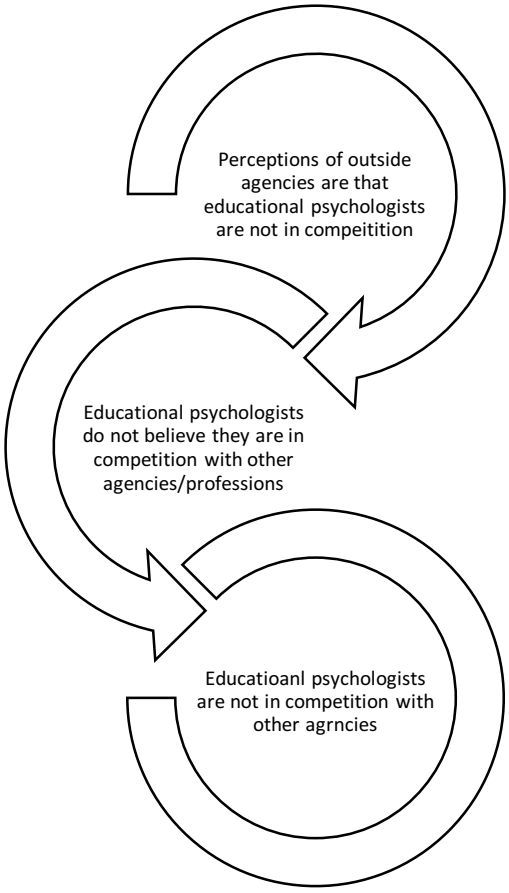
Working systemically provides educational psychologists with an opportunity not just to support an individual but build resilience in the school up upskilling staff members. The participants reported providing training to support staff about their understanding of mental health in the school environment. Participant 202 succinctly presented this type of educational psychologist involvement remarking:

> “EPs work generally at a more systemic level. In terms of hoping to raise awareness in schools. So this year I’ve done training on attachment theory and attachment in the classroom and training on kind of emotional regulation skills and the impact that has and I’ve done previous training on trauma in schools. I think that is a role that is different because it tends to be, I won’t see a lot of other mental health practitioners doing that. For example, you won’t see psychotherapists going into schools delivering training at that level.” (Participant 202).

Here we see one of the key avenues educational psychologists could use to support mental health, staff training. This staff training could also provide an opportunity ro evangelise the role educational psychologists can have supporting mental health in schools, Participant 202 commented:

> “There is absolutely demand for it. It’s just making schools aware that it is a need that we as EPs can meet. But there is absolutely a demand for it.” (Participant 202).

Figure 14: impacting Factors



7.4 Phase Two Discussion

In this section I discuss the finding presented above and placed within the existing literature, I then discuss the limitation of the study. Finally, in this section I explore the implications of the findings for educational psychologists' practice and I make suggestions for future research.

7.4.1 How do RQEPs Perceive Their Future Role Supporting Mental Health?

While there has been very little research focussing on educational psychologists in general, there have been some studies that explored the current role of educational

psychologists in supporting mental health. For example the study by Atkinson and colleagues (2012) I mentioned in the literature review chapter, which explored the use of therapeutic intervention by educational psychologists. In this study, I would argue that the researchers are indirectly exploring the involvement educational psychologists have in supporting mental health in schools. much of the existing research exploring my topic is like this. There is very little research directly focusing on gaining the perceptions educational psychologists have of their future role supporting mental health in schools. I felt that my research project could start to fill this gap in the literature by directly exploring these issues with educational psychologists.

The findings from phase one were that both TEPs and RQEPs agree that supporting mental health is a core aspect of the educational psychologist role. However, I wondered how this role might develop in the future? While the involvement of educational psychologists in providing therapeutic interventions has been documented (Atkinson et al., 2011), I wished to see if the future of the profession would comment on this when discussing the developing role.

My research highlights that RQEPs perceive that there will be a future role for educational psychologists in supporting mental health in schools. The participants commented that they see the future role evolving in that they can increase. However, the participants also felt than any increasing involvement would be dependent upon the individual skillset of the individual educational psychologist (as some educational psychologists may have more clinical training and experience than others and thus be more capable to provide mental health support to school). However, I think that the perceived skillset of an individual educational psychologist may also be limited by the perception of the role. If an individual professional is not perceived to have a skillset by commissioners, then they may not be given the opportunity to use that skillset.

I would also argue that the responses indicate that there is a large amount of insecurity in the developing members of the profession about any role they may have in supporting mental health. A golden thread of ‘lack of confidence’ or insecurity was seen throughout a majority of the participants’ responses. All but one of the participants commented that educational psychologists are not clinical psychologists and this implied providing mental health support was not in keeping with the role. I wonder if there is a need for a coming together of the branches of practitioner psychologists to better share and explain the skillset and capacity of each individual strand. Although the participants commented that they are not clinical psychologists, they did not comment on what makes the contribution of educational psychologists distinctive and whether this contribution could be made by other professionals?

I would argue that this insecurity explains the inconsistency in phase one between how the participants defined mental health, the frequency they reported supporting social and emotional mental health in schools and how they rated the term as an aspect of the core educational psychologist role. I think in the present environment educational psychologists are currently supporting mental health in schools, but do not feel confident in attaching the label of mental health support to the work they do.

I think my research project has also raised some interesting features of educational psychologists involvement in school. They do not see themselves as being in competition with other professionals to provide mental health support, and also that other professionals do not view educational psychologists as having a role in supporting mental health. I think that this is a major issue for expanding the professional role. If educational psychologists are currently supporting mental health in schools but schools are not aware of this, then when schools come to commission services from EPS they may just commission learning support rather than wider SEMH support. I think that by

not vocally associating the correct label to the work educational psychologists currently do, they may end up limiting the type of work they are commissioned to do in the future.

The participants commented on supporting mental health by training the staff and upskilling those members of the school environment to meet the needs of young people around mental health. Only one of the participants referred to providing individual work with children and young people to support mental health. This implies that while educational psychologists carry out therapeutic work, they perceive that in the future most of their involvement will be with upskilling school staff (e.g. teachers and teaching assistants) to support an individual rather than directly supporting that individual.

When referring to the perceived demand for educational psychologists to support mental health in schools, it was clear that while all of the participants agreed there was an increasing demand they viewed this demand as coming from different areas. Most of the participants mentioned that the demand came from schools. Two participants commented that there was also a push from within their service to provide mental health support, as either an area the EPS were moving into or to providing Emotional Literacy Support Assistant (ELSA) training.

7.4.2 Does a Traded Service Support or Inhibit Involvement Providing Mental Health Support to Schools?

In my research project the majority of participants commented that they felt that the tension or conflict between making a professional choice and being ‘bought in’ for a named piece of work was a major factor in them believing service trading inhibited their involvement supporting mental health.

As all of the participants have qualified within the last 5 years, and thus have started their professional journey in a traded working environment, it is interesting that the tension still exists. I find it interesting that one of the main themes that came out of the analysis was pressure. I think the participants felt that they had to answer to the EPS (commissioners) and schools (purchasers) but none of the participants mentioned being able to use service trading to get the right outcome for the children and young people they are working with.

I think that while the participants in phase one reported being sufficiently trained to support mental health in schools, perhaps more training could be provided to enable developing educational psychologists to have a greater ability to navigate the difficulties of maintaining professional autonomy while trying to keep paying schools happy with the level of input they are receiving.

7.4.3 RQEPs Perception of Educational Psychologists and Competition

The findings in this section of my research project highlight that the participants did not perceive any other agencies to be in competition with them to support mental health as they did not feel that were viewed as providing mental health support. It is interesting that while some participants comment on being trained to provide mental health support, they still did not feel that other agencies, or indeed the purchasing schools viewed them as providing mental health support.

I think that part of this external view may be due to what participant 204 referred to as educational psychologists needing “some confidence in our ability to do it”. Perhaps the dilemma about ensuring that schools are happy with the service being offered when pegged with their expectation of the historical educational psychologist role means that

educational psychologists are not always empowered to direct schools when it comes to the type of interventions that could provide. Ashton and Roberts (2006) describe the move away from the 'expert' role of assessing for educational psychologists, but perhaps the profession has moved to a place where they do not feel the system in which they work is aware of their professional development or willing to utilise the skillset that educational psychologists have developed. Perhaps in trying to avoid being seen as an expert, educational psychologists risk just being seen as cognitive assessors?

7.5 Key findings and themes from phase two

- The RQEPs believe that there is a role for educational psychologists to provide mental health support to schools in a proactive and systemic way. This enhances the theme suggested in Phase One of my research project.
- The RQEP participants believe that working in a traded service inhibit their opportunities to provide mental health support and that working in a traded service affect the professional choices over referrals to take. This is summarised with the theme of a traded service inhibiting the work of an educational psychologist.
- The RQEP participants do not believe they were are competition with other services to provide mental health support as other services did not perceive educational psychologists as providing mental health support.
- The RQEPs perceive there to be a demand for their input to provide mental health support to schools.
- The RQEPs feel that while taking more of an active role to support mental health may be a goal for their service, individual educational psychologists might not be aware of this.

8. Overall Discussion of Phases One and Two

In my research project, I set out to explore how the future of the educational psychology profession perceived their role supporting mental health in schools. The topic of supporting mental health in schools has not just been a discussion from within the profession but is (as my participants mentioned) one that has also been widely discussed in the media. An article exploring this topic was entitled '*Schools trying to help children shut out by mental health services'* was published by The Guardian in January 2016 (Weale, 2016). This article describes the current state of mental health support in schools and provides Weale's comments that there is an 'overstretched' NHS mental health services for children this is struggling to meet demand in the face of well-documented cutbacks that have seen thresholds for being seen by CAMHS go up, waiting lists lengthen, and children turned away." (Weale, 2016, p. 1). In this article Weale comments that "The idea that schools are supposed to prevent this stuff at the same time as being under pressure to perform in terms of academic results ... it's an impossible situation." Weale goes on to report that staff in some schools feel "frightened and overwhelmed" by the demands being made upon them. They fear doing more harm than good." (Weale, 2016, p. 2).

The increased demand felt in schools and commented upon by teachers has school staff questioning their ability to support children with mental health difficulties and who should be providing this support (Mazzer & Rickwood, 2015). When one explores this increasing demand in schools for mental health support with a CAMHS budget that has been cut by as much as 30%, schools are reporting that they are being asked to support students with mental health difficulties even though they "do not always have the resources or training to provide the extra support pupils with mental or emotional issues may need." (O'Hara, 2014, p. 1). The fact that CAMHS is underfunded was a topic that

was raised by the participants throughout phase two my research project. The participants of my project commented on the increasing, or high thresholds of CAMHS structure and the awareness schools have of this issue. It is clear to me that schools and other connected professionals are aware that CAMHS are stretched and due to funding cuts and there is an increasing threshold for their involvement (Docherty & Thornicroft, 2015; Foreman, 2016). School staff now feel that they are having to provide more and more mental health support, without feeling that they have been trained and equipped to meet this need.

Since I started my research project, the topic of mental health support in schools has continued to be not only a focus within the media but also within the government. In 2017 the government started to respond to these issues and the fact that between 2010 and 2015 the CAMHS budget was cut by approximately £50 million while the demand for the service increased (Allan, 2017). Prime Minister May announced the government would support secondary schools in three main ways:

- Firstly, the government will trial methods of strengthening the links between schools and local NHS mental health staff. At the time of writing the government have not provided further details on how this will be accomplished, what the links will look like or which "NHS mental health staff' members will be the focus of these connections.
- Secondly, the government will conduct a 'major thematic' review of CAMHS across the country, this review will be led by the Care Quality Commission and will identify but what is and is not working under the current system. The review will have the 'ultimate' goal of developing a new green paper on children's and young people's mental health and will set out plans to transform mental health services in school, universities, and for families.

- Thirdly, the government propose providing training to every UK secondary school focused on mental health first aid. However, it should be noted that at the time of writing, there has not yet been any indication as to what format this training will take (e.g. in person or online, etc.).

As part of publicising the future actions of the Prime Minister, the government press office released a statement from Paul Farmer CBE (Chief Executive of the mental health charity Mind). Mr Farmer commented:

> "it's important to see the Prime Minister talking about mental health. We welcome the announcements around focusing on prevention in schools and workplaces and support for people in crisis." (Prime Minister's Office, 2017).

With this current focus on mental health in schools combined with research commenting that schools are one of the most effective settings to support young people's mental health and reduce the likelihood of any mental health issues developing (DfE, 2014a; Greig et al., 2016; Weare & Markham, 2005; Wolpert et al., 2011, 2013). I wished to see if educational psychologists perceived they could be the bridge between these two issues by supporting mental health in schools in a systemic and individual way.

As I have commented in my literature review, there has been an extensive evolution of the educational psychologist profession in three main areas:

- The training of the professionals and the backgrounds from which they come.
- The traded service model of delivery.
- The demand from schools for mental health support.

In my research project, I have examined these three areas and developed an exploratory conceptualisation of how developing educational psychology professionals view their involvement supporting mental health in schools and the factors that have underpinned this perception.

8.1 Overarching Themes from Phases One and Two: Developing Educational Psychologists and their Mental Health Involvement

A clear theme that was present in both phases of my research project was that while a majority of the participants agreed they had a role supporting mental health in school, they defined their role as more about learning support, and supporting all round development or social and emotional wellbeing. Indicating that they viewed supporting wellbeing as being a core aspect to the educational psychologist role.

An interesting outcome from phase one is that while the participants mainly defined mental health as being about ones social and emotional wellbeing. In their practice, they seemed to take a more medical definition of mental health, in that it is about the absence of a mental health condition. This was demonstrated in the difference between how the participants defined mental health with a majority specifically using ‘social and emotional mental health’ as a core aspect of their definition, and how they rated both options as discussed above. An explanation for this may have be provided by one of the findings from Phase Two, as the participants commented that schools may not perceive educational psychologists as having a role supporting mental health. While educational psychologists view supporting social and emotional wellbeing as a core aspect of supporting mental health, they may not actively label it as such in schools when they are providing these supports.

It seems to me that educational psychologists need to have a clearer conceptualisation of the relationship between their professional role and what they label as mental health

supports in schools. It is also clear to me that how educational psychologists define mental health needs to be explored to change it to a view that is focused on the promotion of wellbeing rather than solely supporting medical diagnoses. As I commented in my literature review, Westerhof and Keyes (2010) commented that mental health was made up of a continuum involving emotional and social wellbeing, and psychological wellbeing. The comments from the participants of my research project demonstrate to me that developing educational psychologists view their role as supporting emotional and social wellbeing rather than directly supporting student who during a time of psychological distress.

I think that any updated conceptualisation of mental health used and shared by educational psychologists needs to focus on providing educational psychologists with a deeper understand that social and emotional wellbeing is a core aspect of any solution to combat any mental health diagnoses an individual may have. When working in a school, educational psychologists could start to use the term ‘mental health’ to accurately describe the systemic support they are providing. This could help both reframe how school staff define mental health and how school staff view the variety of support delivery models’ educational psychologists can provide. I view this as a core way in which educational psychologists can support mental health in schools.

After reviewing the findings of my research project, educational psychologists view themselves as having more of a systemic role supporting mental health at an organisational, staff training and support role level by supporting social and emotional wellbeing. This may be because this is a similar model to the working style currently employed by educational psychologists when providing support to a school (Beaver, 2011).

I also find it interesting that all of the participants placed themselves on the CAMHS Tier model, thus signifying that they are part of child and adolescent mental health services. I do not think the participants see themselves as being part of CAMHS. All of the participants of phase two referred to CAMHS as an external agency that they had contact with, or referred to.

Therefore, my research indicated that educational psychologists view themselves as supporting students' social and emotional wellbeing and by doing so often support mental health in schools.

8.2 Strengths and Weaknesses of My Study

In my research project, I used a two-phase structure and implemented a mixed methods framework to explore the perceptions developing educational psychologists hold about their role supporting mental health in schools. By implementing a mixed methods framework, I aimed to gain both the perspective of a large sample of developing psychologists, and an in-depth understanding of the factors that underpinned their perceptions.

As with all research, there are several limitations to my project that should be taken into account when evaluating my research project. All of the participants came for a group categorised as 'developing educational psychologists' which means that they were all either TEPs or in their first five years of practice since qualifying from the doctorate level course. This limits the generalisability of the findings, as the entire professional educational psychology workforce is not represented in the recruited population. I also focused on those educational psychologists who completed the doctorate in England and not other areas of the United Kingdom (such as Wales and Northern Ireland). By not including developing educational psychologists from the entire UK, the findings may not

be generalizable to those developing educational psychologists working outside of England.

While I attempted to recruit both TEP and RQEPs from all around England, I had a relatively low response rate for phase one with only 43 TEPS and 27 RQEPs completing the questionnaire. One of the factors that may have impacted the response rate was the length of the questionnaire. By including a questionnaire that took approximately 15-20 minutes to complete, I may have reduced the number of participants willing to make the time commitment to fully fill in the questionnaire.

I also initially sent out the questionnaire in the April-June period of 2016. It could have been that this was a busy period for many educational psychologists and that their work load increased in the Easter/Summer term which reduced the likelihood of the RQEPs to complete the questionnaires. This timing could also have affected the TEP population as they may have had an increased number of assignments/research projects to complete.

By using a questionnaire, I hoped to gain an insight into the general trends and conceptualisations held by developing educational psychologists. In the second phase of my research project I completed six in-depth interviews exploring the themes raised in phase one. I acknowledge that as part of both phases of my research project I was asking developing educational psychologists to explore complex concepts and refer to terms that contained multiple levels of definition and understanding (Adams-Hutcheson & Longhurst, 2016; Edwards & Holland, 2013; Olson, 2016). As my research aimed to explore what developing educational psychologists defined as ‘mental health’, I did not define it for my participants and this could have caused some participants to hold conflicting views of the terminology. In fact, I think that one of the key findings of my project is that developing educational psychologists’ working use of the term ‘mental health’ may not fit with how they define mental health when asked. There seems to be a

mismatch between how they perceive mental health should be defined and how they define it through their actions and support.

With the first phase of my research project I did not actively record demographic data for each participant (e.g. age, gender identity, nationality, race, etc.) therefore I am unaware if the make-up of my participant population mirrors that of the workforce in general, which affect the generalisability.

As I was working with adults and exploring their perceptions of the profession, most of the complexity of the ethical considerations for my research project were reduced. In recruiting my participants, I set out to recruit those who were training or relatively new to the workforce. I intentionally did not recruit more experienced practitioners to allow me to solely focus on the perspectives of the future of the profession. However, I of course considered the fact that taking part in my research project could have had an impact on the participants. As I was exploring their working role and examples of work carried out, the participants may have felt a sense of judgement as to their involvement supporting mental health. I aimed to reduce this factor by asking participants to respond to general questions, rather than comparing themselves to other educational psychologists or other professionals. In my research project, I also asked the participants to comment on their perspective of a traded model of educational psychology support. It is possible that by raising a question about this model of working I could have made the participant reflect on their own work and compare it to others. To reduce these possible areas of ethical concern, I aimed to be 'open and honest' with my participants by being transparent about the aims of my research project and the grounded theory approach I was taking.

As I conducted interviews in phase two I aimed to ensure the validity of my findings by fully immersing myself in the data recordings and familiarising myself with the data. I immersed myself in the data by completing the interviews, transcribing the interviews and

encoding the transcriptions. By immersing myself in the data I aimed to gain a thorough understanding of the data and avoid misinterpreting the participant's responses.

8.3 Recommendations for Future Study

It seemed to me that this perception issue may be an explanation for the discrepancy in phase one between how participants defined mental health, reported supporting mental health on a weekly basis, but did not rate supporting mental health as a more core aspect of the educational psychologist role. It is possible that when directly asked about mental health support there was a tension between how they perceive the role, the work they actually carry out and how they feel they are perceived by other professionals working to support mental health in schools.

While these findings have expanded upon the existing literature and enhanced our understanding of the developing perceptions TEPs and RQEPs hold, as with all research, there are areas that could have been improved upon. My two-phase research project formed part of my completion of the Doctorate of Education, Child and Community Psychology at the University of Exeter. As this research was part of a doctoral course there were time and financial limitations which were considered as part of the project design.

In terms of how this research could be improved or developed in future research projects, I would recommend that in any future study the researcher expands the participant population to include more experienced educational psychologists. This would enable them to compare the perceptions developing educational psychologists hold to these held by psychologists who have been working in the field for a long period of time. I also think that recruiting other professionals (such as SENCos or Clinical Psychologists) could provide an interesting insight into not just how the educational psychology

profession views itself, but how it is viewed by other professionals actively supporting mental health in schools. This would enable a comparison between how educational psychologists perceive they are viewed by these professionals and how the professionals actually view their role.

I think that using an informed grounded theory methodology was particularly suitable to my completion of this research as I am training become and educational psychologist and thus have been exposed to research exploring the role of the educational psychologist and also research exploring mental health in schools.

By being aware of some of the themes extant in the research but using the data I gathered to develop theories, I believe my research has been stronger as the theories developed have not been overly influenced by an early hypothesis. I argue that by using the informed grounded theory I could generate theories that could impact on how educational psychologists engage with providing mental health support in the future. Namely the impact of the tension between how developing educational psychologists define the role they carry out, and the actual role the complete daily. However, there were challenges to implementing Informed grounded theory with this type of research project.

One of the key stages of both informed grounded theory and grounded theory is that the researcher immerses themselves in the data during the Sorting phase and that this continues until the researcher reaches the point of theoretical saturation (where no more codes can be generated) as “the researcher has been capturing the emergent indention of substantive and theoretical categories in the form of memos. Once the researcher has achieved theoretical saturation of the categories” (Glaser & Holton, 2004, p. 18). As my research was time limited, I had to move on with my analysis when I felt I had met this

level, but it is possible that with more time additional theories could have been generated.

As part of my research project I was seeking to observe how developing educational psychologists defined mental health and thus did not define it for them at the start of the research project. I think a future study that defined mental health for the participants and perhaps provided an explanation as to that definition could avoid any issue with people having differing understanding of the term mental health. It was clear from my research project that two participants did not have a working definition of mental health. For example, participant 139 (TEP) “Please see the BPS definition of mental health”, participant 135 (TEP) “Broadly”, and participant 146 (RQEP) “Wellbeing”. The fact that not all of the participants held a similar view of mental health could have impacted on the findings and may explain any inconsistencies in the responses. Any future research project could also ascertain what aspects of educational psychologist’s work was viewed as supporting social and emotional wellbeing. By exploring this, a future research project to examine in greater depth where educational psychologists view the cut off between supporting wellbeing and supporting a mental health diagnosis.

I also think that any future research could also change the way in which the participants responses were elicited. While I used one-on-one interviews, I think that using the focus group method in a future project with the participants could have provided a rich set of data. In the focus group method, the participants would have actively shaped and expanded upon their answers and may have presented a deeper coherent picture of how the focus group perceived a question.

My research project solely recruited developing participants to obtain their view of the role they have in supporting mental health in schools. However, I think it would be very interesting to gather the perspectives of how schools and commissioners view the role of

educational psychologists to support mental health. The participants of my study felt that schools did not think of them as supporting mental health but as I have discussed above, further research is needed to explore if this is this an accurate description of the school's perspective. I also think it would have been interesting to assess if school perceive educational psychologists support social and emotional wellbeing in school, and if they view this work as supporting mental health.

During my project, I explored whether developing psychologists engaged in multiagency work to support mental health and also if RQEPs perceived themselves to be in competition with other agencies. A resounding theme was that the participants of my study felt other agencies did not view them as actively supporting mental health in schools. Any future project that involved other agencies (e.g. clinical psychologists, mental health workers) could obtain an insight into if this is the case, and what is behind this perspective of the educational psychologist role. it may also be interesting to include participants who are directly involved in the commissioning process (such as PEPs) to see if they feel they are trying to 'sell' educational psychologists as a mental health service but commissioning panels are not willing to purchase.

8.4 Contributions to my Journey as a Researcher

I completed this research project to further the knowledge base about how educational psychologists perceive their role supporting mental health in schools. I have also developed as a researcher because of my project. My research project has changed and developed my understanding of the educational psychologist role, how developing educational psychologists perceive that role is viewed and the relationship educational psychologists can have with schools to support mental health. When I started this research project, I had a very simplistic view of what constituted the educational psychologist role. I assumed it was a set concept for each practitioner and that they were

aware of what with both included and excluded from the type of work they completed. During the course of my research project I came to realise the complex nature of defining a ‘role’ and the complex interplay of personal and societal factor can play. I now realise the complicated construction educational psychologists go through when defining their role, and also that this definition may not be consistent over time, in keeping with Reed’s (2001) exploration of the subject of working roles.

At the start of my research journey I wondered why very few of my TEP and educational psychologist colleagues referred to any of the work they were carrying out as being mental health based. I was also curious as to why so many of the TEPs I was training with were reluctant to use much of the mental health training they had received before starting the doctorate. By completing this project, I now realise the complex nature of this field and that there are many more factors affecting the relationship educational psychologists have with mental health than I initially anticipated. My research project also made me realise the impact working in a traded service can have for educational psychologists and how they view the that impacts that charging for services can have on the work they carry out in schools. One of the key themes from phase two was that a traded model of service delivery does limit the opportunities educational psychologists would have to support mental health in schools as these schools would have to pay. However, if CAMHS thresholds are raising, school budgets are falling and the EPS is not getting involved to support mental health in schools, who is going to provide this support?

As a developing educational psychologist, this research project has helped shape my view that educational psychologists need to connect with schools and other commissioning bodies to highlight the training we have, the changes that our involvement can bring about and to develop a scientific evidence base to demonstrate the cost-effective nature of our involvement. By doing this, we as professionals can

demonstrate both our effectiveness to schools in supporting mental health and the cost-effective nature of our role to commissioners.

My research project has also made me question whether I apply the theoretical perspective I claim to have. Many of the research participants cited a positive definition of supporting mental health, yet when it came to defining what supporting mental health means to them, they defined interventions to support a mental health diagnoses, rather than support mental health and wellbeing. It made me wonder if I personally held this dichotomy about mental health and I decided that I think I hold a very similar opinion to many of the participants. Through this research I have been made aware of this bias and I can now actively work to reduce any impact on my professional practice. I think that at the start of my research journey I perceived that providing mental health support was assisting schools and young people with a mental health diagnosis. I now see that a large aspect of the way I can work to support mental health in schools is by working proactively and supporting wellbeing in terms of social and emotional development.

While this research project has changed me as a researcher, I also think it has changed how I will practice as an educational psychologist. I now see the important role educational psychologists can play in supporting wellbeing in schools. I think that when I started on my research journey I defined supporting mental health too narrowly. I now realise that as an educational psychologist the work I carry out to support social and emotional wellbeing, is supporting mental health in schools and always was. I now realise that I held a more within child or medicalised view or mental health and thus was limited in how I viewed my profession's ability to provide support. By clearly labelling social and emotional wellbeing interventions as mental health support I think I will also help reframe how the schools I work in define mental health. By doing this I will increase awareness of the reality that mental health exists on a continuum, we need to support all aspects of that continuum for mental health in schools to be sufficiently supported.

8.5 Contributions to Knowledge

As I have commented on above, the educational psychologist role is something that has been debated both within and without the profession for a number of years. My research has highlighted that the debate about the extent to which educational psychologists are supporting mental health is an area that need clarifying on a profession level basis. My research project has highlighted that there a number of factors that can impact upon an educational psychologist becoming involved in supporting mental health.

I think that it is interesting that developing educational psychologists may be reluctant to attach the title of mental health support to the work they carry out. I wonder if this is a feature of the historical role of an educational psychology which was strongly associated solely with the identification of learning disabilities and the placement of children in 'special schools' (Burt, 1937, 1955). When this was more of a feature of the educational psychologist's role, they were required to have been trained and have practiced as teachers, giving earlier educational psychologists a greater level of insight in to the curriculum, school structures, teaching demands and learning expectations. As this requirement has moved away, fewer TEPs come from a teaching background with only 2 out of the 10 TEPs in my cohort having teaching experience. The change to bring the professional training more in line with Clinical Psychology, has enabled a situation where the TEPs may have more experience supporting mental health than before the shift to the doctorate training. However, I find it interesting that the TEP participants of my study were still reluctant to connect the term 'mental health' with the work they do.

I also wonder if this reluctance is due to where the educational psychologist role sits as a profession, namely between education and health services. I perceive there to be a gulf between the perceptions of the education and health sectors. I think education sectors can be overly focused on cognitive assessments, where support, funding and

interventions often comes with a cognitive assessment requirement or expectation. I also think the health sector is overly focused on a framework of disorder labelling (e.g. diagnosis ASC or ADHD) and identifying problems. The educational psychologists' sit at the intersection between these two frameworks and there may be a reluctance to engage more formally in the health side as that goes against some of the exosystemic ideology many educational psychologists use in their daily work. This may have been reflected in the participants responses to phase one where they rated supporting social and emotional wellbeing as being a more 'core' aspect of the role. My research indicated that educational psychologists frequently support mental health in schools, particularly supporting the social and emotional wellbeing aspect of the continuum.

In phase two, I sought to ascertain how RQEPs felt their role was viewed by asking the participants if they felt other agencies viewed themselves as being in competition with educational psychologists to provide mental health support to schools. The two main themes that came out of the participants' responses were that educational psychologists were not perceived to have a role supporting mental health in schools and educational psychologists may not be confident to label they work as supporting mental health in schools. I argue the reason these factors exist is because of the ambiguity and debate about what the educational psychologist role both within and outside the profession. Without a clear base in terms of their role, educational psychologists may not feel confident expanding upon that base to encompass mental health support. They may feel insufficiently skilled or that they are not the correct professionals to complete a piece of work that is focused on providing mental health support. However, it should be noted that in the BPS publication *Delivering Psychological Therapies in Schools and Communities* (Division of Educational and Child Psychologists (DECP), 2016) educational psychologists are viewed as professionals with the capability and are well placed to support mental health in schools.

I argue that by openly labelling supporting social and emotional wellbeing as being an intrinsic aspect to supporting mental health, educational psychologists could help change the perspective of school professionals in how they view 'mental health'. As I commented in the introduction and literature review chapters, there have frequently been renewed focuses on mental health in schools (DfE, 2014a) but these have not brought about changes to the rate of difficulties students experience (Sharpe et al., 2016). By reframing professionals view of the importance of wellbeing support in schools, educational psychologists could play a vital role in support mental health now and in the future.

8.5.1 Commissioning policy to include mental health support

In the future, I think that reinforcing for educational psychologists that they are 'practitioner psychologists' and thus have an extensive knowledge of psychology could help them feel more confident to support mental health in schools. In this traded world of practice, there are opportunities for educational psychologists to redefine the role they wish to play in schools and with young people. Before the (2014) Special Educational Needs Code of Practice I do not think that educational psychologists would have viewed supporting 18-25-year-olds as part of their role, but this is something educational psychologists have adapted to accommodate. I would argue that now is the opportunity for educational psychologists to redefine their role as supporting not only learning but also the mental health needs of students up to the age of 25. As EPSs are continually engaging in renegotiating their contracts with commissioners (i.e. every year), I think there is always an opportunity for EPSs to redefine the educational psychologist role in terms of the supports they are commissioned to provide.

I would also argue that my research shows that is a need for a better conceptualisation of the relationship between educational psychologists and mental health and for this

understanding to be developed at a profession wide level. There needs to be a focus on having a clear role identity for educational psychologists and around supporting mental health as this could enable a wider variety of opportunities in a world where service trading is becoming more common.

8.5.2 DEdPsych Course

While the participants on my study generally consider themselves sufficiently trained in supporting mental health, I think the DEdPsych courses need to do more to foster a sense of ownership in terms of the role educational psychologists have with mental health. As educational psychologists are practitioner psychologists, (and therefore specifically trained to support mental health). I argue that the DEdPsych courses are ideally placed to provide a sense of professional identity and help developing educational psychologists conceptualise their role supporting mental health. During my training at the University of Exeter, the experiences and preparation I received constantly informs my practice on a daily basis. Perhaps supporting the TEPs to realise the role they could hold supporting those children and young people with their mental health could provide another path for them to realise the breadth of the role they are taking on. Developing educational psychologists are trained to support mental health, they are practitioner psychologists, and they are psychologists with a unique connection to educational settings, yet they are reluctant to openly support mental health. The participants of my study commented that they viewed supporting social and emotional wellbeing as being a core aspect of the educational psychologist role. I argue that this implies that educational psychologists view supporting the social and emotional wellbeing of students as the key aspect of mental health support that they are best suited to provide. Therefore, I think one of the ways the doctoral courses could help shape the awareness TEP have of their

involvement supporting mental health is to actively label supporting social and emotional wellbeing as ‘mental health’ work, both at an individual and systemic level.

This change could also be facilitated by actively developing the connections between the DClinPsy and the DEdPsych courses. During phase two the participants of my project commented that one of the reasons other professionals did not see themselves in competition with educational psychologists was that they did not know we could support mental health. I know that from my personal experience during the second and third year of the course, clinical psychologists have often believed my role was to complete a cognitive assessment for a child or young person. I think that one of the reasons for this is that there is not enough contact between the two courses when the trainee psychologists are shaping their view of their professions and how they relate to others. By incorporating and strengthening links, clinical psychologists and educational psychologists may be better able to engage in multi-agency work to support mental health in schools and also realise the skillset of the other profession.

I also think that there could be outreach from the DEdPsych courses to practicing educational psychologists to provide an opportunity for additional training to support mental health in schools. The DEdPsych courses could provide ‘top-up’ training for educational psychologists who have been practicing for a few years and may need to update their knowledge or recent developments and psychological advancements in theory and interventions. I argue that the DEdPsych course could be a centre of learning for educational psychologists during their training and throughout their professional development. By repeatedly updating their knowledge of psychological interventions and reinforcing their role to support mental health in schools, the DEdPsych centres could be fundamental to providing educational psychologists with the confidence to openly label the work they do as being mental health support.

8.6 Overall conclusion

In my research project, I aimed to explore the perceptions developing psychologists held about their current and future role supporting mental health in schools. In phase one I gained quantitative data that provided an insight into the complex view developing educational psychologists felt about their role supporting mental health, how this was rated less that other aspects of the role, how often the reported supporting SEMH in schools and how developing educational psychologists defined mental health. One of the key findings from phase one was that when I asked the developing educational psychologists to define mental health they provided a 'positive definition' answer, but when I explored their actions, they seemed to hold a very medical definition of mental health. This was demonstrated through the fact that they seemed to only consider directly supporting someone with a mental illness as 'supporting mental health in schools'. phase one also demonstrated that a majority of developing educational psychologists reported spending time each week supporting SEMH in school. Phase one highlighted the complex and often conflicting view developing educational psychologists hold of their involvement supporting mental health.

In phase two I completed 6 in-depth interviews with RQEPs who held a variety of opinions about the involvement educational psychologists should hold supporting mental health. The participants of my research project felt that there was a future role for educational psychologists to support mental health. The participants also commented that they felt this future role would include more systemic work as there was an increased demand for mental health supports to schools. The participants felt that a traded service model of delivery inhibited the involvement of educational psychologists and also the quality of the multiagency work they could carry out. The participants all

spoke about the impact working in a traded service can have on how the role is developing in terms of offering mental health support to schools.

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10. Appendices

Appendix 1: Pilot Questionnaire

Recently Qualified Educational Psychologist Questionnaire

*Required

1. **How many years ago did you complete your DEdPsych** *
   Mark only one oval.
   - ◯ 1 Year or less
   - ◯ 2 Years
   - ◯ 3 Years
   - ◯ 4 Years
   - ◯ 5 Years

2. **What do you define as the role of an educational psychologist** *

3. **How strongly do you agree with the following statement: "Providing mental health support to schools is a core part of an educational psychologist's role".** *
   Mark only one oval.

	1	2	3	4	5	
Strongly agree	◯	◯	◯	◯	◯	Strongly disagree

4. **To what extent do you view the professional title of 'educational psychologist' as accurate to how you identify the role?** *
   Mark only one oval.

	1	2	3	4	5	
Very accurate	◯	◯	◯	◯	◯	Not at all accurate

5. **If there is a more accurate professional title, please provide alternate below.**

6. **How strongly do you agree with the following statement: "The DEdPsych course I attended provided extensive training focused on mental health supports in schools".** *
Mark only one oval.

	1	2	3	4	5	
Strongly agree	◯	◯	◯	◯	◯	Strongly disagree

7. **At which university did you attend complete the DEdPsych course?** *
Mark only one oval.

- ◯ University of Birmingham
- ◯ Bristol University
- ◯ University of East London
- ◯ Institute of Education
- ◯ Exeter University
- ◯ University of Manchester
- ◯ Newcastle University
- ◯ University of Nottingham
- ◯ University of Sheffield
- ◯ University of Southampton
- ◯ Tavistock & Portman NHS Foundation Trust
- ◯ University College London
- ◯ Other: _____

8. **How do you rate the training you have received since being employed as a DEdPsych in preparing you to support mental health in schools?** *
Mark only one oval.

	1	2	3	4	5	
Very strong	◯	◯	◯	◯	◯	Very weak

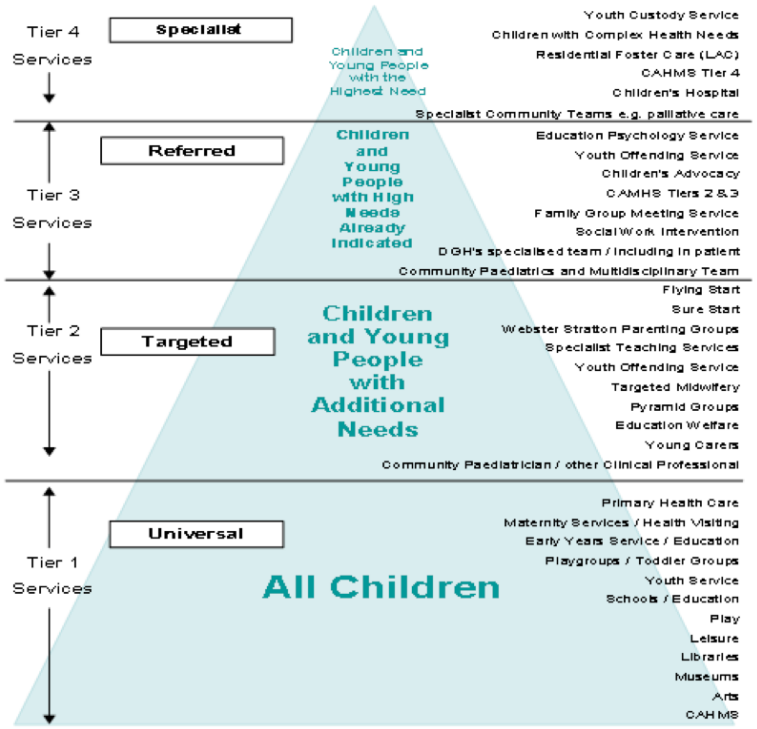
9. *

Mark only one oval per row.

	Never	Monthly	More than once a term	Once a term	1-2 times a year	Yearly	Every 1-2 years	Every 3-5 years	Weekly
After you became employed as an educational psychologist, how frequently have you received training focused on supporting mental health in schools									
How frequently do you provide mental health support services to schools?									
How frequently do you work with other agencies to support mental health in schools?									
How frequently do you engage in multi-agency work?									

10. **If you have worked with other agencies to support mental health in schools, please list below.**

CAMHS Strategic Framework



11. **Using the above image as a guide, please tick the CAMHS tier or tiers you have provided to schools and individuals** *

Tick all that apply.

- [ ] Tier 1 Services
- [ ] Tier 2 Services
- [ ] Tier 3 Services
- [ ] Tier 4 Services
- [ ] None
- [ ] Other: .....

12. **Which of the CAMHS tier or tiers most corresponds with how you view the role of an educational psychologist, and why?** *

13. **Would you be willing to take part in an short interview further exploring the themes of this questionnaire?**
Mark only one oval.

- ◯ No
- ◯ Yes

14. **If yes, please provide your contact details**

Appendix 2. Trainee Educational Psychologist Questionnaire

Trainee Educational Psychologist (TEP) Questionnaire

Thank you for taking part in my research project that explores the perceptions TEPs and recently qualified educational psychologists (RQEP) have of their current and future role supporting mental health in schools. The questionnaire should take no more than 10-15 minutes to complete.

The aim of my study is to explore :-
• The level of training received by TEPs during their doctoral course to support mental health in schools
• How TEPs are currently supporting mental health in schools
• How TEPs view their relationship with other agencies and how they define their role identity

The final aim of my study is to use the gathered data to explore the implications for the future role for EPs in supporting mental health in schools. Each participant will receive a summary of my findings by email, if requested.

Please answer all of the required questions below, if you have any questions please contact at the following
Email: cmc220@exeter.ac.uk
Phone: 07483172388

*Required

Consent

By completing this questionnaire I acknowledge that I have been fully informed about the aims and purposes of the project.

I understand that:
•There is no compulsion for me to participate in this research project and, if I do choose to participate, I may withdraw at any stage.
•I have the right to refuse permission for the publication of any information about me.
•Any information which I give will be used solely for the purposes of this research project, which may include publications, at academic conferences or seminar presentations.
•If applicable, the information, which I give, may be shared between any of the other researcher/supervisors participating in this project in an anonymised form.
•All information I give will be treated as confidential.
•The researcher will make every effort to preserve my anonymity.

1. **Do you provide consent and agree to take part in this research project?** *
   Mark only one oval.

   ◯ I consent
   ◯ I do not consent

Questionnaire

2. **Which year of training are you in?** *
Mark only one oval.

- ◯ First year
- ◯ Second year
- ◯ Third year
- ◯ Other: _____

3. **Using your experiences as a TEP, please tick the boxes that express or reflect your view of the EP role.**
Tick all that apply.

- ☐ EPs are scientist-practitioners
- ☐ EPs utilise psychological skills, knowledge and understanding to support individuals and groups
- ☐ EPs have involvement in supporting mental health and social well-being
- ☐ EPs work systemically with organisations to support individuals
- ☐ EPs work with organisations, individuals and groups across community settings
- ☐ EPs use the Consultation method
- ☐ EPs complete research projects
- ☐ EPs use community psychology
- ☐ EPs work with organisations, individuals and groups across educational settings
- ☐ EPs have a distinctive contribution
- ☐ EPs work with organisations, individuals and groups across care settings
- ☐ EPs work directly with other agencies

4. **If there are other areas not mentioned above, please list below.**

_____

_____

_____

_____

_____

5. **How strongly do you agree the following options are a core aspect to the EP role?** *
Mark only one oval per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Providing mental health support to schools					
Providing mental health support to children					
Providing mental health support to school staff					
Providing learning support to schools					
Providing learning support to children					
Providing learning support to staff					
Supporting schools to promote all round development					
Supporting children to promote all round development					
Supporting school staff to promote all round development					
Supporting schools to promote the social/emotional well-being					
Supporting children to promote the social/emotional well-being					
Supporting school staff to promote the social/emotional well-being					

6. **In your opinion, how suitable is each of these professional titles for the work EPs do?** *
Mark only one oval per row.

	Not at all suitable	Not suitable	Neither suitable nor unsuitable	Suitable	Very suitable
Educational Psychologist					
Child Psychologist					
Educational and Child Psychologist					
Child, Adolescent and Young Adult Psychologist					
Adolescent Psychologist					
Community Psychologist					
Child and Adolescent Psychologist					
Chid and Young Adult Psychologist					
Child and Educational Psychologist					

7. **Please select the most appropriate option to the following statement "I think it is important for the professional title used by my profession to be..."** *
Mark only one oval.

- Health and Care Professionals Council (HCPC) accredited
- A protected title
- Both of the above options

8. **If there is a more accurate professional title than any of those mentioned above? If so, please provide**

9. **How would you rate the sufficiency of the training you have received that focused on 'supporting mental health and social-emotional wellbeing in schools' during the DEdPsych course you are attending?** *
Mark only one oval.

	1	2	3	4	5	6	7	
Insufficient								Extensive

10. **Please provide specific examples of the kinds of training you have received.** *

11. **How do you define mental health?** *

12. **Have you received any training focused on supporting mental health in schools before starting the course?** *
Mark only one oval.

- Yes
- No

13. **Please provide information about any training you have received before starting the DEdPsych course that focused on supporting mental health in schools.** *

14. **How would you rate the sufficiency of the training you received focused on supporting mental health and social-emotional wellbeing in schools before starting you DEdPsych course?** *
Mark only one oval.

	1	2	3	4	5	6	7	
Insufficient								Extensive

15. **Thinking of your current DEdPsych course/placement experiences please answer the following question.** *

Mark only one oval per row.

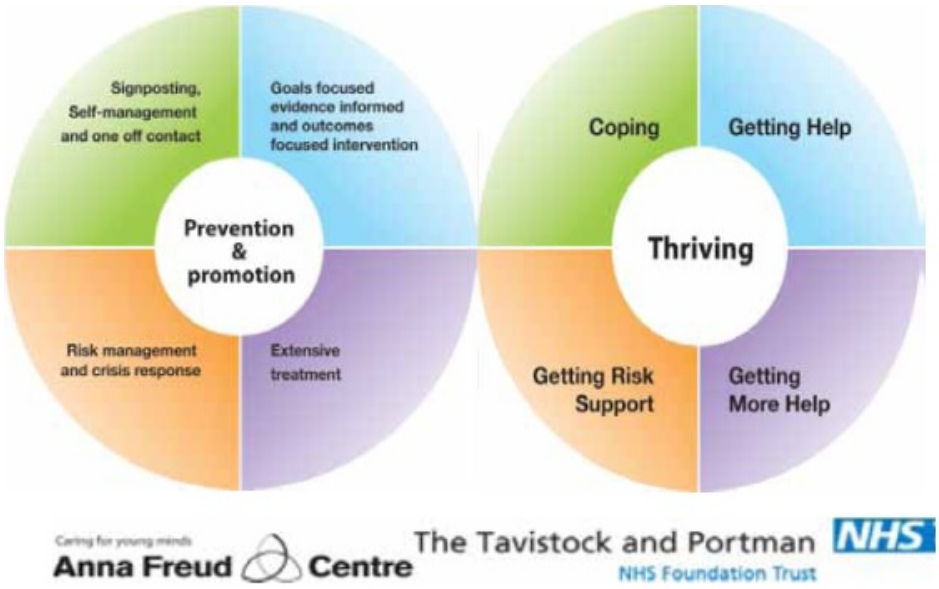
	Weekly	Monthly	Termly	Yearly	Never
How frequently do you provide mental health, and social, emotional well-being support services to schools?					
How frequently do you work with other agencies to support mental health in schools?					

16. **If you have worked with other agencies during your training to support mental health in schools, please give details below.**

CAMHS Strategic Framework is a four-tier strategic framework which is now widely accepted as the basis for planning, commissioning and delivering services. Although there is some variation in the way the framework has been developed and applied across the country, it has created a common language for describing and commissioning services.

19. **Which of the CAMHS tier or tiers most corresponds with how you view the role of an EP, and why?**

NHS Thrive Model is a more recent framework for CAMHS.The THRIVE model below conceptualises four clusters (or groupings) for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community.The image to the left describes the input that is offered for each group; that to the right describes the state of being of people in that group - using language informed by consultation with young people and parents with experience of service use



24. **At which university are you attending?** *
Mark only one oval.

- University of Birmingham
- Bristol University
- University of East London
- Institute of Education
- Exeter University
- University of Manchester
- Newcastle University
- University of Nottingham
- University of Sheffield
- University of Southampton
- Tavistock & Portman NHS Foundation Trust
- University College London
- Other: _____

25. **Would you be willing to take part in an short recorded interview exploring the themes of this questionnaire?** *
Mark only one oval.

- Yes
- No

26. **If you answered yes, please provide your contact details**

_____

_____

_____

_____

_____

Appendix 3: Phase 2 Contact Email

Hello

Thank you very much for taking part in the first phase of my research project by completing the online questionnaire. I am emailing to ask you to take part in a brief follow-up interview exploring similar topics and themes. The interview should take around 20 minutes and can be completed over the phone or using Skype.

Please let me know if there is a day and time that would suit you best to take part in the interview.

Thank you for your interest and time.

Best wishes
Cian

Cian Carney
Trainee Educational Psychologist
University of Exeter
07463146030

Appendix 4: University of Exeter Tutor Email to increase participants

Hello

I am currently seeking to increase the participant numbers for my research project exploring the perceptions recently qualified educational psychologists (RQEP; any EPs qualified in the last 5 years) have of their role supporting mental health in schools.

I was wondering if you would be able to forward this email (containing a link to my online questionnaire) to any RQEPs you know, as this would be a great help.

Questionnaire link: https://docs.google.com/forms/d/1PRzkgb9penSkOeah-smSDzLi51opTM2jLpzDEpxzLKk/viewform

Thank you for our help

Cian

Appendix 5: NEPEP Chair Email

Dear Sir/Madam

Supporting mental health in schools.
I am conducting a survey of the views of recently qualified educational psychologists (RQEP; those who have completed their DEdPsych course in the last 5 years) and Trainee Educational Psychologists (TEPs) about this topic. This is an important subject and would be of interest to these psychologists. Please can you forward this link to RQEPs in your service.

RQEPs
Their participation involves completing a brief 10-15 minute questionnaire found at this link: https://docs.google.com/forms/d/1PRzkgb9penSkOeah-smSDzLi51opTM2jLpzDEpxzLKk/viewform

TEPs
Their participation involves completing a brief 10-15 minute questionnaire found at this link: https://docs.google.com/forms/d/1tf5tg3JjFEPryod1qzCG6eNE2HNvFhjxZFqv2BnvLiU/viewform

This study aims to explore RQEPs' and TEPs';
· level of training during both their doctoral course and workplace to support mental health in schools.
· currently providing of mental health support in schools
· view their relationship with other agencies
· define the EP role identity.
· see changes to the EP role caused by the move to a 'commissioning model' of service delivery.

This study is being conducted as part of a professional doctorate and is supervised by Professor Brahm Norwich (B.Norwich@exeter.ac.uk) and Margie Tunbridge (M.A.Tunbridge@exeter.ac.uk).

The study aims to draw implications for the future role for EPs in supporting mental health in schools. Each participant will receive a summary of my findings by email, if requested and If you have any questions, please email (cmc220@exeter.ac.uk).

Best wishes

Cian Carney
Trainee Educational Psychologist
University of Exeter
07463146030

Appendix 6: PEP Letter

Dear Sir/Madam

Supporting mental health in schools.

I am conducting a survey of the views of recently qualified educational psychologists (RQEP; those who have completed their DEdPsych course in the last 5 years) and Trainee Educational Psychologists (TEPs) about this topic. This is an important subject and would be of interest to these psychologists. Please can you forward this link to RQEPs in your service.

RQEPs

Their participation involves completing a brief 10-15 minute questionnaire found at this link: https://docs.google.com/forms/d/1PRzkgb9penSkOeah-smSDzLi51opTM2jLpzDEpxzLKk/viewform

TEPs

Their participation involves completing a brief 10-15 minute questionnaire found at this link: https://docs.google.com/forms/d/1tf5tg3JjFEPryod1qzCG6eNE2HNvFhjxZFqv2BnvLiU/viewform

This study aims to explore RQEPs' and TEPs';

- level of training during both their doctoral course and workplace to support mental health in schools.
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(B.Norwich@exeter.ac.uk) and Margie Tunbridge (M.A.Tunbridge@exeter.ac.uk).

The study aims to draw implications for the future role for EPs in supporting mental health in schools. Each participant will receive a summary of my findings by email, if requested and If you have any questions, please email (cmc220@exeter.ac.uk).

Best wishes

Cian Carney

Appendix 7: Pilot Interview Schedule

RQEP Interview Schedule:

Mental Health Role			
1. To what extent do you view the term 'mental health support' as relevant to the contributions you make as a RQEP			
	Has this changed since you started work?		
		Why?	
2. Do you see an overlap between educational and mental health goals for students you're working with?			
	Which goals have you been more involved with in the past?		
		Do you think this will this change in the future?	
			Why?
3. What future role do you envisage for EPs in supporting mental health in schools?			
	Has anything supported/prevented		

	a change in EP involvement?		
4. Do you think EPs should have a role in supporting mental health in schools?			
	Why/why not?		
Training			
5. Have you been supported by the following options to provide mental health supports in schools…			
	Employer		
		How?	
	Schools		
		How?	
	Other agencies		
6. How do you think the following view your role in supporting mental health in schools?		How?	
	Employer/University		
		Why?	
	Schools		
		Why?	
	Other Agencies		
		Why?	
7. How do the contributions of EPs compare to the contributions of mental health other			

professionals working in schools?			
	Which other professions have you encountered?		
		Have you engaged in multi-agency working to support mental health in a school?	
			How?
Service Trading			
8. Is the service you work in a traded service?			
	What are your perceptions of a traded service?		
		Would you prefer to work in a non-traded, fully-traded or non-traded service?	
			Why?
9. Do you think there has been a difference in multiagency working with the change to service trading model?			
	Why?		
		Examples?	
10. Do you think other services are in competition with EPs to provide mental			

health services in schools?			
	Why?		
11. Do you think the professional title of ‘educational psychologist’ limits the types of work EPs do in schools?			
	Why?		
12. Do you think EPs could provide more mental health supports to school in a traded service?			
	How?		

Appendix 8: Final Interview Schedule

RQEP Interview Schedule:

Mental Health Role			
1. To what extent do you view the term 'mental health support' as relevant to the contributions you make as a EP			
	Has this changed since you started working as an EP?		
		Why?	
	Do you think this has this anything to do with what your service labels as being 'mental health' work?		
2. What future role do you envisage for EPs in supporting mental health in schools?			
	Why?		
		Has anything supported/prevented EPs becoming involved in supporting mental health in schools?	
3. Do you think EPs should have a role in supporting mental health in schools?			

	Why/why not?		
4. Have you experienced any demand or request for mental health support while working as an EP?			
Training			
5. Have you used the mental health related training in your EP practice?			
	What training?		
	How have you used it?		
	With whom?		
6. To what extent does your EP service hold the view that they have role supporting mental health in schools?			
	What makes you have that perspective of your EP service?		
7. How do the mental health contributions of EPs compare to the contributions of other mental health professionals working in schools?			
	Which other professions have you encountered?		

		Have you engaged in multi-agency working to support mental health in a school?	
			What is the quality of this collaboration you have had with other professionals?
Service Trading			
8. In your experience, does a 'traded service' model support or inhibit EPs involvement providing mental health support?			
	In what ways?		
	Do you have experience of a traded service?		
9. Do you think that a traded service model increase or decrease the quality of multi-agency collaboration over mental health?			
	How?		
		Examples?	
10. To what extent are other agencies in competition with EPs to provide mental health supports to schools?			
	In what ways?		

	Is this a positive or negative matter?		
11. What are your views about dropping the word ‘educational’ from the role title?			
	Why do you think this?		
12. Do you think EPs could provide more mental health support to school in a traded service?			
	In what ways?		
		With what effects on current work/ services and ways of working?	

Appendix 9: Ethical Approval Certificate

GRADUATE SCHOOL OF EDUCATION

St Luke's Campus
Heavitree Road
Exeter UK EX1 2LU

http://socialsciences.exeter.ac.uk/education/

CERTIFICATE OF ETHICAL APPROVAL

Title of Project: An exploration of the perceptions Educational Psychologists have of their role in supporting mental health in schools and the implications for the profession.

Researcher(s) name: Cian Carney

Supervisor(s): Brahm Norwich
Margie Tunbridge

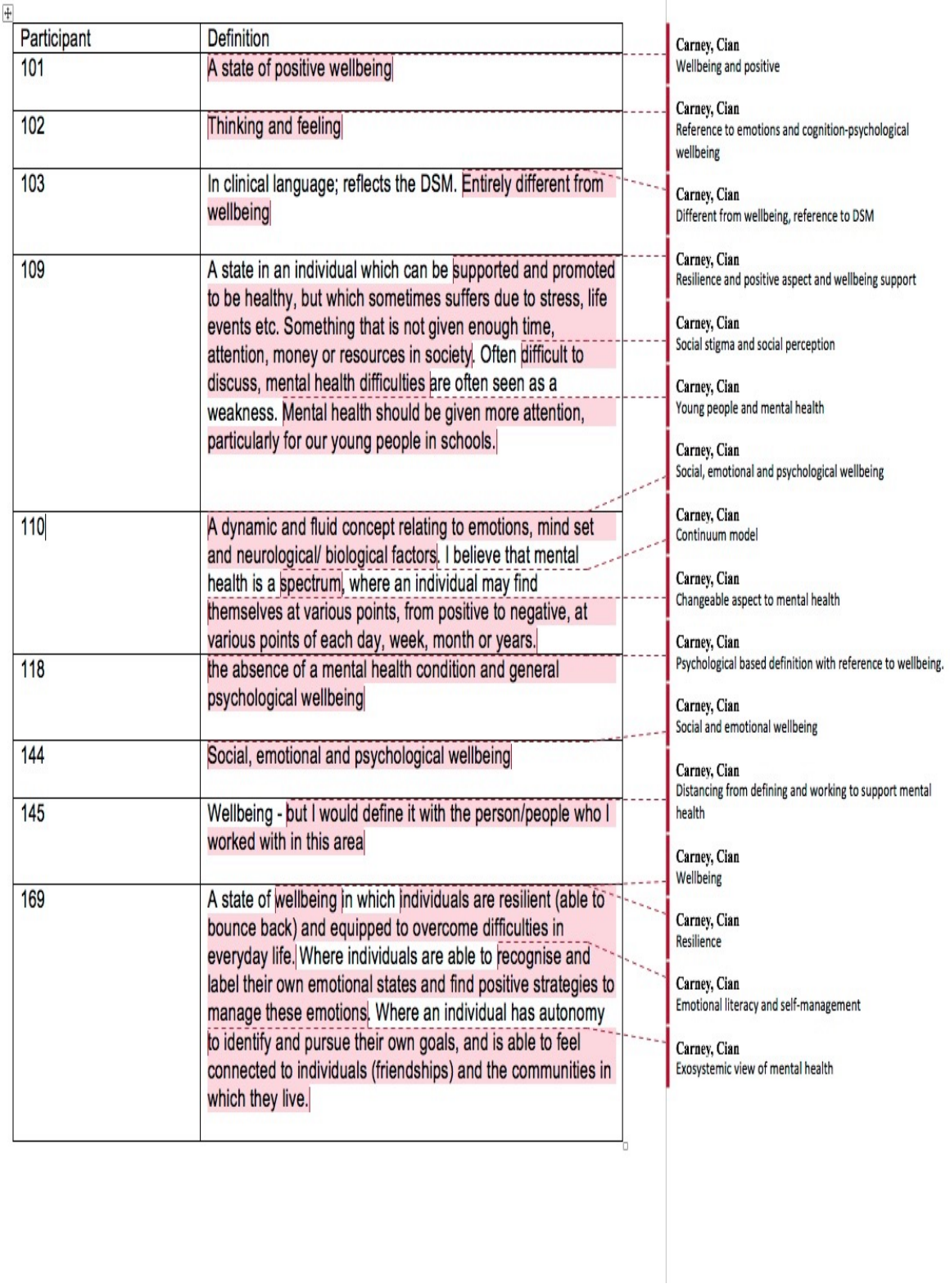
This project has been approved for the period

From: 02.02.2016
To: 30.06.2017

Ethics Committee approval reference: D/15/16/20

Signature: Date: 02.02.2016
(Dr Philip Durrant, Chair, Graduate School of Education Ethics Committee)

Appendix 10: Phase One Initial Open Coding Example



Participant	Definition
101	A state of positive wellbeing
102	Thinking and feeling
103	In clinical language; reflects the DSM. Entirely different from wellbeing
109	A state in an individual which can be supported and promoted to be healthy, but which sometimes suffers due to stress, life events etc. Something that is not given enough time, attention, money or resources in society. Often difficult to discuss, mental health difficulties are often seen as a weakness. Mental health should be given more attention, particularly for our young people in schools.
110	A dynamic and fluid concept relating to emotions, mind set and neurological/ biological factors. I believe that mental health is a spectrum, where an individual may find themselves at various points, from positive to negative, at various points of each day, week, month or years.
118	the absence of a mental health condition and general psychological wellbeing
144	Social, emotional and psychological wellbeing
145	Wellbeing - but I would define it with the person/people who I worked with in this area
169	A state of wellbeing in which individuals are resilient (able to bounce back) and equipped to overcome difficulties in everyday life. Where individuals are able to recognise and label their own emotional states and find positive strategies to manage these emotions. Where an individual has autonomy to identify and pursue their own goals, and is able to feel connected to individuals (friendships) and the communities in which they live.

Appendix 11: Phase One Qualitative Analysis Coding

Themes	Sub-Themes	Codes
Wellbeing	Social	• Social wellbeing • Self-concept and identity
	Emotional	• Social and psychological wellbeing
	Continuum	• Mind and 'soul' in harmony • Functioning in everyday life and environment • Continuum of wellbeing
Resilience	Internal factors	• Self-Esteem
	External factors	• Experiences • Universal nature of mental health
	Coping	• Ability to cope with day-to-day life • Dealing with adversity • Bounce Back idea • Impact of
Difficulty	Unable to define	• Stigma • Not mental health practitioners • Broadly
	Reference to others	• Reference to DSM without any other information • Reference to BPS
	EP ability	• Reference to asking other professions • Mentioning of Clinical professionals

Appendix 12: Phase 2 Participant 201 Coding Example

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On

Node

Nodes\\Capacity of other agencies

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0361	2			
				1	CMC	05/06/2016 14:25

Am, I think that because CAMHS, it's very very difficult to get into CAMHS, I don't know of any child I have worked with in the service getting into CAHMS. Am so because of that we are picking up a lot more, what would be considered mental health difficulties. And that's part of the service as well I suppose. ya

2	CMC	05/06/2016 14:31

But everyone is so overworked and stuff that there seems to be an element of running away from the pressure of work and the tidal wave, rather than actually taking a step back about how we can manage things in the future a bit more.

Nodes\\Change to MH focus

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0163	2			
				1	CMC	05/06/2016 14:22

I think there is more of a change and other professionals in schools are more willing to look at it from that angle, rather than just looking at it from a behaviour perspective

2	CMC	05/06/2016 14:23

I think in part it is because there is more media focus on mental health

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On

Nodes\\Community Psychology

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0304	3			
				1	CMC	05/06/2016 14:26

looking systemically at how schools can support that, and looking at the wider community as well

				2	CMC	05/06/2016 14:26

Am thinking about the ones that I've had that have passed on mental health concerns, it's not just providing support to the individual child but about wider support taking place really.

				3	CMC	05/06/2016 14:34

I think that certainly we should be looking at the wellbeing issues because they impact on learning so much, and not just for the children, but for the parents and teachers as well.

Nodes\\Competition

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0186	2			
				1	CMC	05/06/2016 16:09

I don’t think there is direct competition, there isn’t with us anyway here

2 CMC 05/06/2016 16:09

Am…I think maybe that’s because of the way we are seen and school are seen, and I think maybe if we pitched ourselves as being in a position to support mental health. We would possibly be in more competition

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On

Nodes\\EP capacity

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0479	3

1 CMC 05/06/2016 14:35

Am, it depends what…as a trainee am, there is more request for that sort of interventions that support mental health, and now that I am fully qualified, I just don’t have the opportunity.

2 CMC 05/06/2016 14:36

Am, lots of the children I work with at the moment, because of trauma or things that have happened. Its very difficult for them to have talking therapies, am which are quite often offered by kind of TaMHS or that we might have abit of knowledge in. But actually what they…sort of play based therapy approaches, which I’m not aware of any colleagues that have had training or expertise in that, it would be interesting to see if more people do it.

3 CMC 05/06/2016 16:05

But certainly I think we are in a good position to build capacity and work at a bigger level.

Nodes\\labelling

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No 0.0219 2

1 CMC 05/06/2016 14:24

Am, possibly, we don't use the term mental health as such, we all say social and emotional difficulties, but I think it would be under the same bracket

2 CMC 05/06/2016 16:14

I think that if it was made more explicit, that's what we do. I think maybe we would move away from… well, no, it would be two fold. It has to be explicit that that's what we can do.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On

Nodes\\legislative change

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No 0.0161 2

1 CMC 05/06/2016 14:21

I think that with the new code of practice changing as well, it's not so much a focus on behaviour, it's looking at that social and emotional difficulties that underpin that behaviour,

2 CMC 05/06/2016 14:23

I think in part it is because changes in the code of practice,

---

Nodes\\Media

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0047	1

1	CMC	05/06/2016 14:23

I think in part it is because there is more media focus on mental health

---

Nodes\\Perceptions of EP role

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.1218	9

1	CMC	05/06/2016 14:28

clinical psychologist as part of the disability team, and they view our role very differently to how we view it, which is interesting as they are psychologists as well.

2	CMC	05/06/2016 14:32

Yea, definitely, definitely, I think that the phrase ‘mental health’ may be garnered as sort of a very significant emotional difficulty when actually I think that mental health is embedded in everything we do

---

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On
				3	CMC	05/06/2016 14:46

Am, I would say that, oh I don't know…I think their view would be that we had a big role in it, but whether that role would be recognised by, explicitly by professionals, I don't know.

---

4 CMC 05/06/2016 14:46

I think that as a profession, as a team, we probably do it on a daily basis, but I don't know if that's necessarily seen by those people above us, all those other professionals. EPs a quite subtle in their work. so none of it is that overt, it's kind of quite subtly done

---

5 CMC 05/06/2016 14:47

I think schools are often surprised when we say 'well actually we could do this instead' and you know 'we could offer this'

---

6 CMC 05/06/2016 14:47

, I think our local authority and am, the special education needs team, that constrict our role a little bit.

---

7 CMC 05/06/2016 14:48

but actually I think they are surprised when you go to a planning meeting and you go through what you could do, or could offer. I think that they are surprised. It's that impression that is there.

---

8 CMC 05/06/2016 16:10

Am…I think maybe that's because of the way we are seen and school are seen, and I think maybe if we pitched ourselves as being in a position to support mental health. We would possibly be in more competition

---

9 CMC 05/06/2016 16:13

I get this question from friends, 'what school do you work in?' and they thing that I'm going to go in there and maybe do a little teaching, or do something about dyslexia. But actually it's a far wider remit than that. I think actually that if we didn't have educational then schools might see us as being able to deliver more of the things we are actually capable of doing.

Nodes\\Profession title

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0391	4

1	CMC	05/06/2016 16:10	

Am I think definitely, 100% we should. I quite strongly feel that we should I think that we are really constricting things.

2	CMC	05/06/2016 16:12	

But actually, a very small portion of it is to do with the education side of things.

3	CMC	05/06/2016 16:12	

But actually it's a far wider remit than that. I think actually that if we didn't have educational then schools might see us as being able to deliver more of the things we are actually capable of doing.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On

4	CMC	05/06/2016 16:14	

I think that if it was made more explicit, that's what we do. I think maybe we would move away from… well, no, it would be two fold. It has to be explicit that that's what we can do.

Nodes\\Relevant

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No 0.0044 2

1	CMC	05/06/2016 14:14	

I think it's really relevant

2	CMC	05/06/2016 14:20	

Yes, I think it's really really relevant

Nodes\\School perception of EP role

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.1232	9

1 CMC 05/06/2016 14:15

I think that isn't the term schools would use and that's why there is a discontinuity as to whether it's part of the EP role

---

2 CMC 05/06/2016 14:46

Am, I would say that, oh I don't know…I think their view would be that we had a big role in it, but whether that role would be recognised by, explicitly by professionals, I don't know.

---

3 CMC 05/06/2016 14:46

I think that as a profession, as a team, we probably do it on a daily basis, but I don't know if that's necessarily seen by those people above us, all those other professionals. EPs a quite subtle in their work. so none of it is that overt, it's kind of quite subtly done

---

4 CMC 05/06/2016 14:47

I think schools are often surprised when we say 'well actually we could do this instead' and you know 'we could offer this'

---

5 CMC 05/06/2016 14:48

but actually I think they are surprised when you go to a planning meeting and you go through what you could do, or could offer. I think that they are surprised. It's that impression that is there.

Aggregate	Classification	Coverage	Number Of Coding	Reference Number	Coded By Initials	Modified On

	References		
	6	CMC	05/06/2016 16:09

Am…I think maybe that's because of the way we are seen and school are seen, and I think maybe if we pitched ourselves as being in a position to support mental health. We would possibly be in more competition

---

	7	CMC	05/06/2016 16:13

Am, not overtly, I would say that if you asked schools they wouldn't say it's significantly mental health, but actually I'd say that pretty much every single case that I've had has had an element of supporting that kind of wellbeing, that mental health.

	8	CMC	05/06/2016 16:13

But I think if you asked schools to maybe categorise what type of case is this? I'd say a lot of it would be cognition and learning. But actually the underpinning am threads or concerns, I would construct as being social and emotional and mental health wellbeing, so it's funny I think it's a different construction to them.

	9	CMC	05/06/2016 16:14

I think that if it was made more explicit, that's what we do. I think maybe we would move away from… well, no, it would be two fold. It has to be explicit that that's what we can do.

Nodes\\Service Trading

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.1102	6

	1	CMC	05/06/2016 14:35

We are mainly traded service and schools kind of see it as very precious time, am and unfortunately they view that time is best used is maybe through that case and the system the local authority have, so schools want cognitive assessments and they want things for additional funding as well, than wanting EP time to be used for more mental wellbeing support and doing an intervention instead, so unfortunately not so much, but as a trainee, yeah I did, but not so much now.

	2	CMC	05/06/2016 16:06

Am I would say, in my experience certainly now, that it definitely inhibits it, most definitely.

---

3 CMC 05/06/2016 16:06

Am, when schools but in a certain amount of time they are looking for us to get through as many children as possible, that's how they construct value for money.

---

4 CMC 05/06/2016 16:06

It's difficult because they are paying for it, and that adds a whole new dimension about, am, you know you've got to keep schools happy but at the same time maintain your professional integrity. It's about striking that balance and it's really hard to do.

---

5 CMC 05/06/2016 16:08

we are supposed to have multi-agency meetings as part of that, but I think I've tended to have multi-agency meetings where it is just myself, the school and parents. So it's not really a multi-agency meeting. So again it's just that time restriction.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On

6 CMC 05/06/2016 16:10

TaMHS. Am again because we are both traded so schools have to decide where to put their money. Who is buying, for what purposes. Am, but at the moment we are not in competition because schools don't necessarily see us as having really that function. So say they would buy TaMHS for what would be seen as more of a counselling role, am but whereas we aren't seen as doing that. So at the moment there is not much competition between us.

Nodes\\Service Trading and quality of collaboration

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0197	1

1	CMC	05/06/2016 16:09

So I would say again, it inhibits it. And no matter how many times you invite health they never come along to any of the meetings. which I think has been quite similar in most authorities ive worked in, with the exception of one authority who had a really good process of multi0agency with health.

Nodes\\systemic work

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0412	4

1	CMC	05/06/2016 14:23

And lots of more systemic work around it as well, lots more training around how to support the social and emotional and mental health issues

---

2	CMC	05/06/2016 14:25

Am, well I think it is going to be ongoing, what I ideally it would be looking at early intervention and systemic work

---

3	CMC	05/06/2016 14:26

looking systemically at how schools can support that, and looking at the wider community as well.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On

4	CMC	05/06/2016 14:38

I mean the biggest amount of things I've done in terms of wellbeing and mental health has been in terms of building capacity this year. So not directly delivering it but actually training schools or other professionals around sort of ways to support emotional difficulties

---

Nodes\\Training

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0685	5

1 CMC 05/06/2016 14:21

ya I mean when I was a trainee I don't think we had that much input around mental health

---

2 CMC 05/06/2016 14:36

I mean when I was doing it as a trainee, I sort of implemented a sort of CBT based practice, narrative theray, am again very dependant on the situation.

---

3 CMC 05/06/2016 14:36

Am, lots of the children I work with at the moment, because of trauma or things that have happened. Its very difficult for them to have talking therapies, am which are quite often offered by kind of TaMHS or that we might have abit of knowledge in. But actually what they…sort of play based therapy approaches, which I'm not aware of any colleagues that have had training or expertise in that, it would be interesting to see if more people do it.

---

4 CMC 05/06/2016 14:37

Well… I will embed them in part of my practice, quite often of it is a consultation,

---

5 CMC 05/06/2016 14:37

I will put in elements of narrative therapy, such as replotting and looking at different discourses about stories or how people construct things. But I would say in terms of actual longer terms intervention, I haven't had any opportunities to at all, which is a shame.

Nodes\\Underpinning of MH ro EP work

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No		0.0967	8

1 CMC 05/06/2016 14:16

But I would say that, part of that is in pretty much everything I do at the moment

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On

2 CMC 05/06/2016 14:24

That actually it is about looking at the emotional aspects of things underpinnings difficulties that children might be having. It's kind of a combination of factors really.

3 CMC 05/06/2016 14:31

Yea, definitely, definitely, I think that the phrase 'mental health' may be garnered as sort of a very significant emotional difficulty when actually I think that mental health is embedded in everything we do

4 CMC 05/06/2016 14:33

It doesn't have to be sort of a big thing, a diagnosable issue, I think mental health is interwoven in everything

5 CMC 05/06/2016 14:34

I think that certainly we should be looking at the wellbeing issues because they impact on learning so much, and not just for the children, but for the parents and teachers as well.

6 CMC 05/06/2016 14:35

Am, it depends what…as a trainee am, there is more request for that sort of interventions that support mental health, and now that I am fully qualified, I just don't have the opportunity.

7 CMC 05/06/2016 14:47

I think that as a profession, as a team, we probably do it on a daily basis, but I don't know if that's necessarily seen by those people above us, all those other professionals. EPs a quite subtle in their work. so none of it is that overt, it's kind of quite subtly done

---

8 CMC 05/06/2016 16:13

Am, not overtly, I would say that if you asked schools they wouldn't say it's significantly mental health, but actually I'd say that pretty much every single case that I've had has had an element of supporting that kind of wellbeing, that mental health.

Nodes\\Working with other agencies

Document

Internals\\Interviews\\Phase 2 interview 1 transcript

No 0.1097 9

1 CMC 05/06/2016 14:27

working with clinical psychology team and educational psychology linking up in future

---

2 CMC 05/06/2016 14:30

I think working as part of a multi-agency team, it's nice that we work together with different professionals

---

3 CMC 05/06/2016 14:31

we have so much correspondence with health and vice versa, but actually the opportunity to sit down, clarify roles and think about how we can work together is very very limited.

---

4 CMC 05/06/2016 14:47

, I think our local authority and am, the special education needs team, that constrict our role a little bit.

Aggregate	Classification	Coverage	Number Of Coding References	Reference Number	Coded By Initials	Modified On

5 CMC 05/06/2016 16:04

Am, I mean the only direct comparison I could give you is TaMHS, because I can't think of any other professionals that work in school mental health…am…I think CAMHS and TaMHS do a really great job, it's a lot of that kind of that talking therapy again. Very much 'within- child', that's looking at what the child can do to change the situation. Equipping the child, supporting the child am they don't sort of do any wider work, so they don't necessarily do any work with the school and how they can support. They do run parenting courses so outside of the school they might look at those wider issues

---

6 CMC 05/06/2016 16:05

And the other professional in school they could work on that singular level of the child rather than the wider. Level

---

7 CMC 05/06/2016 16:05

CAMHS and TaMHS

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8 CMC 05/06/2016 16:05

Am good, I think because we are all in different localities and I kind of sit next to one of the CAMHS ladies so we've got quite a nice relationship anyway. So yeah, quite positive, I think in our service.

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9 CMC 05/06/2016 16:07

we are supposed to have multi-agency meetings as part of that, but I think I've tended to have multi-agency meetings where it is just myself, the school and parents. So it's not really a multi-agency meeting. So again it's just that time restriction.

Appendix 13: View of Educational Psychologist Example

<Internals\\(201) Phase 2 interview 1 transcript> - § 3 references coded [3.14% Coverage]

Reference 1 - 1.03% Coverage

I think that isn't the term schools would use and that's why there is a discontinuity as to whether it's part of the EP role, or what they see as the EP role

Reference 2 - 1.37% Coverage

Yea, definitely, definitely, I think that the phrase 'mental health' may be garnered as sort of a very significant emotional difficulty when actually I think that mental health is embedded in everything we do

Reference 3 - 0.74% Coverage

It doesn't have to be sort of a big thing, a diagnosable issue, I think mental health is interwoven in everything

<Internals\\(204) Phase 2, Interview 4> - § 2 references coded [1.09% Coverage]

Reference 1 - 0.71% Coverage

> I think the difficulty I find is that most people in schools and possibly CAMHS don't necessarily see that as part of our role, so I think we are often not asked to contribute when it comes to mental health.

Reference 2 - 0.38% Coverage

> that doesn't mean that we don't have the skills as EPs but that often it's not perceived as part of our role