# EXPLORING TEACHERS' CONSTRUCTS OF MENTAL HEALTH AND THEIR REPORTED RESPONSES TO YOUNG PEOPLE EXPERIENCING MENTAL HEALTH PROBLEMS: A GROUNDED THEORY APPROACH

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**A thesis submitted in partial fulfilment of the requirements of the School of Psychology, University of East London for the Professional Doctorate in Educational and Child Psychology**

**May 2011**

## Abstract

The current research used a grounded theory approach (Charmaz, 2006) to explore the ways in which a small group of teachers working in mainstream schools constructed the term ‘mental health’ and how they responded to young people who may be experiencing ‘mental health’ problems. The findings indicated that four conceptual categories emerged from the data. One of the conceptual categories indicated that the teachers had two constructs of mental health, with one construct suggesting teachers felt mental health language was limiting for young people. Conversely, it was also found that mental health language could have a motivating effect on the teachers in being able to know how to respond to young people with mental health problems. In addition, it was found that the teachers lacked confidence in sharing ownership of the term ‘mental health’.

The research findings also highlighted two further conceptual categories with regards to the teachers’ responses to young people with mental health problems. The teachers were active in engaging in a collective responsibility with their teaching colleagues when responding to mental health problems. The teachers also used their interpersonal and intrapersonal skills to develop relationships with young people in the hope that this will help them to regulate and contain their emotions.

The implications for schools and teachers were that mental health language can lead to a separation of professional roles between teachers and outside agencies. The implications for EPs were that as a result of their professional skills they could take a leading role in establishing joint practice and encourage shared ownership by training teachers in mental health. Furthermore, EPs could use consultation processes to encourage collaboration between teachers and outside agencies and to help teachers to develop an ownership of mental health. EPs could also support teachers with managing mental health through offering mentoring and supervision support for them.

**STUDENT DECLARATION**

University of East London

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**Declaration**

This work has not previously been accepted for any degree and it is not being concurrently submitted for any degree.

This research is being submitted in partial fulfilment of the requirements of the Doctorate in Educational and Child Psychology.

This thesis is the result of my own work and investigation, except where otherwise stated. Other sources are acknowledged by explicit references in the text. A full reference list is appended.

I hereby give my permission for my thesis, if accepted, to be available for photocopying and for inter-library loans, and for the title and summary to be made available to outside organisations.

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Signature: .Hannah Green..... Date:27.05.11

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## Glossary of Terminology

This thesis makes use of a number of terms and concepts. Many terms and concepts used in this thesis are those which the medical profession use. The researcher felt it was important for the reader to be provided with explanations for each term and concept and when possible the researcher provided the reader with a range of definitions which reflected the use of terms by both the educational and medical professionals.

| Term | Definition |
|---|---|
| **DEPRESSION** | The following definition is from a text book aimed at psychology, medical, nursing and social care professionals.<br>"The term Depression is used in everyday language to describe a range of experiences from slightly noticeable and temporary mood decrease to a profoundly impaired and even-life threatening disorder." (Hammen, 1997 p.3) |
| **EMOTIONAL (AND SOCIAL) WELLBEING** | This is a term being increasingly used in education and with health professionals.<br>The National Clinical Institute for Excellence (NICE, 2009) describes social and emotional wellbeing as encompassing:<br>1. happiness, confidence and not feeling depressed (emotional wellbeing)<br>2. a feeling of autonomy and control over one's life, problem-solving skills, resilience, attentiveness and a sense of involvement with others (psychological wellbeing)<br>3. the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying (social wellbeing). |

| | |
|---|---|
| **EVERY CHILD MATTERS (ECM)** | The Every Child Matters (ECM) initiative was a document published and implemented by the Labour Government. It resulted in the Children's Act 2004.<br><br>The ECM initiative published in 2004. It covers children and young adults up to the age of 19, or 24 for those with disabilities. The aim of the initiative was for every child, whatever their background or circumstances, to have the support they need to:<br><br>• Be healthy<br>• Stay safe<br>• Enjoy and achieve]<br>• Make a positive contribution<br>• Achieve economic well-being<br><br>The change of Government in May 2010 to a Conservative and Liberal Democrat coalition resulted in a change of policy for education. |
| **EXPRESSED EMOTION** | Expressed Emotion (EE) was a concept pioneered by Brown, Carstairs and Topping (1958, as cited in Daley, et al., 2005). They theorised that EE is a qualitative measure of the amount of emotion displayed, typically in the family setting, usually by a family or care takers.<br><br>This measure was developed to describe the emotional atmosphere present in the relationship between an individual, usually a patient or client, and a close family member (Daley, Renyard & Sonuga-Burke, 2005). |
| **MENTAL DISORDER** | "A mental disorder is defined as a behavioural or psychological pattern that either has caused the individual distress or disabled the individual in one or more significant areas of functioning." (Rosenhan & Seligman, 1995 p.191) |

| | |
|---|---|
| **MENTAL HEALTH** | The World Health Organisation (WHO, 2004) define mental health as a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productive and fruitfully and is able to make a contribution to his or her community.<br><br>Frederickson, Dunsmuir and Baxter (2009) state that mental health problems are evident when individuals are not able to cope emotionally with the experiences they have or when their reactions to their experiences themselves become a problem. This may include withdrawn behaviour as well as behaviour which is challenging. |
| **MENTAL ILLNESS** | The World Health Organisation's (WHO, 2004) view of psychological wellbeing asserts that mental health and mental illness are discrete categories which can overlap and simultaneously occur.<br><br>Mental Health is a state of wellbeing which is positive and fulfilling; individuals realise their own abilities and can cope with the normal stresses of life. At the other end of a mental health continuum is Mental Illness, where individuals are not fulfilled, experience thoughts, feelings and behaviours which significantly impact on their ability to cope with every day life (WHO, 2004). |
| **SIGNIFICANT (ALSO KNOWN AS PSYCHOLOGICAL) DISTRESS** | The term significant distress refers to the individual experiencing an episode of significant stress in their lives:<br><br>"This stress will be a reaction to disturbing events in the environment. A stress reaction can either be a short-term emotional reaction by specific situation or it can be a long –term pattern of such emotional reactions". (Rosenhan & Seligman, 1995 p.316-317) |
| **SOCIAL, EMOTIONAL AND BEHAVIOURAL DIFFICULTIES** | Cooper and Ticknaz (2007) describe Social, Emotional and Behavioural difficulties (SEBD) as an umbrella term incorporating a wide range of behaviours ranging from 'acting out' behaviours such as aggression , non-compliant behaviour , vandalism and bullying , to 'acting in' behaviours such as social withdrawal, anxiety, depression, extreme passivity, eating disorders, substance abuse, and self harm. |

| | |
|---|---|
| **PSYCHOLOGICAL WELLBEING** | "A range of terminology is used to talk to about mental health……Some prefer to use terms such as psychological wellbeing to describe this aspect of human experience". (Frederickson, Dunsmuir & Baxter, 2009 p.1) |
| **OBSESSIVE COMPULSIVE DISORDER (OCD)** | OCD is one of the anxiety disorder diagnosed by the DSM-IV.<br><br>"Obsessive Compulsive Disorder consists if a repetitive, intentional, stereotype acts, such as compulsive hand-washing, and/or repetitive, unwanted, intrusive thoughts of an unacceptable or repugnant quality, and which the affected person resists." (Rachman, 1998 p.24) |

**Acknowledgements**

I could not have completed this research without the constant support and love of my grandfather, whose un-conditional love has allowed me to be the person I am today.

I would like to thank him for his generosity, kindness and his very bad sense of humour.

I dedicate this thesis to Geoffrey Burton who made my childhood magical and my adult life full of fun and joy.

# Chapter 1: Introduction

## 1.1. Forward

The current research study was developed to explore the ways in which teachers working in mainstream schools, in a rural county in England, constructed the term 'mental health' and how they responded to young people who may be experiencing 'mental health' problems. Kelly (1955) devised the term 'constructs' to define how an individual derives meaning from their social interactions and experiences. As such 'constructs' are an individual's own personal view of the world. Therefore, by seeking to elicit this personal view of 'mental health' and teachers responses to managing 'mental health' in young people, the research aimed to develop a better understanding of teachers social worlds. In achieving this greater understanding, it was hoped that this piece of research would help to inform how teachers can be supported more effectively in the daily work they do, particularly with those young people who are more vulnerable.

In addition, this thesis will draw on a range of terminology and concepts that are from many different fields of research, for example, educational, psychological and medical. A Glossary of Key Terminology has been provided to assist in clarifying these terms.

## 1.2. Introduction to the term 'Mental Health'

There are a number of definitions of 'mental health' and in order to introduce the reader to the topic area of this thesis, a short definition of 'mental health' will be provided. The Oxford Dictionary defines mental as "relating to disorders or illnesses of the mind' (Soanes, Spooner & Hawker, 2002 p.558) and health as "a person's mental or physical condition" (Soanes, Spooner & Hawker, 2002

p.414). Therefore, when the term ‘mental health’ is used in this thesis, the researcher is focusing on constructs and responses to this human state of mind.

However, as can be seen in the Glossary of Key Terminology, there is a range of terminology associated with ‘mental health’. Furthermore, the language used to describe ‘mental health’ can be different across professional disciplines. Research pertaining to the term ‘mental health’ also reflects the range of language used to describe ‘mental health’ by different professions. A significant focus of this current research is how the differing terminology used in different disciplines has had a considerable effect on perceptions and views on ‘mental health’. As a result, a further discussion on the definitions and terminology associated with ‘mental health’ will be presented later in chapter one. An overview of the content and structure of this thesis will now be presented.

## 1.3. Overview of the Chapters

Chapter one provides an outline of the context and rationale of the current research, including the political, social and psychological context and the researcher’s own personal interest in the research. Chapter one also contains a discussion of how the current research can contribute to the professional practice of Educational Psychologists (EPs).

Chapter two includes a review of the present literature and how the current research was developed to contribute to the existing research base.

Chapter three contains an account of the research methodology, including epistemological considerations, reflexivity of the researcher and an overview of the process of data analysis.

Chapter four provides evidence of how the data was treated and analysed using a grounded theory approach (Charmaz, 2006). There is an account of the findings generated by the research, including how tentative theories were developed from the data.

Chapter five contains a critical discussion of the findings and implications for further research and Educational Psychology practice.

This current study's focus is on 'mental health' and the role of teachers. In the next section, a brief overview of why the topic of 'mental health' is an important area to research will be presented.

## 1.4. Introduction to the Current Chapter

In January 2009 the charity Time To Change (http://www.time-to-change.org.uk/home) launched a campaign across England to address discriminatory attitudes and behaviours towards mental health. The charity launched nationwide media campaigns with the aim of changing people's attitudes towards mental health. One of the many methods highlighted by Time To Change as a useful way to change attitudes towards mental health was the use of social contact. London and Evan-Lacko (2010) two researchers evaluating the impact of Time To Change used a method entitled *social contact*. This involved bringing people who had experienced mental health problems together with members of the general public who had not experienced mental health problems. They were brought together in a "naturalistic setting" so that

people who had not experienced mental health problems could learn ‘first hand’ what it could be like to experience mental health difficulties.

This focus on people sharing their experiences, views and perceptions with each other highlights the distinct role language and social interaction can have in shaping and reconstructing individuals’ existing beliefs and views. Furthermore, one of the many other national and local projects of Time To Change is the development of the Education Not Discrimination project (http://www.time-to-change.org.uk/about-us/how-people-with-lived-experience-are-involved) This project involves gaining the views of medical students, trainee teachers and trainee head teachers about their experiences of managing mental health in the children and young people they work with.

These projects highlight that mental health is an important social issue in England. The Education Not Discrimination project further highlights the important role that educational professionals can have in addressing discriminatory views towards mental health.

Interestingly, a few years before Time To Change became a national charitable organisation, an independent report by Professor Richard Layard in 2006 called for people in England suffering from mental health problems to be offered universal access to psychological therapies. His independent report further stated the need for national strategies in tacking mental health difficulties and helping people to strive for happiness in their lives. Layard called for more universal access to cognitive behavioural therapy (CBT), for lessons in schools on emotional intelligence and a collective goal in education for promoting happiness and wellbeing in children and young people.

In addition, in 2008, the Government launched Targeted Mental Health in Schools project (TaMHS, DCSF 2010) with the aim that 25 Local Authorities in England would establish better links between primary care trusts and their local schools. The TaMHS programme was designed to support the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged five to 13 at risk of, and/or experiencing, mental health problems and their families (DCSF, 2010).

It appears that these initiatives have developed a more open national dialogue on mental health and its effects. Furthermore, the call for more targeted support for people suffering from mental health difficulties suggests that the subject of mental health has been brought considerably into the national consciousness. This proposes that a range of professionals, both in education and health, may need to think more about how they identify, manage and treat mental health difficulties.

In a review of the research on the efficacy of the psychological therapies available for children and young people in the United Kingdom (UK), Rait, Monsen and Squires (2010) suggest the role of not only health professionals but of educational professionals, including EPs in delivering psychological therapies. Also, of interest is their proposal that all adults who work with children and young people have a role in identifying any signs which highlight potential changes in the psychological wellbeing of children and young people at an earlier stage (Rait, Monsen & Squires, 2010). Rait et al. (2010) further commented that current legislation in the United Kingdom places the identification and management of mental health in children and young people as “everybody’s business”(p.105).

These national initiatives suggest that not only do medical and educational professionals need to think more about how to manage and treat mental health problems but that there is an emphasis on the general public becoming more aware of mental health problems. In addition, there is the suggestion that this awareness needs to be developed in young people. Lord Layard's (2006) advice that more support for children and young people should be channelled through in-school systems suggests a greater emphasis on the role of education being the primary source of support for children and young people experiencing mental health problems.

Therefore, it is proposed that it is timely and relevant that psychological research and practice should contribute to the area of mental health identification, management and treatment. As EPs predominantly work in schools, with educational personnel and with medical and health professionals (Frederickson, Miller & Cline (2008) their contribution to not only the research literature but to psychological practice is pertinent. However, before a useful contribution can be made to the above area, a review of the current understanding of 'mental health', an in-depth look at the current legislative context, the role of educators and the terminology used within 'mental health' will help inform the current research. It will also help inform the reader as to how this current study can make a unique contribution to the current psychological literature. In the next section the origins and rationale for the proposed research will be presented.

## 1.5. Origins and Rationale for the Current Study

Psychological research over the past century has focused on the human condition and in essence what causes individuals unhappiness and distress in

life (Seligman & Csikszentmihalyi, 2000). Howard Gardner proposed the existence of a comprehensive number of human intelligences (Gardner & Hatch, 1989). Gardner's Theory of Multiple Intelligences described human beings as capable of seven relatively independent forms of information processing: logical-mathematical; linguistic; musical; spatial; bodily-kinaesthetic; interpersonal; and intrapersonal (Gardner, 1983). Gardner's concept of interpersonal and intrapersonal intelligence illustrates the significant role humans have in managing their own emotions and responding to the emotions of others.

Salovey and Mayer (1990) proposed a model of human intelligence focusing on the importance of personal characteristics. They recommended a model of Emotional Intelligence comprising of five areas of ability such as: 'knowing one's emotions', 'managing emotions', 'motivating oneself' and 'recognising emotions in others' and 'handling relationships'. Salovey and Mayer (1990) suggested that it was these emotional competencies which helped an individual cope with life stresses, regulate their emotions successfully and achieve in life. Salovey and Mayer (1990) further discussed that maladaptive qualities in an individual can lead to unsuccessful outcomes in life and argue the importance of shaping emotional intelligence as a protecting factor against difficulties with 'mental health'.

However, Frederickson, Dunsmuir and Baxter (2009) suggest that while happiness is often considered an ideal state of mind, it is not synonymous with being mentally healthy. They believe that feeling unhappy is a natural and normal reaction to many kinds of life experience. They further suggest that when this state of unhappiness changes, such as to the development of 'mental

health' problems, it is evident when individuals are not able to cope emotionally with their life experiences or when their reactions to their experiences themselves become a problem.

Consequently, it is proposed that the emotional characteristics of individuals which can shape their ability to manage significant life events which may cause them a degree of stress. As previously cited, Salovey and Mayer, (1990) conceptualised emotional intelligence as the link between emotions and positive life outcomes, such as healthy relationships and effective social skills. Goleman (1995) suggests it is important for adults to understand the power of their emotional skills and abilities. Goleman (1995) acknowledged the theories of intelligence proposed by Gardner (1983) and Salovey and Mayer (1990) and adapted the existing model of emotional intelligence to include five basic emotional and social competencies: self-awareness; self-regulation; motivation; empathy; and social skills.

In 1995 Goleman made what appears to be a simple claim:

> "the crucial emotional competencies can indeed be learned and improved upon by children if we bother to teach them". (p.34)

Goleman's statement that emotional competencies can be 'taught' to children as well as helping them to understand them is significant. With regard to the current research, much of Goleman's work (1995, 1998) is concerned with applying his theory of emotional intelligence to education. Goleman proposes that the competencies included within the concept of emotional intelligence would enhance schools, promote good school outcomes and also that these competencies can be readily taught. Goleman (1995) highlights the significance of developing emotional competences throughout life and the role

adults can play in developing a child's emotional competencies. Goleman (1995) further focuses his theory on the development of emotional competences and places an emphasis on the learning environment in schools.

Thus, the simple act of 'teaching' children how to be aware of their emotional abilities and how to change these could be viewed as an important function for all adults. This suggests that as well as parents, adults who have a significant amount of contact with children, for example, teachers can share a responsibility for teaching emotional competencies. Therefore, it can be proposed that teachers are an important group of adults whose daily work influences the development of children and young people. It can be suggested that in addition to their important role in educating and developing learning capacity, they help shape the social and emotional competencies of children and young people. They are the significant adults who interact with children and young people as they 'grow up'. They can shape the developing mind by developing their thoughts and ideas.

This psychological interest into what influences a healthy mind and the significant role adults can have in developing children and young peoples' healthy minds has been an area of interest for the researcher before her training as an Educational Psychologist (EP). The researcher's interest in the field of mental health came from previous work experience in a CAMHS Tier Four[1] secure unit for young people with acute mental health problems. The

[1] Child and Adolescent Mental Health Services Tier Four refers to a highly specialised out-patient teams and in-patient units for older children and adolescents who are severely mentally ill or presenting as a suicide risk (Appleby, Shribman & Eisenstadt, 2008).

work the researcher undertook in this unit highlighted the difficult process involved in reintegrating young people into mainstream society through education. The attitudes and beliefs surrounding mental heath from teachers in the mainstream could be seen to be a barrier in understanding how to support these young people.

The researcher's initial training in Educational Psychology came at a time when there was a growing national emphasis on expanding the support of children and young people with mental health difficulties (Targeted Mental Health in Schools project, DSCF, 2010). The role of the EP in this area was also under discussion with the subsequent change from a one year Masters training to a three year Doctoral programme which hoped to expand the skills sets of EPs (Farrell, Gersch & Morris, 1998). It was this context that prompted the researcher to investigate how 'mental health' was conceptualised in both the health and education world and to investigate what the current beliefs and views towards 'mental health' currently were.

In the following sections the reader will be introduced to a discussion on the definitions of 'mental health' with regard to children and young people and how this has effected how educators work with children and young people. Evidence will then be presented on the prevalence of mental health in children and young people in the United Kingdom. In addition, further discussion will be presented on the local and national developments, the proposed strategies to improve the lives of children and young people and how this has affected the work of educators. Finally, why teachers should be the focus of this research and the aims of the research will be presented.

## 1.6. Definitions and Understanding 'Mental Health' in Young People

There are a number of different definitions of the term 'mental health'. The World Health Organisation's (WHO) (2004) view of mental health and mental illness asserts that they are discrete categories which can overlap and simultaneously occur. They are part of a continuum of mental health well-being. The WHO states that Mental Health is a state of wellbeing which is positive and fulfilling; individuals realise their own abilities and can cope with the normal stresses of life. At the other end of a mental health continuum is Mental Illness, where individuals are not fulfilled, experience thoughts, feelings and behaviours which significantly impact on their ability to cope with everyday life (WHO, 2004). The Mental Health Foundation (1999) defines mentally healthy children and young people as having the ability to develop psychologically, emotionally, creatively, intellectually and spiritually in a positive and fulfilling manner. Children and young people should also enjoy mutually satisfying personal relationships, have empathy, use and enjoy solitude, play and learn, develop a sense of right and wrong and have the ability to resolve problem and setbacks in their lives (Mental Health Foundation, 1999).

Clare and Maitland (2004, as cited in Rothi, Leavey, Chamba & Best, 2005) note that the term 'mental health' is a general term used to refer to concepts of mental wellbeing, mental health problems and mental disorders. However, these terms are generally infrequently used within schools; children experiencing mental health difficulties are usually defined as having either emotional and behavioural difficulties (EBD) or special needs (Rothi, Leavey, Chamba & Best, 2005). Furthermore, terms used to define mental health difficulties differ across the disciplines who work with children and young

people. Weare and Gray (2003) reviewed how children's emotional and social well being are developed and found that terms used to describe 'mental health' and 'mental illness' varied between different children services.

Frederickson, Dunsmuir and Baxter (2009) state that a range of terminology is used to talk about the term 'mental health' and that the term 'mental health' is sometimes avoided because of its association with stigmatising ideas about mental illness. Professionals working in health, such as Clinical Psychologists, use terms such as 'mental health' in reference to the work they do with children and young people (e.g. Scholl, Korkie & Harper, 2010). Educationalists, including EPs may refer to the identification of social, emotional and behavioural difficulties and discuss 'psychological wellbeing' (e.g. Rait et al., 2010 & Wigelsworth, Humphrey, Kalambouka & Lendrum, 2010).

The argument Frederickson et al. (2009) present illustrates the reluctance many professionals and individuals can have in using the term 'mental health' due to the perceived stigmatising impact the language has. They also reveal that 'mental health' and 'psychological wellbeing' can be two terms which conceptualise the same experience for individuals. This highlights how the use of language shapes adults perceptions of the difficulties they observe in children and young people. It can be proposed that this may also have a possible effect on the identification of difficulties in children and young people. Also, the use of language could possibly polarise professionals around the child, as although many key adults in a child's life may be describing the same difficulties the language they use to describe these could effect possible assessment and identification.

The different definitions and uses of the term 'mental health' within different professions and contexts have been presented. However, when looking at the prevalence rates of difficulties in children and young people the identification of these difficulties is shaped by the use of the term 'mental health'. As the next section will indicate, **there appears to be** evidence of a growing increase in the number of children and young people suffering from difficulties with their mental health.

## 1.7. Prevalence of 'Mental Health' in Children and Young People

There is a growing body of evidence highlighting that mental health problems appear to be increasing in children and young people in the U.K. In 2004 the Department of Health (DoH) and the Department Children Schools and Families (DCSF, 2008) reviewed the support provided for by Child and Adolescent Mental Health Services (CAMHS) to children and young people. The survey found evidence to indicate that at least 10% of children and young people aged five to sixteen years have a mental disorder which disrupts family and social relationships, the capacity to cope with day to day stresses, life challenges and their learning (DoH, 2004c). 'Mental disorder' is a medical term clinically conceptualised by the Diagnostic Statistical Manual Four[2] (DSM-IV; American Psychiatric Association, 1994). This describes a mental disorder as a behavioural or psychological pattern that either has caused the individual distress or disabled the individual in one or more significant areas of functioning

[2] The Diagnostic Statistical Manual (DSM-IV) was developed in 1952 in the United States and was approved by the American Psychiatric Association. It is a diagnostic tool for the medical and psychiatric professions (Rosenhan & Seligman, 1995).

(Rosenhan & Seligman, 1995). The DoH (2004c) also found that a similar percentage of children and young people have less serious mental health problems that would benefit from some structured intervention. Furthermore, the survey estimated that around two million children needed intervention to improve their emotional wellbeing, mental health and resilience (DoH, 2004c).

Rait et al. (2010) have suggested that the DoH (2004c) survey indicates that around 40% of children with psychological difficulties are not currently receiving any form of specialist input. Furthermore, as cited by Wilson (2004) a Young Minds survey in 2002 indicated that in a school of 1000 pupils there are likely to be: 50 pupils who are seriously depressed, 100 who are suffering from significant distress, 10-20 pupils with Obsessive Compulsive Disorder (OCD) and 5-10 girls with an eating disorder (Wilson, 2004) (see **Glossary of Key Terminology** for definitions of these terms).

As such, these statistics present some evidence that there could be an increasing number of young people experiencing severe psychological distress. However, it is important to remember that the word 'mental health' is starting to become a more familiar term used by the general population. In addition, there may be a greater willingness of parents and professionals to describe and/or label children and young people with mental health difficulties. These factors may have affected the apparent increase in the prevalence of mental health in children and young people. However, these statistics could indicate that as children and young people are more prone to mental health difficulties those professionals who come into daily contact with them may be in an important position in which to help manage the experiences of children and young people. As schools are the place where a majority of young people spend their time, it is

suggested that they are a key agency in witnessing and alerting other agencies to these difficulties.

The statistics noted above indicate that the prevalence rates of mental health difficulties in children and young people appear to be increasing in the U.K. This may be an effect of changes to the definitions used to describe mental health problems which may have lead to a broader criterion of symptoms and /or behaviours which constitute mental health difficulties. This may have affected the reported responses by the sample surveyed in identifying mental health difficulties in children and young people. As stated previously, this reported increase may also be a product of professionals' greater use of the word 'mental health' and terminology associated with mental health.

Although, there should be caution when interpreting the statistics from the DoH (2004c) it should be noted that earlier identification of such difficulties may ameliorate this apparent increasing trend. Rait et al. (2010) suggest that a high proportion of children and young people are not being identified and provided with specialist support to help them manage their 'psychological difficulty' (p.106). It could be proposed that one factor influencing the problems faced by school and other agencies in identifying mental health difficulties in children and young people may lie in the terminology used. It could be considered that the differing conceptualisations professionals have regarding mental health may influence how they each identify difficulties in children and young people.

Therefore, it could be proposed that an improved understanding and common and agreed definition (amongst professionals) in the use of terms describing 'mental health' difficulties may be helpful. It could be suggested that all

professionals involved in identifying mental health difficulties may want to use the same criteria and terminology when describing ‘mental health’ difficulties.

In the next section this latter argument will be expanded upon and an account of the current national legislation and how this has shifted the work of educators and health professionals will be provided.

## 1.8. Governmental Guidance in the UK Relating to the Mental Health of Children and Young People

The current legislative context in the UK has highlighted a shift in expectations on services and professionals supporting the mental health of children and young people. Every Child Matters (ECM) (2003) promoted the healthy development of children and young people, highlighting that all children deserved to be provided with services which not only focused on their academic learning but also identified that their development as individuals and as part of society was important. The ECM identified that children and young people should have the right to: Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Wellbeing.

It is important to note that the ECM agenda highlighted the importance of positive social and emotional development of all children and young people. The ECM agenda was stipulated in The Children’s Plan (DCSF, 2007). The Children’s National Standards Framework (e.g. Standard 9, Department of Health, 2004a) describes a set of strategies for professionals to enable children and young people experiencing mental health difficulties to have access to a high quality multidisciplinary mental health service from birth to age eighteen. In addition, one of the overarching themes of The Children’s National Standards Framework was to suggest how the National Health Service (NHS) would have

a key role in helping to achieve the ECM (2003) outcomes. The promotion of Children's Centres, to coordinate the delivery of social health, social care and education services, was outlined as one mechanism in which to support improvements in the five ECM outcomes and to facilitate multidisciplinary working between health and education. The Children's National Standards Framework further suggested that sustained improvements in the mental health of all children and young people would be a core aim of all professionals who work with children and young people.

A review of previous government guidance has helped to suggest the importance of this area has developed over time. The document "Promoting Children's Mental Health within Early Years and School Settings" (DfES, 2001) emphasised the identification and management of mental health in children and young people on all professionals and not purely those professionals who work within the Health Services (DfES, 2001; Health Advisory Service, 1995). An independent review of the Primary National Curriculum and its implementation by teachers in England by Jim Rose (2009) located the importance of children's social and emotional skills in their psychological development and its effect on their learning.

A number of primary schools in 2005 and then in 2007 a number of secondary schools, were encouraged to develop the use of a new school-based curriculum which offered an improved approach to developing children's social and emotional skills. This was the Social and Emotional Aspects of Learning Programme (SEAL, DfES, 2005; 2007). This programme has encouraged schools to use a set of curriculum based resources as a whole school approach and/or resources to be used with individuals and groups of children to develop

their social, emotional and behavioural skills. These curriculum-based interventions, together with the Personal Social Health Education (PSHE, Qualifications and Curriculum Authority (QCA), 2000) curriculum identify the importance of children having good self esteem and self confidence to aid their learning. This indicates the perspective that children's mental health has an effect on other areas of children's lives. This further espoused government initiatives that could be seen to focus on developing/improving the healthy psychological development in children and young people, particularly in the learning environment of schools.

These recent initiatives being developed in schools highlight the changing role of educators in tackling and understanding the importance of mental health in children and young people. The growing body of initiatives (e.g. ECM, 2003; PSHE, QCA, 2000 & SEAL, DfES, 2007), places an emphasis on schools to recognise and identify potential psychological difficulties and to intervene earlier. Furthermore, it was suggested that schools can play a role in providing a "therapeutic environment" where staff can closely monitor, adapt and track specific programmes (Rait et al., 2010).

Overall, there appears to have been a significant shift in how professionals working with children and young people identify and manage mental health. The emphasis is now on identifying and intervening in the earlier stages of difficulties. This has consequences for how professionals work together to be able to achieve this. In the next section the changes in government guidance on the working practice of professionals, particularly educators will be discussed.

## 1.9. Expectations Placed on Professionals Working with Children and Young People

Zins, Travis and Freppon (1997) noted that educators face a variety of complex challenges every day, many of which are related to students' social and emotional needs. Teachers are increasingly being asked to work at a Tier One Child Adolescent Mental Health Services[3] (CAMHS) intervention to help young people with emotional and mental health problems (Cowie, Boardman, Barsnley & Jennifer, 2004). The Tier One Child and Adolescent Mental Health service provides support for children and young people at an early stage of any problem, for example, help and support from a General Practitioner and/or a short therapeutic intervention such as access to some support from a counsellor. Therefore, proposing that teachers work at this level in mental health services stresses the importance of teachers being aware of the triggers and causes of mental health problems.

Fonagy et al. (2005) have suggested that there needs to be increased resources put into understanding which interventions are effective and using these interventions earlier with children and young people who present with psychological difficulties. As such, Rait et al. (2010) suggest that all adults working with children and young people need to ensure that targeted psychological support is in place for these children and young people. Therefore, it can be hypothesised that important changes in the mental health

[3] A Tier One CAMHS intervention is a primary level service focused on mental health promotion, prevention, early identification, general advice and intervention for mild, early-stage problems (Appleby, Shribman & Eisenstadt, 2008).

functioning of children and young people may require earlier identification by these adults before these difficulties become severe and chronic.

Weare and Gray (2003) have noted that the term ‘mental health’ is not widely used in education and the use of terminology differs across professional disciplines. As such, if teachers are to identify ‘mental health’ problems and understand their causes then a good working knowledge of what mental health is and how it manifests itself in children and young people would be expected. However, as noted previously a range of language is used in the educational context when describing a child or young person experiencing mental health difficulties, for example, psychological wellbeing, behavioural problems, emotional problems and social problems. These latter terms are commonly grouped together in education as social, emotional and behavioural difficulties (SEBD) which are described by Cooper and Tiknaz (2007) as an umbrella term incorporating a diverse range of behaviours ranging from ‘acting out behaviours’, such as non-compliant behaviour and aggression to social withdrawal, anxiety and depression. The Special Educational Needs Code of Practice (DfES, 2001) describes behavioural, emotional and social difficulty as a learning difficulty where children reveal characteristics such as: being withdrawn or isolated, being disruptive and disturbing, being hyperactive and lacking concentration, having immature social skills and presenting challenging behaviours arising from other complex special needs.

Interestingly, Cooper and Tiknaz (2007) discuss SEBD in relation to ‘mental health’ indicating there is an overlap with behaviours indicated with SEBD and developing ‘mental health’ problems. The different use of terminology, with many terms describing the same presenting behaviours and/or difficulties, may

lead to confusion and uncertainty as to what constitutes ‘mental health’ and what constitutes difficulties with psychological wellbeing and/or SEBD. In a review of research and government initiatives, use of the term ‘mental health’ was more commonly used to identify the psychological distress which can constitute more significant and persistent difficulties for children and young people. The use of terms such as social and emotional wellbeing appeared to signify those characteristics which help develop healthy psychological functioning. For example, the NICE guidelines on ‘Promoting social and emotional wellbeing in secondary education’ (2009) note that promoting positive and good social, emotional and psychological health can help protect against a numbers of factors such as emotional and behavioural problems and can help children and young people to learn and achieve academically.

In summary, the current government guidance would appear to demonstrate that all professionals who work with children and young people have a responsibility to make a contribution to: helping children and young people become aware of ways in which to foster good ‘mental health’; to provide appropriate advice and interventions; to work together to share expertise; and to work with children and young people to identify at an earlier stage possible ‘mental health’ problems. This is in the hope of preventing significant and persistent difficulties in children and young people.

Baxter and Frederickson (2005) have noted that EPs have valuable skills and knowledge which can be utilised to promote wellbeing in children and young people. Furthermore, the role of EPs includes a wide range of activities. They use psychological knowledge, frameworks and skills to promote effective and real learning experiences for children, which in turn promotes effective

emotional, social and physical wellbeing and development (Baxter & Frederickson, 2005). Therefore, it is proposed that EPs could have a central role in supporting the mental health of children and young people. They may also have a role which provides support and advice for teachers working with vulnerable children and young people.

In the following section, a more detailed discussion on the role of the EP and their work with schools, children and young people will be discussed. It will be highlighted of the current research study how it is relevant to the role EPs play in supporting the mental health of children and young people. The author will also suggest how carrying out research is important to the evolution and development of educational psychology practice.

## 1.10. Role of EPs within Schools and with Children and Young People

EPs typically work using a range of methods (e.g. consultation, assessment, intervention and therapeutic skills) to encourage learning and the development of children and young people (zero to nineteen years) (Gersch, 2004). EPs may work with children and young people who have a variety of difficulties including learning difficulties, emotional and behavioural problems, slow academic progress, bullying, anxiety, trauma, depression, criminal behaviour, cognitive difficulties and children with visual and hearing impairments (Gersch, 2004). In addition, EPs may carry out research, provide training to teachers and other professionals, review management structures in school and policies and work with the local authorities in policy-making and providing advice to the government (Gersch, 2004). It can be proposed that EPs should focus on the life of the child in the community in which they live and promote change through

the influential adults in a child's life (Beaver, 2005). Therefore, EPs perform a crucial function in understanding the psychological development of children through the examination of the role of familial, social, economic factors.

Frederickson et al. (2009) contend that historically EPs have been involved in the identification of mental health difficulties due to their knowledge of the complex social, emotional, behavioural and biological factors that influence developmental outcomes in children and learning outcomes in schools. The DCSF (2008) and National Institute for Clinical Excellence (NICE, 2008) have highlighted that the application of psychology with its empirical approach to inquiry, has contributed significantly to the evidence base of what works and what does not work in the promotion of mental health (Frederickson et al., 2009). Frederickson et al. (2009) highlight that the change in legalisation promotes the key role EPs have in contributing to scientific inquiry and evidence based practice.

In addition, it can be suggested that teachers are being increasingly asked to work as Tier One mental health workers. EPs can be viewed as Tier Two professionals in the Child and Adolescent Mental Health Services[4] (Health Advisory Service, 1995). The work of EPs at a Tier Two level indicates that they will help describe and identify mental health problems in children and young people and be working on either an individual or systemic basis to help in

[4] Tier Two CAMHS involves professional groups who provide services such as training and consultation to Tier One professionals and families. Assessment and outreach service provision is available for moderately severe problems needing specialist help (Appleby, Shribman & Eisenstadt, 2008).

the treatment of these issues. It can also be reasoned that in the developing role of the EP, their work may involve the shared responsibility of training Tier One professionals. Therefore, this further places emphasis on EPs to work with teachers in understanding and helping them identify any difficulties faced by children and young people. Furthermore, a report commissioned by the Mental Health Foundation suggests that EPs together with CAMHS professionals can be called upon to contribute to teacher training in mental health related issues (Cole, Sellman, Daniels, & Visser, 2002).

The British Psychological Society (2002) proposes that the primary focus of EPs is “on the well-being and needs of young people” in that they “support and promote the proper development of young people” (p.4). Rothi, Leavey and Best (2008) suggest that given EPs represent one of the few professions working at the interface between education and health, school staff may draw upon them to assist with seeking help for those children with possible mental health problems. Therefore, it can be proposed that it may be helpful for EPs and teachers to have a shared understanding of mental health difficulties, in order for EPs to effectively support and train them in their role.

In summary, there may be some rationale into an exploration of the general terms used to describe mental health difficulties and to explore whether the use of such different terms across disciplines has a possible effect on the early identification and subsequent management of children and young people with mental health problems. As one of the key recommendations of the report Excellence in Research on Schools (DfEE, 1998) indicated the delivery of effective education should be influenced by good research, research informing the work of EPs with teachers is significant. Furthermore, Fox (2003) asserts

that there is a place for evidence based practice and that EPs should use research to inform their work. Therefore, it is proposed that EPs can play an important role in researching how children and young people can be best supported with their mental health needs in schools. It is postulated that it is teachers who take a leading role in not only helping to identity mental health difficulties but will also take a role in supporting children and young people through them. As such, exploring teachers' views and perceptions on 'mental health' maybe one way of understanding how they identify and manage 'mental health' difficulties. In turn, eliciting teachers' views on 'mental health' and then how they respond to 'mental health' difficulties may aid a further understanding.

Therefore, it is important to consider the way in which the term 'mental health' is viewed and constructed by teachers who work with children and young people. It can be suggested that a definition may be essential in helping teachers' conceptualise 'mental health'. This is because if the difficulties children and young people experience are described using different terms by teachers, then it is possible that there could be some confusion with regards to how to explain and make sense of the difficulties experienced by a young person. In addition, a lack of common understanding of such terms may also prevent the targeting of effective interventions. It will therefore be proposed that professionals using a shared definition of 'mental health' may be one of the first steps in working more effectively with children and young people to ameliorate any mental health difficulties. The next section will go on to discuss this further.

## 1.11. Why Use the Term 'Mental Health'?

Educational professionals, such as Rait et al. (2010) have raised concerns with the terms 'mental' or 'psychiatric' disorder commenting that in their view they

are likely to stigmatise the individual and suggest that the problem is entirely located within the individual rather than looking more systemically at issues such as poverty, employment and access to services. However, the language used by health professionals can be seen to also consider the child as a product of his/her environment. The National Institute of Health and Clinical Excellence (NICE, 2005) guidelines for the diagnosis of depression in children advises the evaluation of recent and past psychosocial risk factors, such as age, gender, family discord, bullying, physical, sexual or emotional abuse. It also advises the evaluation of a history of parental depression and other health problems, such as homelessness, refugee status and living in institutional settings. Health professionals such as Weare and Gray (2003) argue that there should be a shared definition of 'mental health' problems between services when working with children and young people. The WHO (2004) definition of mental health conceptualises it as a continuum of emotions, behaviours and thoughts with degrees of severity indicating when an individual has positive mental health and when they have negative mental health.

It may be beneficial for teachers to be aware of the way in which health professionals conceptualise 'mental health'. It may be helpful for teachers to experience constructing and further understanding the term 'mental health' and becoming more familiar with what could be the benefits of a shared understanding of mental health. Thus, by exploring teachers own constructs of the term 'mental health' a greater understanding may be gained into whether a shared definition of 'mental health' is something helpful for them.

As noted in section 1.5 the researcher had direct experience of working in an education unit in a mental health setting. During, the researcher's first hand

experiences of working within health and education contexts she observed that the use of language could be very different across both contexts, even when health and education were situated together. Most interesting was the observation made by the researcher of the difficulties faced by the young people when they attempted to reintegrate back into society. The researcher's work provided her with anecdotal evidence about of the lack of understanding about mental health and how to support children and young people from teaching staff in mainstream settings.

As such, the impetus to conceptualise 'mental health problems' as part of a continuum of difficulties may help teachers to understand that a diagnosis is not a concrete and definitive category but is changeable and individual to the child. The NHS Health Advisory Service (1995) indicates that a clear definition of psychological difficulties may help in guiding suitable interventions and resources for individuals with mental health problems. The NICE guidelines (2005) also stipulates that CAMHS professionals should work with other health and social care professionals in primary care and in schools to support the child. This places a role on health professionals and educators to work together in the targeted intervention of children with mental health problems.

As noted previously, Weare and Gray (2003) have suggested a shared definition of 'mental health' between services working with children and young people. This could give emphasis to educational and health professionals developing a shared understanding of 'mental health' problems in children and young people. This may suggest that a shared understanding of mental health, with the use of the same terms across professional disciplines, could aid the early identification and targeted intervention for children and young people.

However, it will be important to explore how teachers conceptualise mental health, as it will be their perceptions of the term which may highlight whether using a shared definition is helpful or beneficial.

The use of the term mental health was used in this research in an attempt to explore how teachers identify and manage the significant and persistent psychological difficulties effecting children and young people. It was also used to discover how teachers conceptualise mental health. Furthermore, in trying to understand the role of teachers in supporting children and young people with mental health difficulties it is important to note why they are an important group to support in their work with children and young people.

In the next section, further evidence will be presented on the expectations now placed on teachers to identify and manage children and young people with mental health difficulties.

## 1.12. Mental Health and Educators

There is some evidence to suggest that in England discriminatory views towards people with mental health problems have increased in the past few years and the group which holds the strongest discriminatory views is that of young people (DoH, 2007). Some evidence (e.g. Young Minds, 2002 & DoH 2004c) indicates that in England there is a population of children and young people who are also becoming more vulnerable to mental health problems. As noted previously an increase in this vulnerability may reflect that over the past ten years or so the word ‘mental health’ has been more commonly used by the general population and professionals when describing difficulties presented in children and young people

However, these statistics could indicate that children and young people may not only be more vulnerable to mental health problems but they may also hold the strongest discriminatory views towards people experiencing them. It can be postulated that this may lead to further difficulties for teachers working with children and young people. Children and young people may feel less able to share their difficulties with teachers due to their pre-conceived beliefs about mental health. Furthermore, they may not want to seek support and help from teachers as they may feel they will be stigmatised by their peers.

As noted, teachers have been encouraged to use resources such as the SEAL curriculum (DfES, 2008), the PSHE curriculum (QCA, 2000) Healthy Schools initiative (ECM, 2001) to promote early intervention and support children and young people's emotional wellbeing. The emphasis on using these resources to promote early intervention is to foster and develop those characteristics which can lead to improved mental health in children and young people.

Frederickson et al. (2009) emphasised that when children and young people have established and significant mental health problems interventions must address the context in which the problems arise as well as individual aspects of mental health experience. This places an emphasis on targeting support in the environment where the child is experiencing difficulties, for example, aspects of home life and/or parts of the school environment. Frederickson et al. (2009) further suggested that conceptualisations which place mental health problems within individuals and fail to account fully for external, systemic factors which can contrite to mental health problems, are at odds with current understanding of mental health.

Overall, it can be proposed that teachers play two critical roles in the promotion of mental health awareness and the identification of mental health issues. Firstly, they can be one of the primary educators in mental health awareness. Some evidence highlights that school based interventions are useful and valid in addressing discriminatory views to mental illness (Pinfold, 2003). Secondly, teachers can be the key adult to whom a child or young person turns to in a time of crisis. For example, a Young Minds survey (2002) found that children and young people were more likely to talk to a teacher than a GP about any emotional distress they were experiencing (Wilson, 2004). This emphasises that there could be an increased pressure and responsibilities on teachers to not only identify and seek help for pupils with mental health problems but to educate and support pupils in mental health issues.

Sayce (2003) suggests that to formulate effective anti-discrimination education it is imperative to begin with a detailed understanding of the current views of the target group. Lindley (2009) proposes that for a successful mental health intervention to take place it must begin by gaining insight and understanding into what young people already think and believe in relation to mental health problems. The same principle can be indicated for teachers whereby, if they are to deliver an effective mental health intervention, it is important to know what they believe and understand mental health problems to be. Therefore, research conducted into gaining an insight into teachers' views and beliefs regarding mental health facilitates an understanding of how they regard the difficulties they observe in children and young people. This may also provide an insight into how they respond and support children and young people.

Therefore, the aim of the current study was to understand the experiences of teachers with regard to understanding their views and responses to mental health with the hope of more effectively supporting them in the identification and management of children with mental health problems. In addition, in gaining this insight and knowledge, it is hoped that EPs would be better able to support teachers in delivering more effective interventions with children and young people.

# Chapter 2: Literature Review

## 2.1. Overview

This study was developed to explore teachers' constructs towards mental health and their responses to it. This chapter will provide an overview of how the researcher proposed to develop the current study. The researcher's epistemological and view of the world will be briefly outlined and there will be a discussion on how language can be used to construct meaning and understanding in the social world. This chapter will aim to describe how the researcher's epistemology and view of the world could help to capture the experiences of the targeted group.

In addition, this chapter will also contain an account of the literature reviewed. This area will provide further insight into the complexities of the language and terminology used in 'mental health' and how terminology is used across different disciplines, particularly that of health and education. It will also provide evidence of how this current research can contribute to the existing evidence base in this area.

As noted previously, the aim of the current study was to understand the experiences of teachers with regard to understanding their views and responses to mental health. It is proposed that the language used by teachers to describe mental health can be used as a tool to gain insight into teachers may observe the experiences of children and young people suffering from mental health problems.

## 2.2. Eliciting the Experiences of Teachers

Beaver (2006) noted that verbal communication, even if all individuals are to use the same words, conveys the structure and content of each individual's own model of the world. Personal construct psychology (PCP) (Kelly, 1955) purports that people are their own agents in exploring the world and deriving meanings from this exploration. Constructs are based upon meaning taken from their social interactions and experiences and allow an individual to have their own personal view of the world. It is this personal view of the world (that is, the world which encapsulates children, young people, education, learning, behaviour and social interactions) which the researcher aims to access in teachers.

By accessing teachers' constructs of mental health insight will be gained into their views and theories on mental health and how these fit with education and health terminology. Furthermore, these constructs will highlight how teachers make judgements on children and young people with mental health difficulties. This approach compliments the researcher's aim to explore language and social meaning in the social context. This approach will analyse the teachers' reactions to mental health issues in young people. This is because the researcher is attempting to not only analyse the meaning in the language used, but to reveal how this language is used to create social constructions and how this is brought into being (Willig 2008).

The researcher adheres to the relativist position and espouses social constructionism (Willig, 2008). It is proposed that social experiences and meanings are systems constituted by ideas, not by material forces. Social constructionism contends that language is a tool used to create these systems

and conceptual systems. Willig (2008) noted that how meaning in social experiences is negotiated, is through the tools of language in every day interaction.

In the following section how the research aims and questions were developed from the topic area will be discussed.

## 2.3. Research Aims and Questions

In adopting a social constructionist view of the world the researcher views social interactions as 'social phenomena' which can be measured using different methods (Robson, 2002). Robson (2002) stated that social structures can be an enduring product but also the medium of motivated human action. Robson (2010) further noted that social structures such as language are both:

> "Reproduced and transformed by action, but they also pre exist for individuals". (p.5)

Furthermore, the social constructionist position attempts to learn how participants are part of the world they describe and how they create meaning from their world (Silverman, 2010). Therefore, the current research study was developed to gain a further understanding about the responses of teachers to the term mental health. The following research questions aimed to be addressed were:

1) *How do teachers' construct mental health in their interactions with children and young people?*
2) *What do teachers' say in response to vignettes describing children and young people who may be experiencing mental health problems?*

## 2.4. Rationale of Research Project

The area of mental health has been shown to be an area of current national interest, both politically and socially. The use of the term ‘mental health’ can be contentious, with some professionals feeling that it leads to the stigmatisation of individuals who are identified as having mental health problems. Other professionals acknowledge the term ‘mental health’ but prefer to use other terms to describe a similar state of mind. It is proposed that teachers are increasingly being asked to identify and manage mental health difficulties in children and young people on a more regular basis. It can also be suggested that teachers have been highlighted as having a pivotal role in addressing negative attitudes towards mental health. Professionals who work with teachers, such as EPs, have been seen to be playing a significant role in supporting teachers to achieve better outcomes for children and young people with mental health problems. There is some evidence that the current use of different terminology may lead to confusion in the identification of mental health difficulties. The differing terminology may have also created a barrier between professionals in health who use the tern ‘mental health’ and professionals in education who prefer to use other terms when describing difficulties in children and young people.

In the next section a review of the current literature will be managed and how this has been used to shape the development of this research study.

## 2.5. Overview of Literature Review

This current study uses Charmaz’s (2006) approach to grounded theory to provide a framework for the literature review. Charmaz (2006) claims that literature reviews prior to the commencement of the research can provide a vital

function in arguing the rationale for decisions made by the researcher. Charmaz (2006) states:

> “The literature review can serve as an opportunity to set the stage for what you do in subsequent sections of chapters.” (p.166)

A literature review is an integral part of the research process. Hart (1998) defines a literature review as:

> “The selection of available documents (both published and unpublished) on the topic which contains information, ideas, data and evidence written from a particular standpoint to fulfil certain aims or express certain views on the nature of the topic and how it is to be investigated, and the effective evaluation of these documents in relation to the research being proposed”. (p.13)

Hart (1998) has claimed that the purpose of a literature review is for the researcher to understand the ideas and works of others so as to provide a framework for the researcher’s own work.

Furthermore, Petticrew and Roberts (2006) suggest the importance of a systematic literature review in the social sciences:

> "Systematic literature reviews are a method of making sense of large bodies of information, and a means of contributing to the answers to questions about what works and what does not." (p.2)

Therefore, in the following section, a systematic literature review will provide a framework from which the reader can understand the significance and importance of the area chosen to be investigated. The systematic literature review will also help to illustrate a gap in the current research base and how this current study can provide a unique contribution to the field of research.

Each section of this current chapter will present a stage in the literature review. Firstly, a systematic literature review was conducted and section 2.2 contains a detailed account of this review and the procedures undertaken. The following sections (2.3 and 2.4) review and critique the relevant research. The final section of this chapter will summarise the research findings within a theoretical framework, including a re-visiting of the research questions.

## 2.6. Systematic Literature Search

### 2.6.1. Identification of Papers

The literature review involved a systematic examination of selected databases based on English-medium international published literature. The literature review was conducted between July 2010 and August 2010 and revisited in April 2011. Published literature was searched using the following four electronic databases:

1) *Education Resources Information Centre (ERIC).*

2) *Education Research Complete.*

3) *PsycINFO.*

The strategies used to search the literature involved key words and subject headings. The terms used to search for extracting abstracts included: 'teachers and mental health and mental illness' together with 'teachers and emotional wellbeing'. Initial input of the above terms engineered a list of several thousand potentially relevant journals and articles. Therefore, the identification of relevant papers was then developed.

Two separate searches were conducted using the above key terms. The first search included the terms 'teachers and 'mental health' in the title of all papers and the term 'mental illness' in the text of the articles. The second search included the terms 'teachers and emotional wellbeing' in the titles of the papers and searched for the term 'mental health' within the text of the articles. Both these searches using the above terms searched for papers which included all study types (both quantitative and qualitative), only peer-reviewed scholarly articles and only studies written in English.

For the purposes of the review the search was narrowed to studies published from 2000 to 2010. This was because within this time frame there had been the development of many UK government initiatives focusing on supporting mental health. The researcher wanted to analyse literature published within this time frame in an attempt to explore the theoretical landscape regarding mental health and teachers during this time. In using inclusion criteria all papers that did not meet the criteria were excluded during the systematic search, for example, any published papers before 2000 were not included in the reference list obtained by the systematic search. The first search of the electronic

databases using the terms: ‘teachers and mental health and mental illness’ yielded 104 papers. The second search used the terms: ‘teachers and emotional wellbeing and mental health’ and this search yielded 90 papers.

### 2.6.2. Further Criteria for Identification of Papers

Secondary references were chosen from some of the primary paper references and one published paper was accessed by making contact with the researcher in the field and obtaining the journal article. Papers that could not be obtained through the first search of the electronic bases were searched for using the internet. Searches were carried out using general search engines, for example Google, as well as more scholarly web searches (i.e. Google Scholar).

The internet search engines (Google and Google Scholar) were also searched using the same key words used to search the four electronic databases. Papers generated through this search were included in the literature review by their relevance to the current study. Papers selected used the same method as searching the electronic databases by reviewing inclusion of key terms in the title and abstract.

### 2.6.3. Selection Criteria

Abstracts were then selected for retrieval of the papers based on their inclusion of further key terms and phrases in the title and abstract. This included terms covered by teachers and mental health and by the umbrella term ‘emotional wellbeing’ and others such as ‘emotional literacy’, ‘emotional intelligence’, ‘social and emotional learning’ and ‘social and behavioural difficulties’. All abstracts were selected by the researcher. From this ten papers were selected in the review and were grouped into two categories based on their relevance to terminology used in education in health.

The next section will firstly contain a critique of the research into teachers' perceptions and responses to the emotional and social needs of children and young people, discussing separately the quantitative and qualitative studies. An overall review of teachers' responses to emotional and behavioural difficulties in children and young people will also be discussed. Thirdly, a discussion of the research pertaining to teachers' views and responses to mental health will be presented. Finally, a summary of the research findings will be presented and critiqued within a theoretical framework.

## 2.7. Qualitative Research into Teachers' Views on and Responses to Social, Emotional and Behavioural Needs of Children and Young people

This section of this literature review will involve a detailed analysis of five pieces of research which was relevant and important to teachers' views and responses to social, emotional and behavioural needs in children and young people. This research is important to review due to three reasons. Firstly, Frederickson et al. (2009) argue it is not usually children and young people who would refer themselves for professional help because of the problems they are facing but that the decision is usually taken by the key adults in their life. Secondly, Kazdin and Weisz (2003) have noted that most referrals to children and young people specialist services, relate to externalising problems (such as behaviour difficulties and anger). Finally, it has been previously highlighted (Chapter one) that teachers commonly use terms such as social, emotional and behavioural difficulties to describe presenting psychological difficulties in children and young people. Therefore, it can be reasoned that a review of the research into how teachers' view and respond to social, emotional and behavioural needs in

children and young people could initially help an exploration into how teachers' conceptualise and respond to mental health in children and young people.

Perry, Lennie and Humphrey (2008) conducted a small scale case study in a primary school in the north west of England on teachers and pupils. They interviewed and gave questionnaires to teachers, conducted observations and held focus groups with pupils. Perry et al. (2008) had five research questions regarding 'emotional literacy' (Salovey & Mayer, 1990). The research questions can be grouped into two categories. Their first three questions concerned questions about what is emotional literacy and how teachers articulate this concept. The last two questions mainly related to the concept of emotional literacy at a systemic level; requiring teachers to respond to how their school fosters emotional literacy.

Perry et al. (2008) utilised qualitative methodology in the form of content analysis to analyse the data. Overall, the participant level was good for this qualitative study across all data collection methods, which were observations of pupils, focus groups with pupils, interviews with teachers and questionnaires completed and returned by teachers. Perry et al. (2008) reported that responses to emotional literacy from teachers corresponded to the Salovey and Mayer (1990) definition of emotional literacy. For example, one teacher stated:

> "*Emotional language – express one's feelings – be aware of them and how they affect us*." (Perry et al., 2008, p.5)

Perry et al. (2008) noted that when asking pupils what was an emotionally literate teacher, their responses were similar to teachers' responses. Perry et al. (2008) highlighted that one pupil stated:

> "*She looks at you, and if there's a problem with someone, she talks to the other person, you just know it, and she gives you suggestions on what to do*." (p.5)

Perry et al. (2008) stated this highlighted the values teachers place on emotional literacy are similar to the ones children look for in their teachers. Perry et al. (2008) reported that teachers and children both identify emotional literacy as an aid to social and emotional development as well as learning. These findings show a similarity between teachers and children in an understanding of what emotional literacy is, how to demonstrate it and the effect this can have on the social, emotional and learning development of children.

There are some criticisms of this study. Perry et al. (2008) generated a pilot questionnaire before giving to teachers to complete. However, there is no reference to the types of questions generated in the pilot, if these were changed in the final version and how measures of reliability and validity were ascertained. It is unclear why only questionnaires were given to teachers. Furthermore, Perry et al. (2008) stated they used observation data but did not report these findings in the results. Therefore, it is unclear if this data supported the authors' conclusions.

A study utilising a survey method, accessed a larger sample of teachers, including primary and secondary teachers. Connelly, Lockhart, Wilson, Furnivall, Bryce, Barbour and Phin (2008) gathered information for the Scottish Needs Assessment Programme (SNAP) to provide advice on "emotional (mental) health of Scotland's children and young people" (p. 8). Connelly et al. (2008) surveyed 365 teachers from across local authorities in Scotland, gaining information on what types of emotional and behavioural difficulties and mental

health problems teachers dealt with in school, how they responded to these difficulties and what they felt their role was in managing these difficulties. This information was attained by a questionnaire where Connelly et al. (2008) asked teachers to describe and comment on their most recent case, most worrying case or most satisfying case which involved working with "a child or young person with emotional, behavioural difficulties or mental health problems" (p.2).

Connelly et al. (2008) concluded from the teachers' responses to the questionnaire that they are working with children and young people who have significant emotional and behavioural difficulties. They also reported that "Teachers take their role seriously as supporters (of children and young people with emotional and behavioural difficulties) and facilitators of access to specialist services." (p.11). However, many of the responses quoted by Connelly et al. (2008) highlight the frustration felt by teachers in knowing how to deal with children and young people with emotional distress. In addition, Connelly et al. (2008) reported that many examples of frustration felt by teachers were directed towards systemic factors when working with children with mental health difficulties. Some of these systemic factors were the relationships they had with outside specialist professionals and agencies when teachers' were trying to seek advice and support for children

Connelly et al. (2008) asked teachers to comment on experiencing emotional, behavioural and mental health problems. It was unclear if the authors provided teachers with descriptions of these terms or asked teachers to generate their own descriptions of emotional, behavioural and mental health problems. This may have influenced the data collected in two ways. As noted, there is a range of terminology used to describe mental health problems. Therefore, it is unclear

if teachers conceptualised emotional, behavioural and mental health as different concepts. Secondly, the use of a questionnaire to elicit teachers' conceptualisations of emotional, behavioural and mental health problems may have limited the amount of information that could have been gathered on what teachers' attitudes and beliefs were concerning these issues. Connelly et al. (2008) highlighted that teachers felt a frustration when trying to access support and advice about the children they work with. This is an interesting finding and could be further explored. It can be suggested that if teachers expressed a view that mental health terms are stigmatising, this could then influence their views on the role of mental health professionals. They may feel that support from such professionals may further stigmatise the child. Therefore, it can be proposed that there may be a relationship between attitudes towards mental health problems and the frustrations felt by teachers when trying to seek help for children and young people. As noted previously, these feelings of frustration may be influenced by their attitudes towards mental health. It is possible that teachers who view the term 'mental health' as helpful for them and children may be less likely to feel frustrated when seeking support from mental health professionals. It is suggested that further research into this relationship may be a useful contribution to the literature.

Both the Perry et al. (2008) and Connelly et al. (2008) studies highlight the rich picture which can be obtained by using qualitative methods. These methods were questionnaires, observations and focus groups and they illustrated that a range of data could be gathered to inform an understanding of teachers' responses to mental health difficulties in children and young people. Furthermore, both studies reveal that when analysing the individual response to

mental health problems the role of ‘systems’ also plays an important role. Connelly et al. (2008) found that teachers discussed the procedures and polices within school which they had to follow when managing social, emotional and behavioural difficulties. Many of the procedures commented on were how to access outside support for mental health difficulties.

In addition, Perry et al.’s (2008) research questions specifically focused on the impact of systemic influences, such as whole school approaches to emotional literacy and their influence on teachers’ views towards emotional literacy. Their findings revealed that teachers were able to comment on whole school approaches to emotional literacy and that this had an impact on their views and abilities to manage children with emotional difficulties. Firstly, these two studies illustrate that when teachers are asked directly about systemic influences on their views and practice, they are able to comment. Secondly, when teachers are reporting their views on the difficulties they observe in children, they also highlight systemic influences as having an impact on how they then can manage these difficulties in children.

## 2.8. Quantitative Research into Teachers' Views on and Responses to Social, Emotional and Behavioural Needs of Children and Young People

Daley, Renyard and Sonuga-Barke (2005) conducted a quantitative study exploring teachers' emotional responses to young people. Twenty one Secondary school teachers were recruited and assessed on a measure of Expressed Emotion (EE) (Brown, Carstairs & Topping, 1958 as cited in Daley et al., 2005). This measure was developed to describe the emotional atmosphere present in the relationship between an individual, usually a patient or client and a close family member (Daley et al., 2005). High scores on EE are linked to mental health difficulties, for example, childhood depression (Asarnow, Goldstein, Thompson & Guthrie, 1993, cited in Daley et al., 2005) and obsessive compulsive disorder (Stubbe, Zahner, Goldstein & Leckman, 1993, cited in Daley et al., 2005).

In the Daley et al. (2005) study EE was measured using a clinical assessment tool and the Five Minute Speech Sample (FMSS) (Magańa, Goldstein, Karno, Miklowitz, Jenkins & Fallon, 1986, cited in Daley et al., 2005). Both measurements were reported to have good consistency and reliability co-efficients. Although, stating the drawbacks of using a measure of parent-child emotional intensity with teachers, Daley et al. (2005) proposed that the FMSS was sensitive enough to gather information on the emotional dynamics present in teacher-child relationships. Therefore, the FMSS could ascertain information on teachers' emotional responses to children with difficulties (Daley et al., 2005).

The secondary school teachers also completed the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) on two young people in their classes,

one with behavioural difficulties and one without. As noted by Daley et al. (2005) the SDQ is a statistically reliable measure of behavioural difficulties in children and young people and is a useful indicator of identifying behaviour problems leading to clinical psychological distress. Research by Goodman (1997) and Goodman and Scott (1999) have highlighted the effectiveness of this tool in identifying difficulties in children and young people. The teachers rated children as more disruptive who had higher mean scores in the five areas of difficulty as measured by the Strengths and Difficulties Questionnaire (SDQ).

In summary, the teachers rated all the children in their class on their levels of disruptive and non-disruptive behaviour. Then the researchers used the teachers ratings to select two children who were identified by the teachers has either having behavioural difficulties or not having behavioural difficulties. The teachers were then asked to complete the SDQ on these identified children. The researchers then used the FMSS with the teachers with regards to these two children identified. The FMSS was the tool used to explore the teachers' Expressed Emotion (EE) towards these children. The researchers then analysed the mean scores from the SDQ data and the teacher ratings of disruptive and non-disruptive behaviour and compared these with the outcomes from the FMSS. The FMSS was the tool used to explore the teachers' Expressed Emotion (EE) towards these young people.

However, even though Daley et al. (2005) had reported good reliability measures for both the EE and the FMSS tools there was some confusion in the reporting of the results. The authors did note that all the separate components purporting to measure EE were not highly intercorrelated. This then lead Daley et al. (2005) to comment that the concept of teacher EE might be different from

the parent-child concept of EE. Furthermore, Daley et al. (2005) suggested it may be best to regard EE as only an index of teacher attitudes and reactions to particular children.

As the measure purported by the authors to measure EE in teachers may not have fully measured this concept it is proposed that it may be difficult to conclude that EE was the actual underlying concept measured during the research. Furthermore, it can be suggested that to use a standardised and statistically reliable measure effectively it must in fact measure what it intends to. Therefore, this research indicates that EE does not appear to be a reliable clinical tool to assess teachers' responses to children with high levels of emotional and behavioural disturbance. It can be proposed that using a well established clinical assessment tool with teachers may not be the appropriate tool to gain insight into teachers' responses to mental health difficulties. This may be due to the tool's lack of strength in accessing teachers' responses to mental health within the educational environment, which uses a range of different language to describe 'mental health'.

However, one study which provides some framework in how educational and health tools can be used together to elicit views of teachers' is that of Soles, Bloom, Heath and Karagiannakis (2008). Their research conducted in North America explored teachers' perceptions of social, emotional and behavioural difficulties (SEBD) using quantitative methods and a methodological approach amalgamating the two different disciplines of psychology and education. Soles et al. (2008) noted that currently the fields of psychology and education emphasise the dual nature of SEBD, for example, the overlapping symptoms and a range of difficulties associated with SEBD, including learning. However,

this conceptualisation of SEBD may mirror North American social views of children's difficulties and it may not reflect the way in which teachers in the U.K conceptualise the term SEBD. As such, some caution should be applied when interpreting the findings from Soles et al. (2008). However, their study produced some interesting findings which should be considered.

Soles et al. (2008) utilised established clinical self report methods, incorporating both teacher and child perspective. They used Teacher Report Form (TRF) (Achenbach 1991) and the Youth Self Report (YSR) (Achenbach, 1991). The TRF contains a checklist of 112 items that are similar to the YSR. The YSR is a self-report rating scale for children assessing the competencies listed for teachers', as well as the behavioural and emotional problems of children aged between 11 and 18. Soles et al. (2008) also used the rating scale 'Children's depression inventory' (CDI) (Kovacs 1992). The CDI is a self report measure used to assess the presence and severity of depressive symptoms in children between the ages of seven and 14.

Soles et al. (2008) sought to identify teachers' perceptions of children with SEBD by examining their ratings of a child's social, emotional, behavioural and academic functioning. They sampled 47 teachers, 46 female teachers and one male teacher. It can be suggested that this was a reasonable sample size with regards to the three measures they used. However, Soles et al. (2008) had a biased sample in that nearly all of their participants were female. It is likely that their findings can only be generalized to female teacher perceptions of SEBD. Overall, Soles et al. (2008) found significant differences in how teachers' reported externalising behaviour (i.e. aggressive) and internalising (i.e. withdrawn, anxious) behaviours in girls and boys, with teachers' reporting more

severe externalising behaviours in girls. Soles et al. (2008) used linear regression to find what predicted teachers' perceptions. It was found that scores on child reported levels of depressive symptoms, from the CDI, were a significant predictor of teachers' overall ratings of behaviour. Thus, as the teachers' overall ratings of difficulties increased, the child's report of depressive symptoms also increased (Soles et al., 2008). Therefore, this research highlights some evidence that teachers in North America are able to conceptualise the difficulties presenting in children and reveal that they are sensitive to changes in children's 'emotional and behavioural' functioning.

In summary, Soles et al.'s (2008) findings suggest that children's behaviour in the classroom can have a direct influence on the teachers' subsequent perceptions of them. It appears that Soles et al.'s (2008) research findings suggest that teachers are able to identify when children's behaviour negatively impacts upon their functioning. It was those children who had reported a higher level of depressive symptoms (as seen by their scores on the CDI) that were the ones teachers rated as having more difficulties.

Overall, the aims of Soles et al. (2008) study were to analyse teachers perceptions of SEBD by looking at their ratings of individual children using a range of the measures cited above. However, Soles et al. (2008) did not specifically measure teachers' perceptions as it can be suggested that perceptions are underpinned by attitudes, beliefs and feelings. Furthermore, Soles et al. (2008) did not fully explore teacher attributions or causes of SEBD. Using different forms of statistical analysis, for example, meditation analysis (i.e. a type of regression) may have highlighted other patterns in the data. For instance, meditation analysis may have indicated how different variables

influenced teachers' ratings. Furthermore, Soles et al. (2008) did not fully explore measures of academic achievement and their relationship with the other variables. Soles et al. (2008) reported no significant difference between teachers' ratings of girls and boys' achievement. The achievement scores and their relationship with SEBD were not explored.

It can be postulated that by exploring case scenarios of children with SEBD with teachers and exploring their reactions to this may assist in gaining a greater insight into their general responses to children with SEBD. A study which utilised the above proposed method is Poulou and Norwich (2000), conducted in Greece. As this research was conducted outside of the UK, it is important to remember that the findings would be influenced by cultural and social influences that are specific to Greek culture. However, a review of the study may be helpful in gaining some understanding of how teachers respond to case scenarios of SEBD. Poulou and Norwich (2000) also utilised the social psychological theory, Attribution Theory, as the stimulus to their research. Attribution Theory provided a theoretical framework on which to ground their research questions. Poulou and Norwich (2000) stated Attribution Theory suggests that the ideas teachers' have about the causes of children and young people's behaviour, affects the attitudes teachers adopt and subsequently their intervention with children and young people with emotional and behavioural difficulties.

Poulou and Norwich (2000) devised an Attribution Inventory based on interviews and a completed behaviour inventory from teachers which they then used to create vignettes describing mild to severe types of emotional and behavioural problems in children. Poulou and Norwich sampled 391 elementary

(primary) school teachers. This was a large sample size and suggests that the generalizability of their findings were strong and reliable. Poulou and Norwich (2000) used these vignettes to explore three research questions: i) teachers' causal attributions of pupils emotional and behavioural difficulties to either within child, family or teacher and school factors, ii) teachers' emotional responses to children with emotional and behavioural difficulties and the emotional effects on themselves as teachers of these children and iii) the emotional responses of teachers' to these issues and what coping strategies teachers' employ to manage these issues.

As noted previously, caution should be applied when making comparisons between these findings from Greece and applying these to teachers in the UK. However, for the purposes of this review, the findings from the first two research questions by Poulou and Norwich (2000) will be reviewed. This is because the first two research questions focus on teachers' conceptualisations of psychological difficulties in children and how teachers' then respond to the difficulties once they have identified them. These research questions link closely with the current research area of interest. That is, how teachers' conceptualise mental health difficulties in children and young people and how teachers' respond to mental health difficulties in children and young people.

As stated earlier, Poulou and Norwich (2000) sampled 391 elementary school teachers. This is a large sample and compared to Soles et al. (2008) sample of 47 teachers. The findings generated in Poulou and Norwich's study are likely to have more statistical power and generalisability. However, there are drawbacks in making conclusions from these findings in describing and explaining U.K teachers' conceptualisations of emotional and behavioural difficulties. Poulou

and Norwich (2000) found that teachers' causal attributions for emotional and behavioural difficulties related to the school environment and the role the teachers played, contrary to the researchers' predictions that teachers would give within child factors as attributions. Furthermore, Poulou and Norwich (2000) found that the teachers' emotional response to emotional and behavioural difficulties highlighted that teachers felt sympathy and in addition, responsibility for the handling of these issues in children. Due to the large sample size these results are noteworthy and suggest that teachers are able to attribute causes of behaviour to a range of factors, for example, family life. Furthermore, teachers may not automatically attribute causes of behaviour solely to within child factors.

This study highlights that vignettes can be a useful tool to use with teachers when discussing emotional and behavioural difficulties in children. Yet, there are limitations in the study's ability to describe or explain UK teachers' responses to emotional and behavioural difficulties in children. In addition, the authors' did acknowledge limitations of their use of the vignette method. They highlighted that although six different vignettes were created, each teacher would respond to only one vignette. Therefore, teachers' responded to one scenario of working with a child with emotional and behavioural difficulties. It can be suggested that by limiting teachers' responses to one case scenario may not adequately reflect the range of difficulties they may experience with children. As such, it can be suggested that the data collected does not sufficiently reflect teachers' responses in the 'real world' where they may come into contact with children with a range of needs and difficulties.

Furthermore, by teachers just responding to one case scenario there may have been an affect of social desirability. This is because teachers may have given a response to the vignette which they may have felt fitted with current thinking and practice of working with children with emotional and behavioural difficulties. It can be reasoned that by giving teachers a range of scenarios to comment on may have curtailed the effects of social desirability because this would have allowed more opportunity for teachers to comment on real life situations. It can be proposed that due to the possible emotional impact of working with children with emotional and behavioural difficulties on teachers', they may need to be provided with the tools which allow them to respond genuinely and openly to the difficulties they experience.

The research cited above looked at teachers' responses to social, emotional and behavioural difficulties. It can be proposed that some of the research tools used may not have allowed the teachers to comment on a range of real life situations with children and young people with social, emotional and behavioural difficulties. Also some of the methods used may not have fully captured teachers' true attitudes and beliefs regarding social, emotional and behavioural difficulties.

In the following section research will be considered into how teachers respond to mental health in children and young people. The literature review highlighted that there is contemporary research which has attempted to use the term 'mental health' with teachers. The following section will discuss these pieces of research and will illustrate the different types of research methods which can be used with teachers to encourage them to form and construct their own view of the term 'mental health'.

## 2.9. Qualitative Research into Teachers' Understanding of Mental Health Problems in Children and Young People

One study by Ibeziako, Omigbodun and Bella (2008) conducted research with educators and head teachers, who work in the Nigerian education system, on their perceptions of mental health. They interviewed 15 participants, 12 were head teachers and three were administrators in the education system. It is important to state that this study was reviewed to help start to understand how teachers conceptualise mental health. However, the findings from this particular study will most likely reflect Nigerian social and cultural influences. Thus, their ability to describe teachers' experiences in the U.K may be limited.

Ibeziako et al. (2008) also asked participants if they thought they knew enough about mental health and mental illness. They found that 14 participants responded that they did not know enough about mental illness. Overall, Ibeziako et al. (2008) found that participants' did express some derogatory comments regarding mental health but were able to give full descriptions of different kinds of mental illnesses in children and a range of causes. Ibeziako et al. (2008) related the causes given by participants' to psychological theory, stipulating the responses met the bio-psychosocial model of disease, therefore, demonstrating that some teachers' have an understanding of the multiple factors which can trigger mental health problems.

Possible criticisms of the research could lie with the inclusion of administrators in the study. It is suggested that there may be an effect of the inclusion of administrators' views on mental health with the teachers' views. It is possible that Ibeziako et al.'s (2008) findings may not have fully reflected Nigerian teachers' conceptualisations of mental health. It is suggested that

administrators' level of experience in teaching and interacting with children and young people may have not equalled that of a teacher. As such, Ibeziako et al.'s (2008) findings may not wholly reflect Nigerian teachers' responses to mental health problems and only tentative conclusions can be made. In addition, it is important to note that these findings may be a cultural reflection on the systems in Nigeria.

Ibeziako et al. (2008) reported interesting results regarding teachers' reported level of knowledge about mental health, as many participants' acknowledged deficiencies in their training in this area. Most participants' reported feeling comfortable and confident in managing children with mental health difficulties but a few participants' expressed concerns about this and linked this to their lack of understanding about mental health issues.

Research in North America into Elementary school teachers' beliefs about mental health and mental illness, has also indicated teachers' reported a lack of adequate training influencing their current abilities to tackle mental health issues in children and young people. Walter, Gouze, Lim, (2006) surveyed Elementary school teachers on their beliefs about mental health and how they used resources in school to tackle mental health issues. Walter et al. (2006) found that teachers' reported a lack of information/training as the greatest barrier to overcoming mental health problems. In addition, teachers' knowledge about mental health issues was limited and they reported low levels of confidence about their ability to manage mental health problems in their classrooms. However, it is suggested that this may not have been surprising as teachers use educational terms, such as social, emotional and behavioural difficulties, more frequently to describe difficulties in children. This may have affected their level

of knowledge in discussing mental health issues and could have also affected their confidence when being asked how they would respond to the term ‘mental health’.

Findings from New Zealand by Tuffin and Tuffin (2001) reveal that when analysing teachers’ linguistic resources with regards to mental health and mental illness, teachers’ identified a lack of training in mental health resulting in feelings of professional incompetence and anxiety about their role. Tuffin and Tuffin (2001) sampled eight secondary school teachers using interviews and found that teachers’ conceptualised mental health and mental illness as if they were the same state; responding to questions about mental health with discussions about illness. It was also found that words used to describe mental health included terms such as ‘emotional well-being’ and ‘mental illness’ and there was not a consistency in how the teachers used these terms.

Furthermore, discussions about mental illness identified four themes; ‘a loss of mental health’, ‘journey into the abyss’, ‘hidden illness’ and ‘medical/psychological’. Again, Tuffin and Tuffin (2001) reported not all accounts were internally consistent. However, they did suggest an impoverished working knowledge of medical psychological terminology but a rich understanding of emotional wellbeing and empowerment language. It was found that teachers’ did not use stigmatising language towards mental illness, contrary to Ibeziako et al.’s (2008) findings.

The strength of Tuffin and Tuffins’ (2001) research was that the researchers’ explicitly stated their epistemological position as social constructionism and this position clearly underpinned the method formulation and analysis of data. Using interviews, Tuffin and Tuffin (2001) allowed teachers to explore their own

understanding of mental health and mental illness with regards to an educational framework and the work they do with children in identifying difficulties in these areas. The responses to 'real life' terms brought about a rich understanding of the misconceptions teachers have to these issues. In addition, it also highlighted that a discussion about mental health can easily to lead to discussion about illness and a negative state of being. Tuffin and Tuffin (2001) suggested understanding the linguistic resources that teachers employ, can be used to make written resources used in education more accessible and user friendly to teachers.

In summary, the findings from Tuffin and Tuffin (2001) illustrated that interview techniques can help to extract underlying concepts and beliefs about mental health issues. This research provided rich data in understanding how teachers view the children and young people they work with, how they classify their difficulties and which resources and support they seek out in helping them manage these difficulties.

Overall, the research from the USA and Nigeria highlights that some teachers feel limited in their lack of knowledge and understanding regarding mental health. This has brought about an added understanding of teachers concepts of mental health issues. The Ibeziako et al. (2008) and Walter et al. (2006) studies revealed that teachers feeling they have a limited understanding of mental health was connected to a lack of confidence in supporting children with mental health difficulties. Furthermore, the research examined indicates that health terminology can be used with educators (e.g. Tuffin & Tuffin, 2001) and that when this is used it reflects the factors that contribute to teachers' responses to children with mental health difficulties.

Although, the research revealed that mental health terminology can be used with educators the findings could also suggest that educators do not feel comfortable or familiar using these terms. As such, this may have influenced their lack of confidence and knowledge with these terms. Thus, mental health terminology can be used with educators and its use illustrates some of the difficulties teachers have using and understanding these terms. However, this may not lead to the conclusion that these terms should then be more commonly used with teachers.

These ideas were further explored by reviewing more research which examined the language used by teachers to conceptualise mental health difficulties and how they feel about their knowledge regarding mental health. In the following section research by Rothi Leavey, Chamba and Best (2005) and Rothi, Leavey and Best (2008) will be examined. Both studies were conducted in the U.K, thus they may better reflect the experiences of teachers in the U.K than the previous studies cited. Both of these studies explored teachers' experiences in the identification and management of pupils with mental health difficulties. These pieces of research were reviewed to gain a further understanding of the influences on teachers' lack of confidence and their feelings of limited knowledge regarding mental health.

Rothi et al. (2005) used a semi-structured interview schedule to guide in-depth discussions with teachers examining their understanding of mental health and mental health terminology. 30 teachers from primary, secondary and special schools were recruited. Interview data was analysed using thematic analysis. It was found that teachers' mainly avoided using psychiatric language, for example, terms associated with diagnoses and words such as 'mad' and

‘insanity’, to describe mental health difficulties. Rothi et al. (2005) asserted this was partly due to teaching pedagogy and because psychiatric language was perceived as stigmatising and harmful. They found teachers were generally more comfortable using language that was grounded in education, using terms such as ‘emotional and behavioural difficulties’ (EBD) or special needs. It was also found that teachers commonly asserted that they were not mental health experts, using terminology that helped both identify their pupils’ educational needs and facilitated their learning (Rothi et al., 2005).

As such, these research findings support one the premises that educational terms may be preferred by teachers rather than health terms. Furthermore, Rothi et al. (2005) suggested that as teachers are not mental health experts, they do not possess an in-depth understanding of clinical diagnostic criteria for mental health disorders. Furthermore, Rothi et al. (2005) reasoned that given that the term ‘emotional and behavioural difficulties’ has been widely accepted by the educational community as covering a wide range of inappropriate behaviour (Daniels, Visser, Cole & de Reybekill, 1999; Fox and Avramidis, 2003) teachers difficulties articulating a distinction between poor emotional, social and behavioural skills and mental health difficulties was not unexpected. Rothi et al. (2005) highlighted that teachers believed they were able to distinguish ‘normal’ misbehaviour from behaviour which highlighted children are experiencing difficulties in their lives. However, Rothi et al. (2005) suggest that this needs further analysis as their overall findings highlighted concerns that teachers are not equipped to identify possible mental health difficulties in children and young people.

In summary, Tuffin and Tuffin (2001) and Rothi et al. (2005, 2008) illustrate that interview techniques can help to extract underlying concepts and beliefs about mental health issues. This research provided rich data in understanding how teachers view the children and young people they work with and how they classify their difficulties. Tuffin and Tuffin (2001) and Rothi et al. (2005) make conclusions from their data drawing from teachers' own meaningful experiences of mental health issues. Therefore, the researchers' analysis of the teachers' views are very much 'content driven' from interview data collected.

In summary, much of the literature reviewed has focused on teachers' responses to key terms used in the identification and management of mental health. It has been revealed that when mental health terms are used with teachers they have expressed that they do not feel confident using these terms to identify young people with difficulties. Yet, by research being conducted that specifically used these terms, it can be suggested that a better understanding has been gained as to the reasons why teachers feel uncomfortable using mental health terms. As such, it is will also be important to analyse further how teachers respond to mental health difficulties in children and young people. It can be suggested that this response may be through immediate action with the child or young person in the school environment and it may also be how teachers seek support from outside agencies in attempting to identify and manage these difficulties. In the following section, research into how teachers seek advice and support in managing for children and young people with their mental health difficulties will be considered.

## 2.10. Research Exploring how Teachers Seek to Manage and Support Children and Young People with Mental Health Difficulties

Rothi et al. (2008) explored teachers' experiences of working with Educational Psychologists (EPs) in identifying and managing children and young people with mental health problems. In this study Rothi et al. (2008) explored teachers understanding and perceptions of the term 'mental health', using semi-structured interviews, before exploring their experiences of working with other professionals. They found that teachers will use all the available educational resources with children who they believe may be experiencing difficulties (Rothi et al., 2005; 2008). However, using interpretative phenomenological analysis (IPA) in their research, Rothi et al. (2008) found a theme from the interviews which suggested that teachers found EPs useful in helping them identify the type of difficulty children and young people may be experiencing. The extracts used from the interviews to identify this point focused on teachers trying to categorise children and young people into having a learning difficulty or mental health difficulties.

Further research has focused on teachers' experiences of Mental Health Services and found that teachers reported exhausting education-based resources before seeking external advice (Ford & Nikapota, 2000). Ford and Nikapota (2000) also found that many teachers had positive experiences of child mental health services and were keen to be more involved. However, teachers expressed that seeking agencies to help and knowing how to manage children and young people with mental health problems was an area of concern for them.

This highlights that teachers seek the advice of specialist professionals to help them manage children and young people with mental health difficulties. As discussed previously, Connelly et al. (2008) found that teachers also sought the advice and support from specialist professionals outside of school. Overall, the current research indicates teachers firstly seek advice and support from in-school resources when managing mental health difficulties. It appears that the research also suggests that seeking the advice and support from outside agencies and professionals is a common response from teachers in managing mental health difficulties. The Rothi et al. (2008) study further suggests that teachers may seek the advice and support from other professionals when they experience uncertainty in identifying specific mental health needs in children and young people.

Furthermore, although the many and significant differences between these existing literature reviews have been highlighted, it is suggested that a number of common themes can be drawn from an analysis of them. In the next section these common themes will be presented.

## 2.11. Common Themes Emerging from the Literature Review

The literature review revealed that teachers' responses to mental health issues and the children and young people who suffer from them are complex. It also showed that the use of language to describe 'mental health' difficulties can evoke different responses in teachers.

### 2.11.1. Language Barriers to Eliciting Teachers' Views and Responses to Mental Health

Previous research has highlighted that teachers make a distinction between children's educational difficulties and difficulties which are viewed as emotional

and social. As Tuffin and Tuffin (2001) noted teachers were confident in using language associated with the term 'emotional wellbeing'. In addition, Rothi et al. (2005) found that language associated with education was more readily used by teachers. A review of the literature has identified a reticence by teachers to use certain terminology, mainly terms commonly associated with the term 'mental health' to describe difficulties in children and young people. As such, it can be proposed that the distinction teachers draw between learning, emotional difficulties and mental health difficulties may not be helpful. It may not be helpful because it is the language used which can possibly create a division between professionals when conceptualising difficulties.

It can be proposed that when different terminology is used to describe psychological difficulties in children and young people it may effect early identification and subsequent management of these difficulties. However, it will be important to develop this understanding with teachers, by exploring the language they use to describe mental health. This may provide a greater understanding as to why they may prefer certain terms to describe difficulties in children and young people. It may also illustrate if they view the differences in terminology surrounding 'mental health' as creating a division between themselves and other professionals.

During the literature review, criticisms of methodologies were presented. The following section will provide further discussions about the methodological issues in accessing teachers' views towards mental health.

### 2.11.2. Methodological Issues in Accessing Teachers' Views on Mental Health

The literature review has highlighted that the majority of research accessing teachers views on the range of the psychological difficulties they observe in children and young people, focused on teachers' responses to social, emotional and behavioural difficulties (e.g. Perry et al., 2009; Connelly et al., 2008; Daley et al., 2005; Soles et al., & Poulou & Norwich, 2000). One piece of research showed an attempt to explore teachers views on mental health and emotional difficulties, but did not specify how the terms were presented in the research and if the teachers were responding to a researcher's view of these terms or were able to construct their own view of mental health and emotional wellbeing (e.g. Connelly et al., 2008).

Some of the literature accessing teachers' views on mental health revealed that teachers felt confident describing psychological difficulties in children and young people using educational language (e.g. Tuffin & Tuffin, 2001; Rothi et al., 2008). Tuffin and Tuffins' (2001) research suggested that when teachers were able to construct their own view of mental health the data generated was varied and rich. Also, they found that when teachers started to discuss 'mental health' the language they used could easily change to a discussion about illness and a negative state of being. This theme highlighted by Tuffin and Tuffin (2001) contributed to an understanding of why the language used describing psychological difficulties can be so contentious. This further espouses the argument that language used around mental health can be perceived to be stigmatising (Frederickson et al., 2009).

It may be important to further research teachers constructs of mental health and whether new research will replicate findings from Tuffin and Tuffin (2001) and to

also explore why a term such as 'mental health' is stigmatising language for teachers. Some of the research cited previously suggested that when teachers feel they have inadequate knowledge of mental health they do not feel confident in supporting children and young people (e.g. Ibeziako et al., 2008; & Walter et al., 2006). The research also highlighted that teachers seek out the advice and support from other professionals in response to managing mental health difficulties in children and young people (e.g. Rothi et al., 2008).

Yet, the research also illustrated that when teachers do seek support from outside agencies they can feel frustrated with how effective they perceive this support to be (e.g. Connelly et al., 2008). However, it is proposed that the current research reviewed did not fully provide an adequate understanding of any possible relationship between teachers conceptualising 'mental health' and responding to 'mental health' difficulties in children and young people. Therefore, it can be suggested that research which focuses on how teachers respond to mental health difficulties in children and young people and whether their views have a direct effect on their responses may contribute to a gap in the research. The next section proposes a methodology which could contribute to a gap in the research area.

## 2.12. Proposed Methodological Framework to Access Teachers' Responses to Mental Health

It can be suggested that research focusing on 'bottom up' approaches using grounded theory (e.g. Charmaz, 2006) is a useful and valid approach to aiding an understanding of how teachers make sense of mental health issues and respond to them. Charmaz (2006) states that the grounded theory method is a way to learn and study the world we live in and a method for developing

theories in which to understand them. In adopting a grounded theory (Charmaz, 2006) approach to understanding teachers' responses to mental health issues will be investigated using an approach not utilised by previous research. Furthermore, Charmaz (2006) maintains that certain research problems indicate several combined or sequential approaches. Previous research has illustrated the utilisation of mixed methods approaches, such as interviews, questionnaires and the use of vignettes. In using grounded theory (Charmaz, 2006) and also applying combined research tools, such as interviews and vignettes, there will be a unique contribution to the literature.

As noted, the use of grounded theory in research results in the researcher attempting to make a new theoretical contribution to the literature. Therefore, it is important to discuss the previous research findings in relation to theoretical frameworks. In the following section a discussion of the theoretical frameworks of previous research will be presented.

## 2.13. Theoretical Frameworks

This current research proposes to make a new a theoretical contribution to the literature. One argument as to the relevance of conducting this current research is that few of the critiqued studies cited above, fully grounded their findings in a theoretical perspective. Daley et al. (2005) suggested a psychodynamic framework in which to explain teachers' responses to children with specific behavioural problems. The measure of EE did not adequately conceptualise teachers' responses and illustrated that this theoretical perspective may not adequately account for the social interactions between teachers and children and young people with mental health difficulties. This was because the EE

measure explored only an emotional response to the term mental health and did not analyse how language and social experience shaped teachers' responses.

Poulou and Norwich (2000) used Attribution Theory (Heider, 1958) to guide their study and they used this theory in an attempt to account for teachers responses to social, emotional and behavioural difficulties. Attribution theory (Heider, 1958) suggests that teachers will make multiple observations of pupils and try to explain their actions logically in terms of internal and external causes. That is, that they can make the distinction between causes of behaviour as internal 'personality factors' or external 'environmental factors' (Fox, 1997). Attribution theory (Heider, 1958) suggests individuals have a strong tendency to attribute other's behaviour to internal causes even when there are strong external factors that might have influenced their behaviour (Heider, 1958).

Poulou and Norwich's (2008) findings appeared to contradict some of the previous research that causal attributions for behaviour are usually internal. This was an interesting finding and may warrant further exploration. Thus, it can be suggested that another social psychological theory may provide a further understanding of teachers' responses to mental health difficulties in children and young people. It is proposed that there may new theories, not yet uncovered by research that may explain teachers' responses to mental health. Interestingly, Ibeziako et al. (2008) suggested responses by participants highlighted the bio-psychosocial model of disease. Rothi et al. (2005) study revealed that teachers were generally more comfortable using language that was grounded in education, using terms such as SEBD.

Other social psychological perspectives may provide a framework to account for teachers' processes. Baron and Byrne (2003) stated that our attitudes often do

exert important effects on our behaviour. Our ideas and issues will shape our view of the social world and how we behave in it and attitudes may be a useful predictor of behaviour. Tuffin and Tuffin (2001) suggested insight may be gained into attitudes and responses to mental health problems through exploring constructs. They suggested that by exploring teachers' constructs of mental health and mental illness could gain an understanding of their linguistic resources used to describe this social phenomena. Tuffin and Tuffin (2001) used the term 'construct' to highlight the underlying concepts behind beliefs and attitudes to mental health and mental illness. It can be proposed that Tuffin and Tuffins' (2001) study suggested one construct of empowering and emotional wellbeing language and another construct of medical and illness terminology. However, the predictive power of constructs was not explored.

As noted above, Tuffin and Tuffin (2001) discuss the teachers in their study having 'constructs' of mental health. It is important to note the theoretical differences between social and personal constructs. Both social constructionism and social contructivism explain the way in which people manage their social realities. Social constructionism focuses on how people manage phenomena (e.g. mental health) in social contexts. In contrast, social constructivism deals with how individuals use strategies to make sense of the knowledge they have gained in social contexts (Vygotsky, 1978). Social constructivism is usually described as a psychological concept. Beaver (1996) describes personal constructs as our own personal theory of the world and that constructs are used to make discriminations about the people and theoretical events in our lives but also provide judgments on ourselves.

Berger and Luckmann (1967) propose that all knowledge gained in the environment is gained through social interactions and that this knowledge is negotiated through human interactions. In contrast, personal constructs manage how an individual's personality has been developed and how this can be transformed. Social constructionism emphasises the focus on how language and knowledge is shared through social interaction. It is the focus on how language is used by teachers when presented with the term 'mental health' that is the impetus for this current study.

As such, this study will use social constructs as a framework in which to explore teachers' concepts of mental health and their responses to it. It is hoped that by further exploring the social constructs teachers employ when responding to mental health will assist in providing a framework as to how teachers develop their own theories of mental health. The focus of this present study is to explore how teachers use language during social interactions to construct their social realities.

In addition, by reviewing previous research findings within a theoretical framework, the researcher has presented evidence that by using grounded theory methods a new theoretical contribution could be made to the literature. When undertaking research, the researcher understands that it is an important characteristic of good qualitative research that the researcher recognises that they are a part of the social world they are investigating. As noted above, the researcher takes a social constructionist epistemological position and therefore accepts that objectivity is not possible because the researcher has a relationship with the participants and with the focus of inquiry. In the next

section a more in-depth discussion of the position of the researcher will be presented.

## 2.14. Position of the Researcher

The researcher reviewed the epistemological position of Berger and Luckmann (1967) and that of Charmaz (2006). As noted above, the focus of this study will be to use social constructs as a way to explore teachers' constructs of mental health. Therefore, the researcher's epistemology will take a social constructionist position. By taking a social contrsuctionist position, the researcher assumes that humans generate knowledge and meaning from their experiences of interacting with others and with their environment. The epistemological view of the researcher is indicated in the choice of method and supports the social constructionist position that people (teachers) are part of the world they describe and they create meaning from their world (Silverman, 2001). Furthermore, people (teachers) learning about mental health is not a process that only takes place inside their minds, nor is it a passive development of their behaviours that is shaped by external forces, but rather, meaningful learning occurs when individuals are engaged in social activities (McMahon,1997). The social activity proposed by the research will be that of interviews.

Charmaz (2006) stated that research participants in a research interview situation appraise the interviewer, assess the situation and act on their present assessments and prior knowledge when giving responses to questions and prompts. Therefore, it is the researcher's view that these processes which Charmaz (2006) discusses will also shape teachers' responses to mental health

problems in children and young people and also help them engage in a process of constructing the 'reality' of mental health problems.

As the researcher's theoretical position has now been presented the next section will provide a discussion of the research questions aimed to be addressed in this study in reference to the researcher's view of the world.

## 2.15. Re-visiting Research Questions

The current research proposes to use a 'bottom up' approach using grounded theory (Charmaz, 2006). It is hoped to provide further insight into the psychological processes that drive the thoughts, feelings and behaviours of teachers and the work they do with children and young people.

The research questions are:

1) *How do teachers' construct mental health in their interactions with children and young people?*

2) *What do teachers' say in response to vignettes describing children and young people who may be experiencing mental health problems?*

It is the aim of this research to use vignettes and interviews to address the above research questions. A systematic review of the literature suggested that a new theoretical contribution could be made to the literature analysing teachers' constructs of mental health and if this has a relationship to their responses to mental health difficulties in children and young people. The researcher takes a social constructionist view of the world and will use grounded theory methods to carry out this research. The following chapter will provide an outline of the epistemological and methodological framework of the research project.

# Chapter 3: Methodology

## 3.1. Overview of Methodology Chapter

This chapter provides an outline of the epistemological and methodological framework of the research study. There follows a clear description and justification for the procedures and methods used, including a discussion of the ethical issues regarding the research study. Finally, chapter three provides an overview of how grounded theory was used to analyse the qualitative data.

## 3.2. Purpose of Research

The purpose of the research was to explore the social phenomenon of mental health with regard to how teachers construct the term mental health and respond to it in young people. A review of the literature indicated that previous research into this field had not consistently identified a psychological theory to provide an understanding of teachers' interactions with young people in regards to mental health. As such, the aim of the research was to develop a further theoretical understanding of teachers' views and beliefs about mental health and how they respond to it, in young people. As the foundation of the research was to explore the social world, open-ended research questions were generated within the process of the research. The research questions were drafted and refined as the research process emerged and the following section will provide an account of this.

## 3.3. Research Questions

The research questions focused on 'How' teachers' construct knowledge about mental health through their experiences of working with children and young people. Initial research questions as presented earlier in this thesis were:

1) *How do teachers' construct mental health in their interactions with children and young people?*

2) *What do teachers' say in response to vignettes describing children and young people who may be experiencing mental health problems?*

There was a re-visitation of research questions as the research process evolved. Recent evidence on the prevalence of mental health from the Department of Health (2004c) indicates that older children are at a higher risk of developing a mental health problem than younger children. The Young Minds survey in 2002 suggested that in a school of 1000 pupils there are likely to be: 50 pupils who are seriously depressed; 100 who are suffering from significant distress; 10-20 pupils with Obsessive Compulsive Disorder (OCD); and 5-10 girls with an eating disorder (as cited in Wilson, 2004). These findings would imply that secondary school teachers could have a higher probability of interacting and working with young people with mental health difficulties. Therefore, the researcher proposed that secondary school teachers may have more experiences of interacting with young people with mental health difficulties. The research questions were then refined:

1) *How do teachers' construct mental health in their interactions with young people?*

2) *What do teachers' say in response to vignettes describing young people who may be experiencing mental health problems?"*

As stated, a social constructionist approach was taken to designing the research. Constructionism is an approach which symbolises reality as something which is socially constructed. Robson (2002) notes:

> "Constructivist researchers, as heirs to the relativist tradition, have grave difficulties with the notion of an objective reality which can be known. They consider that the task of the researcher is to understand the multiple social constructions of meaning and knowledge."'(p.27)

Therefore, a constructionist piece of research signifies an exploratory and flexible method to understanding the research problem and answering the research questions. In the following section, the development of the research design linking to the epistemological and methodological framework will be discussed.

## 3.4. Epistemological Framework

Epistemology is the philosophy of how we know things and there are a number of very different notions held about the nature of knowledge. These varying epistemological theories can be conceptualised as located along a continuum running between the polar opposites of 'positivism' and 'relativism'. In brief, positivism proposes that an objective, value-free knowledge social reality exists, whilst in contrast relativism maintains that reality is subjective and multiple because it is constructed by and between people (Robson, 2002). Hence, these epistemological theories have direct implications for research designs and methods considered appropriate for studying the world.

Robson (2006) describes the positivist approach as viewed as the standard view of science. Furthermore, proponents of this approach suggest it places value on reliability, validity and generalizability of research findings. As such, positivism is viewed as scientifically rigorous because it offers a way to explain reality by empirically testing hypotheses using an experimental design. However, both the epistemology and methodology of positivism have been

heavily criticised, particularly in relation to their suitability for studying and understanding people in a social, real world context (Robson, 2002). Critics of the positivist approach suggest that it limits research so that only observable phenomena can be studied (Blakie, 1993) and denies the characteristics, perspective, values and experiences of the researcher.

In contrast, researchers adopting a relativist approach typically seek to describe reality as it is experienced and perceived by individuals, whilst emphasising the importance of the contexts within which these phenomena and the research, take place. Proponents of relativism value the adaptive and flexible approach it offers, and the multiple rich descriptions generated for meaningful representation of the complexity of social events, situations and behaviours (Geertz, 1973). Furthermore, Sarantakos (1998) proposed three key points in the criticism of the positivist approach. Firstly, social phenomena exits in the minds of people and their interpretations of human action, secondly, there is an over-reliance on quantitative measures as the only tool to objectify human experiences and thirdly quantitative research attempts to neutralise the researchers or seeks to reduce or eliminate as far as possible their effect on the researched (Robson, 2002).

However, there are many critics of the relativist approach with some stating that the trustworthiness and usefulness of findings from relativist research are questionable (Robson, 2002). Critics suggest that its lack of standardisation can threaten the reliability and validity of the research (e.g. Kvale, 1996). However, as with positivism, the epistemological assumptions of relativism in its extreme form have been criticised. Hughes and Sharrock (1997) have proposed that the human mind cannot be fully independent of the world. Bryant and Charmaz

(2007) noted that the academic discussions between supporters of relativism which took place during the 1960's did culminate in some extreme theorising of the world. Bryant and Charmaz (2007) noted

> "In some cases, subsequent social constructionist statements came perilously close to the extreme of arguing that in fact no external reality existed; a clearly non-tenable position." (p.37)

As such, the objections for and against positivism and relativism have lead some to state that these epistemological traditions in their extreme forms are inadequate for social research. In recognition of the criticisms levelled against them, positivism and relativism have evolved into what might be considered more useful and moderate cultures of enquiry, commonly labelled 'post-positivism' and 'constructivism' respectively (Robson, 2002). Post positivism asserts that the researcher and the researched person/object are independent of each other but do acknowledge that the theories, hypotheses and the background of the researcher can influence the research process and what is being observed (Robson, 2002).

According to Robson (2002) constructionism is a way of thinking and viewing the human world that had moved away from the pure philosophical relativist view of the world. This epistemological position accepts that the process of social interaction is not a physical entity or a measurable "material object". Consequently, the study of human relations needs to focus on the ideas and beliefs that affect the "agents" in the social interactions (Willig, 2008) as well as the shared understandings between them. Therefore, social experiences and meanings are systems constituted by ideas, not by material forces. Willig (2008) noted that how 'meaning' in social experiences are negotiated is through

the tools of language in every day interaction. Constructionism maintains that language is a tool used to create these systems and conceptual systems. Moreover, constructionist researchers propose that research is to understand the multiple social constructs of meaning and knowledge.

Despite the development of the research enquiry paradigms over many years, the differences between the philosophical stances of positivists and constructionists still remain. Robson (2002) advocates a "Critical Realism" stance to research, whereby the researcher actively criticises their social research practice. Robson (2002) proposes that "Critical Realism" should acknowledge the pitfalls of the positivist approach but engage in research that specifies some lines of rigour and critique that some constructionist positions seem to avoid (Robson, 2002). One extension of the critical realist approach is "Pragmatism". This research enquiry paradigm focuses research practice on seeking to enquire about the object to be measured but also acknowledges that by understanding the object, the researchers also starts to understand the influences of the environment on that object (Robson, 2002).

Robson (2002) notes pragmatism is when researchers' use whatever philosophical or methodological approach which is best to manage a particular research problem or issue. Pragmatism advocates a mixed methods approach (i.e. both qualitative and quantitative). Pragmatism advocates that enquiry into observable phenomena has value and that multiple theories may be able to provide an account of the research problem.

In summary, the pragmatic approach to research can compliment the relativist position to research by stating that reality can be complex and constructed by people. Yet, at the same time researchers' can identify theorises to understand

and predict how people may behaviour in a similar situation. However, it is important to remember that the realist position advocates that events can only be explained but may not always be predicted due to the nature of people constructing their own reality.

In this current study, the epistemological position of the researcher was developed through the assumption that social interactions are the product of the participants' previous experiences and their need to define meaning in social interactions. The work of Goffman (1959) on people's self identity and its effect on social interaction felt authentic and true to the researcher. In many ways the researcher's views on reality supported the constructionist paradigm. Thus, the methods of positivism were considered unsuitable for the current study, which is concerned not with objects, but with acting individuals with their own wishes, motivations and perceptions (Sarantakos, 1998). Furthermore, the researcher's position in the study of ontology adheres to the constructionist view that people create reality through their interactions in the environment and through specific actions.

Constructionism emphasises the importance of participants' constructing their own social meaning, using research methods such as interviews and observation to acquire multiple perspectives (Robson, 2002). In addition, the research participants are believed to help construct the 'reality' with the researcher (Robson, 2002). It was due to these core beliefs held by the researcher that the researcher adhered to the social constructionism view of the world and its role in social science.

Robson (2002) has suggested there are many overlapping versions of constructivism and as such many labels to describe this epistemology. The

researcher espouses Gergen (2001) that it is incongruous with constructionist research to formulate hypotheses in advance, or position the researcher as an expert. However, it is important to specify where on the 'constructivism' version the researcher adheres to. In line with Parker (1999), this researcher rejects versions of constructivism which avoid all aspirations to scientific credibility, choosing rather to use accurate and full descriptions of procedures in order that, while being qualitative, this research can be argued to be rigorous and credible. The researcher will therefore adhere to the methodological principle of 'establishing 'trustworthiness' in flexible designs (Robson, 2002, p.168).

In summary, the researcher asserts that social meaning will be partly constructed by the researcher and the participants during the interview process. The exploratory nature of the research and the researcher's epistemological approach lead to a qualitative methodology. In the following section, the methodological framework utilised by the researcher will be presented and critically evaluated.

## 3.5. Methodological Framework

The exploratory and descriptive nature of the research questions in this study combined with the epistemological position of the research indicated that the sole form of data collection and analysis would be qualitative. The design lent itself to the researcher using sensitive tools to gain information on teachers' responses to mental health and by collecting data from the field (Robson, 2002).

Grounded theory was adopted as a methodology to shape data collection and data analysis. Robson (2002) states:

> “A grounded theory study seeks to generate a theory which relates to the particular situation forming the focus of the study. This theory is ‘grounded’ in the data obtained during the study, particularly in the actions, interactions and processes of the people involved.” (p.190)

Robson (2002) maintains that grounded theory is a systematic but flexible research methodology, which provides detailed prescriptions for data analysis and theory generation. In addition, Robson (2002) has stated grounded theory also provides a narrative product, which is theoretical in nature. Furthermore, grounded theory emerged from a sociological discipline (Robson, 2002) and was adopted by social psychological researchers (see Bryant & Charmaz, 2007). The first application of grounded theory was in a hospital setting (Glaser & Strauss, 1967) and was quickly taken up and utilised by the nursing profession (Bryant & Charmaz, 2007). Its use in a health profession further supported its application in this present study because the researcher explored a social health phenomenon in an educational setting.

In addition, grounded theory purports to generate hypotheses from the field, which will engender theory, thus, providing an explanation of a social reality (Bryant & Charmaz, 2007). Charmaz (2006,) notes:

> “Our analytic categories and the relationships we draw between them provide a conceptual handle on the studied experience. Thus, we build levels of abstraction directly from the data, and subsequently, gather additional data to check and refine our emerging analytic categories. Our work culminates in a ‘grounded theory’….”. (p. 3-4)

Grounded theory is heralded as a methodological tool to use in new and applied fields of research where pre-existing theories are often difficult to find (Robson,

2002). One suggestion from the literature review (see **Chapter Two**) was that there may be a lack of pre-existing theories to account for teachers' constructs of mental health and their responses to it in children and young people. Therefore, grounded theory was a valid methodological choice for this current research.

It is important to discuss the historical and epistemological development of grounded theory to provide an account of its use in this present study. In the following section the researcher will provide a brief overview of the development of grounded theory and why a specific method of grounded theory (e.g. Charmaz, 2006) was chosen.

## 3.6. The choice of Grounded Theory: an Epistemological Position

Grounded theory emerged at a time in the 1960's when qualitative research was seen as lacking scientific rigour (Robson, 2002). Glaser and Strauss (1967) proposed they could produce a method which could provide qualitative research with reliability and validity measures and which could compete with the quantitative methodologies. Bryant and Charmaz (2007) note:

> "A key strength, and one still central to GTM (*grounded theory method*), is that it offers a foundation for rendering processes and procedure of qualitative investigation visible, comprehensible, and replicable." (p.33)

Glaser's background was in positivist research and Strauss was schooled in symbolic interactionism (Bryant & Charmaz, 2007). Their differing ideologies appeared to compliment each other when they developed grounded theory, for example, grounded theory instantly became popular with qualitative researchers. This is because of its emphasis on inductive reasoning with

systematic and comparative methods. These principles have withstood the changes and developments in the social sciences and grounded theory is still a popular and a well established research method (Bryant & Charmaz, 2007).

However, the argument of the researcher's role in data collection and how they generate theories from the data obtained has lead to a divergence between Glaser and Strauss and the emergence of new academics (e.g. Bryant & Charmaz, 2007; & Charmaz, 2006). Since the development of grounded theory methodology, Glaser (1978, 1992 & 2002) has asserted that researchers need to let the data emerge and must not allow preconceived ideas about the participants and the research topic to inform analysis. He strongly suggests that "all is data" (Glaser, 2002, p. 1). In contrast, Bryant and Charmaz, (2007) argue that Glaser had not acknowledged the role the researcher has in informing analysis of the data due to their own views, beliefs and perceptions. Furthermore, the researcher's experiences and history "shape what they can see" (Bryant & Charmaz, 2007, p.44). Overall, Bryant and Charmaz (2007) position grounded theory as an approach which seeks to develop research methods to describe and comment on the experiences of the people studied rather than the researcher being the sole author and ultimate expert on participants' experiences.

Grounded theory has been re-positioned from its positivist roots into a method shaped by social constructionist principles (e.g. Bryant & Charmaz, 2007; Charmaz, 2006). Charmaz (2006) has proposed that in grounded theory neither data nor theories are discovered by the researcher, but that the researcher is a part of the world studied. In addition, she suggests that grounded theorists construct theories from the data collected as a process of

their own past, present involvements and interactions with the people studied and as a product of the researcher's own perspectives and research practices. As such Charmaz (2006) has supported the re-positioning of grounded theory from its positivist roots into a method shaped by social constructionist principles.

It is important to note that Glaser (2002) is strongly opposed to a social constructionist version of grounded theory. He fundamentally views the data collected during grounded theory research as something that can be systemically analysed, sorted, conceptualised and rigorous scientific assumptions made from it. In 2002, he wrote a passionate article on the roots of constructionist grounded theory. In a specific attack on Charmaz's re-conceptualisation of grounded theory, Glaser (2002) argues:

> "All is Data" is a GT (*grounded theory*) statement, NOT applicable to Qualitative Data Analysis (QDA) and its worrisome accuracy abiding concern. Data is discovered for conceptualization to be what it is—theory. The data is what it is and the researcher collects, codes and analyzes exactly what he has whether baseline data, properline data, interpreted data or vague data. There is no such thing for GT as bias data or subjective or objective data or misinterpreted data. It is what the researcher is receiving, as a pattern, and as a human being (which is inescapable)." (p.1)

Furthermore, Glaser (2002) asserts that the role of the researcher is not to describe and interpret the experiences of participants. He argues that it is using the constant comparative method which lends itself to the discovery of "the latent patters in the multiple participants' words" (Glaser, 2002, p.3). Glaser asserts that Charmaz (2006) has misinterpreted the notion in grounded theory

of theory generation. It can be proposed that Glaser's (2002) criticism of Charmaz's (2006) approach is in regards to the role of the researcher during data collection and subsequent theory generation. Glaser's (2002) argument is that it's the researcher's incisive interpretation of the data that lends itself to theory generation, not the participant's stories in themselves which generates theory.

Despite these divergent opinions of grounded theory Bryant and Charmaz (2007 p.50) contend that the core principles of grounded theory, including the 'comparative analysis' and the 'clear and transparent' research procedures, are the essence of grounded theory and set the method apart from other qualitative methods. Charmaz (2006) states that her approach to grounded theory assumes that any theoretical renderings gathered from data collection offer an 'interpretative' portrayal of the studied world, not an exact picture of it (p.10). As it was the aim of this research to explore how teachers use language to construct their experiences of mental health in a school context. The current research study aimed to develop an understanding of teachers constructs on mental health but did not advocate capturing an exact picture of teachers' realities. Furthermore, the researcher's epistemological position is constructionism and the researcher adheres to Charmaz's (2006) version of grounded theory. This is because the researcher is aware that her previous experiences, views and beliefs on mental health have influenced the topic chosen. Without this previous experience an interest would not have been ignited. As such, the researcher must explicitly highlight that her interaction with the data will be a product of her previous experience and strongly held beliefs.

The tools identified for use in this research all emphasise the role of the researcher in eliciting and stimulating responses in participants. As such, the researcher must seek constant reflexivity and pay close attention to researcher bias throughout the research process. Issues regarding reflexivity and reliability and validity will be discussed in the latter part of this chapter. However, as grounded theory involves going into the 'field' (Robson, 2002, p.191) to obtain information, the information the researcher aimed to obtain from an in the field study will now be discussed. The following section will provide information on the population analysed and the procedures in which the research was conducted.

## 3.7. Participants

At the time of the research project the researcher was employed as a Trainee Educational Psychologist (TEP) within a large Local Authority (LA) in the East of England. It was decided, in negotiation with the Principal Educational Psychologist (PEP), that the research should take place within that LA. The sampling method was purposive (Robson, 2002). Participants were selected on an opportunity basis and due to their own interest in taking part in the research. Participants were recruited by the researcher contacting, via email, either the Head Teacher or the Special Educational Needs Coordinator (SENCO) in the secondary schools. In the emails the researcher described her role in the LA and her role as a researcher, she also described the purpose of her research and that the interviews would be audio taped. Further participants were recruited by the researcher contacting teachers directly (via email) who had shown an interest in the study (see **Appendix One** for a copy of email sent to participants).

Seven secondary school teachers from four mixed secondary schools volunteered to participate in this study. They were selected due to their responses to the researcher's request for participants. In total five female teachers and two male teachers took part. All participants stated they were of White British ethnic origin. The grounded theory approach advocates comparative analysis between data sets. Therefore, the sampling of participants followed a specific procedure. Firstly, two teachers were sampled to gain initial insight into teachers' constructs and responses to mental health. Then three teachers were sampled to further develop an understanding of teachers' constructs and responses to mental health and also to 'check out' the findings from the first two interviews. Then two more teachers were sampled with the aim of gathering interview data to support the findings from the previous five interviews. This was carried out in an attempt to generate an emerging theory from the interviews.

Participants sampled had a range of teaching jobs and roles in mixed secondary schools. Some participants held teaching roles; others either held senior management positions or were in teaching roles with designated responsibilities (see **Table 3.1** for a breakdown of participant work roles). Participants' ages ranged from 23 to 57 years with a mean age of 41.2 years old.

**Table 3.1: Participants' Gender and Self-defined Work Roles**

| Number Of Participant | Gender | Designated Work Role | Additional Responsibilities |
|---|---|---|---|
| 1 | Female | Class Teacher and SENCO | n/a |
| 2 | Female | Class Teacher and SENCO | n/a |
| 3 | Female | Humanities Teacher | Religious Education Teacher |
| 4 | Female | SENCO | Designated LAC* Teacher/ CP role |
| 5 | Female | Physical Education Teacher | Form Tutor/Mentor |
| 6 | Male | Art and Design Teacher | n/a |
| 7 | Male | Science Teacher | Role in SEN |

* LAC: Looked After Children; CP: Child Protection

Silverman (2010) suggests social constructionist researchers should pilot their interviews to examine how interviewer and interviewee co-assemble particular versions of 'reality'. Robson (2002) states that in the first stage of any data gathering process a pilot study should be carried out to uncover if there are any problems or issues with the methods chosen to collect data.

In the following section, the researcher will present findings from her pilot study of interview questions and vignettes.

## 3.8. Pilot Study

To assist in constructing the interview process a pilot study was developed. One secondary school teacher, who held the position of SENCO, was selected on an opportunity basis and due to her interest in the research study, comprised the pilot study. This was in an attempt to gain information on the reliability and validity of the proposed interview questions and vignettes to be used in the

current study. The participant was interviewed in September 2010 and the researcher used a set of interview questions, prompts and the proposed vignettes (see **Appendix 23** for transcribed pilot interview). The interview was transcribed by a person with audio recording and transcription experience. They were briefed on the nature of the research and signed a confidentiality agreement. Once the interview was transcribed, the researcher checked the transcription for accuracy against the original recordings, thus allowing the researcher an opportunity for familiarisation with the interview process and the usefulness of the questions being asked.

The interview lasted around 45 minutes which suggested that the researcher's questions were rigorous in being able to elicit responses from interviewees. The pilot study highlighted that the interviewer and interviewee were able to construct views on mental health and responses to young people experiencing mental health difficulties. However, this interview did highlight that the participant wanted to check with the researcher if her responses were 'correct' and during the interview alluded to the researcher that she wanted to know the researcher's opinion on mental health. The following extract shows an example of this:

Pilot Study:

**24. R: Running.**
*25. Yes I think it's just so that and mental health partly confused*
*26. sometimes with the stresses and strains of a busy life so it's not clear at*
*27. all is it unless you have. Do you have a clear definition of mental health?*
**28. R: We can discuss at the end if you want.**
*29. Ok.*

The researcher reviewed how she introduced the participant to the subject of 'mental health' and her introductory questions used to develop rapport with the participant. She decided to revisit the research literature which had suggested that in an educational context the use of social and emotional wellbeing were common words used to describe difficulties in young people (see **Chapter Two**). Thus, the researcher decided that in the research interviews she would initially invite participant's to comment on their teaching experiences of young people with social and emotional issues. It was hoped this would encourage participants to think about their teaching experiences and reflect on the young people they may have worked with who had 'mental health' difficulties.

Further introductory questions were introduced into the subsequent research interviews and examples of these were as follows:

> *Before we get started I wanted to ask you a few questions about your background, your teaching experience?*
>
> *With your SEN background, what kind of experience have you had with the social, emotional and behavioural difficulties of children?*

During data collection, in the first two interviews, these introductory questions with participants were asked before the recording of the interview. The researcher believed that this then fragmented the interview for participants. Therefore, during the remaining (five) interviews, participants were asked these introductory questions as part of the interview process.

Moreover, the pilot study was also helpful in showing that the interviewee may relive certain issues and concerns when discussing the topic 'mental health'.

The following extract from the pilot study reveals the responses given when the researcher asked the participant what she knew about mental health:

Pilot Study:

**3. R: Do you want to start with your personal and then we can talk about professional?**
*4. I suppose generally the stigmas around mental health that it's much*
*5. easier to have broken leg then to admit to having mental health*
*6. difficulties and given the generation I was born into its there and I*
*7. would personally find it very difficult to admit to but my daughter had*
*8. some at college all supported was on anti depressants for a while and*
*9. probably the thing is what's mental health and what's personality yeah*
*10. I can't give you any clear cut answers because it's not easy no clear*
*11. definition its quite hard to define and what's depression what's mood*
*12. swings you know are they one of the same things are they personality*
*13. does that sound a bit ambiguous?*

It appeared the topic of mental health was difficult 'emotionally' to discuss for the participant. As such, during the pilot interview process, the researcher became aware of the need to use reassuring statements with the teacher and reassure her that she was only interested her views and beliefs. The researcher also noticed that she had on one occasion reassured the teacher that there were no 'right' or 'wrong' answers to the questions she wanted to ask. The researcher reflected on using more reassuring statements with future participants, such as reminding participants she was really interested in understanding their experiences. It was also hoped this would alleviate any anxiety they may feel in regards to discussing the topic of 'mental health'.

In addition, at the end of the pilot interview, the researcher had asked the teacher:

*"During this interview what sort to thoughts and ideas have come to your head that are new?"*

The researcher felt that this summarising question was beneficial but the pilot interview process suggested that this question needed developing. Therefore, the wording of this question was changed in the interview schedule which will be discussed further in section 3.10.

Regarding the use of vignettes as aids in the interview schedule, the pilot study highlighted they were helpful in engineering a discussion on how teachers would respond to mental health difficulties in a school setting. The researcher had a set of two key questions to ask participants in regards to the information they had read on the vignettes. The pilot study identified that the researcher needed to use more prompts with the participant to elicit responses from her. Furthermore, the pilot study highlighted that the researcher needed to make further statements to the participant to encourage her to view the young people she was reading in the vignettes as pupils in her classroom and who she would directly teach. This finding from the pilot study helped in the development of the interview schedule which will be further discussed in section 3.10.

Overall, the pilot study highlighted to the researcher that she needed to incorporate more reassuring statements to elicit responses in participants. Furthermore, the researcher needed to develop more rapport with participants by asking more questions about participants' teaching experience, how they came into teaching and general questions about their current job role. In the next section the specific research procedures undertaken with participants will be presented.

## 3.9. Research Procedures

The following bulleted points describe the step by step procedures undertaken during the interviewing of participants:

- Participants were recruited via information (see **Appendix Two**) about the proposed research sent via email to Head Teachers and the Special Educational Needs Coordinator (SENCO) in four mixed secondary schools. The research was presented as an opportunity for teachers to express their views and beliefs about mental health.

- Some teachers contacted the researcher either via email or telephone to arrange an interview.

- In other schools the SENCO gave the researcher details of teachers who had shown an interest in the research and the researcher contacted them directly.

- Participants recruited were told that the interview would take between 30 to 45 minutes depending on how much participants were involved in the process. The participants were also informed that the interviews would be audio taped.

- Participants were informed of their right to withdraw at any time during the interview and were assured their answers would remain confidential and anonymous. Participants signed a consent form agreeing to their involvement in the research.

- Interviews were semi-structured to ensure relevant topics were discussed but also in order that the participants could use the opportunity to express their own thoughts and feelings about the subject. The semi-structured interview schedules consisted of a series of open-ended questions, coupled with vignettes as probes used to aid discussion of the subject

- Participants were asked three questions regarding their thoughts and feelings on mental health. The accompanying vignettes were then presented in random order to each participant to avoid order effects. Participants were presented Part One of each vignette and asked three questions about the scenario. Participants were then given Part two of each vignette and asked the same three questions but worded so that it reflected the new information given to the participants. This part of the interview focused on two broad categories (1) teachers understandings of mental health and mental health terminology and (2) teachers responses to the scenarios (vignettes) of young people experiencing difficulties in school and the resources they would use to respond to these difficulties.

- Finally participants were asked “Is there anything that has occurred to you during this interview that you have not thought about before?”

- After completing the interviews participants were thanked for their time and debriefed (see **Appendix Four**). Participants were then given the opportunity to ask any further questions they may have or discuss any issues that were brought up during the interviews. This part of time spent with participants was not audio taped.

As discussed in section 3.8 the researcher used a pilot study to develop the interview questions and the use of the vignettes. In the next section the development of the interview structure and how vignettes were generated will be managed.

## 3.10. Methods

The researcher chose to use interviewing techniques because grounded theory intensive interviewing has long been a useful information gathering tool (Charmaz, 2006). Models of interviewing can also reflect a social constructionist approach to research (Bannister, Burman, Parker, Taylor & Tindall, 1994). The researcher chose to use vignettes as part of the semi structured interview schedule. Robson (2002) states that interviews conducted by researchers which use a set of associated prompts help to guide them through the topics to be covered and areas to be covered.

Furthermore, the researcher's choice of vignettes to be used in the interviews was to elicit responses from the interviewees that will invite them to comment on what could be an actual experience of teaching a child or young person with mental health problems. A conscious choice was taken by the researcher to have the vignettes accompanied by a photograph. This was because the use of photographs has been suggested as an effective tool with young people in the discussion of mental health because they were not limited to the verbal definitions of the scope of the discourse (e.g. defining mental illness) (Lindley, 2009). It was proposed that photographs may aid the discussion of mental health in this research.

### 3.10.1. Developing the Use of Vignettes

The vignettes were used as a set of prompts to elicit the views of the participants concerning their responses to mental health problems in young people. The term vignette is defined by The Oxford Dictionary as "a brief vivid description, account or episode" (Soanes, Spooner & Hawker 2002, p.1020). Vignettes are a written resource which can describe an event, episode or story

which then can be used as a prompt to enable participants to define a situation in their own terms. Finch (1987) stated that vignettes provide a less personal and therefore less threatening way of exploring sensitive topics. As the aim of this current study was to explore teachers' constructs and responses to mental health, it was anticipated that the topic area may be sensitive. It was proposed that using vignettes could aid participants in expressing their responses to real life situations. It was hoped that vignettes could be used in this current research in the hope of being a less threatening tool in facilitating the participants' responses to mental health.

Furthermore, a review of the literature has suggested that vignettes have been a useful tool when exploring teachers' views on young people with emotional and behavioural difficulties (e.g. Poulou & Norwich, 2000). Some evidence highlights that vignettes have been a useful tool when exploring the discourse on mental health with young people (e.g. Jorm & Wright, 2008; Secker, Armstrong & Hill, 1999). In the construction of these vignettes a young person was identified as suffering from mental health problems by this being specified in the description. For example:

> "Vignette 5: Peter, a 15 year old boy with early onset schizophrenia who hears voices and worries about aliens". (Secker et al., 1999 p. 3)

Jorm and Wright (2008) constructed vignettes which described the functioning of a young person and gave details of the events leading up to a young person's difficulties. They also labelled each vignette as describing a specific mental health problem, such as depression, social phobia and psychosis. For example a depression vignette was:

> "John is a 15-year-old who has been feeling unusually sad and miserable for the last few weeks. He is tired all the time and has trouble sleeping at night. John doesn't feel like eating and has lost weight. He can't keep his mind on his studies and his marks have dropped. He puts off making any decisions and even day-to-day tasks seem too much for him. His parents and friends are very concerned about him." (Jorm & Wright, 2008 p.3)

Jorm and Wright (2008) presented the participants with a series of vignettes and asked them a series of questions, with a focus on exploring young people's recognition of mental health disorders. In contrast, Secker et al. (1999) were cautious not to use mental health language immediately with the young people they interviewed and firstly asked their participants to describe a behaviour typically associated with mental health.

With regard to this current study and what language to use to accompany the vignettes, the researcher was aware that this was a complex issue. The literature review (see **Chapter Two**) highlighted that teachers may not have always been provided with the opportunity to construct their own view of mental health. The literature review also indicated that teachers were confident in using language associated with the term 'emotional wellbeing' (e.g. Tuffin & Tuffin, 2001) and that language associated with education was more readily used by teachers (e.g. Rothi et al., 2005). It was proposed in the literature review that the language used regarding mental health could possibly create divisions between those professionals and teachers who seek to support young people with mental health difficulties. Therefore, vignettes were constructed for this current study which did not use specific language to describe mental health

problems; instead the language used described general difficulties in young people.

The vignettes were constructed so that they contained a description of difficulties a young person may experience at school and/or at home. It also reflected various forms of externalising and internalising behaviours. In addition, to using written aids such as vignettes, there is some evidence that the use of photographs has been a useful tool in eliciting the views of young people on mental health problems (Lindley, 2009). Lindley (2009) has reasoned that using photographs facilitated a discussion of mental health which was not influenced by a researcher's imposed language on mental health. Furthermore, Lindley's (2009) research using photographs was innovative and had highlighted the breadth of language young people could use when discussing mental health. Therefore, vignettes used in this present study also incorporated the use of photographs to aid participants in their discourse on responses to mental health difficulties.

The vignettes were constructed based on the researcher's own experiences before training to be an educational psychologist and from her experience as a trainee educational psychologist. In Secker et al.'s (1999) study some of the vignettes used were constructed by a psychiatrist. They state: "Three of the vignettes were written specifically for the project by a psychiatrist drawing on their own experiences" (p.3). The researcher constructed three vignettes, one male and two female, ranging from age 12 to 16 years old. The vignettes are provided below:

***Part 1***

***Sarah*** *is 13 years old and has always been an enthusiastic student who has always contributed to class discussions. She produced good quality of work in all lessons. Recently, you have noticed she has become rather quiet and withdrawn in class discussions and her work is handed in late and contains lots of mistakes. Her work also appears like she has not made any effort.*

***Part 2***

**Additional Information on Sarah**

*"In one piece of school work she wrote a story about death and a young girl who is very sad and wants to kill herself."*

**Figure 3.1: Vignette – Sarah**

***Part 1***

***David*** *is nearly 12 years old. He arrived at this school with good reports from his previous school. However, at times he can be verbally aggressive to teachers and other students. He sits alone in the playground and you have noticed he has recently been absent from school many times this term.*

***Part 2***

**Additional Information on David**

*"His dad, apparently, has left home recently".*

**Figure 3.2: Vignette - David**

***Part 1***

***Alison*** *is 16 years old. She is very bright. She can be provocative with the teachers, especially men, but for the most part this is manageable and she is well-liked by her peers and staff. In the last two months, she has become slightly more irritable, withdrawn and moody.*

***Part 2***

**Additional Information on Alison**

*"She looks unhappy and you have noticed that her arms are always covered".*

**Figure 3.3: Vignette - Alison**

The vignettes were presented to the participants after the researcher had asked them questions about their views and beliefs regarding mental health. The researcher introduced the vignettes as case scenarios of young people and asked participants to imagine that the young person was or had been in one of their classes.

As noted in the figures above, the vignettes were presented in two parts. This was to aid the discussion with participants and to also reflect that in 'real life' participants (teachers) may not always know all the details of a young person's life. The participants were presented with Part 1 and asked questions by the researcher after reading that information (see **section 3.10.2** for interview questions). The participants were then given Part 2 and asked further questions by the researcher regarding the new information the participants had been given.

The presenting of vignettes in two parts was developed after the researcher had used this format when jointly running a training session on mental health with Teaching Assistants and SENCO's with a colleague. Feedback from this training session had been that the vignettes had helped teaching staff to think more critically about the presenting issues in young people and to think about the triggers which can lead to children experiencing mental health problems. Furthermore, the format of the vignettes had greatly aided the discussion with staff on how to react to mental health problems, in children and young people.

In addition, the researcher used photographs to accompany each vignette (see **Appendix Eight**). The photographs were found using the search engine Google Images. The researcher searched this engine using the terms "young people in distress". Photographs were chosen which did not show a full view of

the young person's face and had them posed in a position which showed some form of discomfort. It was hoped that the photographs would be an aid to the discussion on the vignettes.

As shown above, the vignettes used language which described general difficulties in young people and did not specify that the young people had mental health problems. However, it should be noted that the research was advertised to participants as a discussion on mental health. Furthermore, during the interviews the teachers were asked about their views on the subject of mental health so that a discussion could ensure which focused on this area. As discussed in the literature review (see **Chapter Two**) there is a range of language used surrounding mental health and education and health disciplines use different terminology when describing mental health problems. To introduce the participants to the topic of mental health the researcher generated questions which specifically asked teachers about their views on mental health.

In addition, due to the complexities of the language in the topic area the researcher used techniques such as paraphrasing and reflection to prompt participants replies when they used language connected with the topic of mental health (example provided in **Appendix 25**). In the following section, a more in-depth review of how the interview schedule and questions were developed will be discussed.

### 3.10.2. Developing the Semi-structured Interviews

Previous research had used semi structured interviews with teachers to elicit views on mental health (e.g. Rothi et al., 2005; Tuffin & Tuffin, 2001). Secker et al. (1999) completed some useful research using semi structured interviews with vignettes to elicit views on mental health with young people. The current

research interviews, including questions specifically for the vignettes, were semi-structured (copy of interview prompts provided in **Appendix 25**). Furthermore, the wording of the questions were changed or reworded to reflect the developing process of the interview (Robson, 2002).

In the construction of the interview questions, Charmaz's (2006) list of grounded theory questions was reviewed. For example, Charmaz (2006) questions were as follows:

> "How would you describe the person you were then?"
>
> "Tell me about your thoughts and feelings when you learned about…..
>
> (p. 30-31)

The researcher used these as a guideline in forming her own questions. Three main questions were generated to explore teachers' constructs of mental health. These were:

1) *What do you know about mental health?*
2) *Tell me your thoughts and feelings about the term mental health?*
3) *How would you describe a Young Person with mental health difficulties?*

In addition, two main questions were generated to explore teachers' responses to mental health in young people when the vignettes were used as a stimulus. When participants' were presented with Part 1 of the vignettes (see **section 3.10.1** with examples of the vignettes) they were then asked the following questions:

4) *How would you describe David/Sarah/Alison's difficulties?*

5) *As a teacher, how would you respond to David/Sarah/Alison's difficulties?*

In addition, the researcher used further prompting questions and paraphrasing techniques to elicit responses from the participants in regards to the information they had read from the vignettes (see **Appendix 25** for a list of prompts and further questions). In the next stage of the interview process participants were then presented with additional information on the young person they had just read about in the previous part of the vignette. This is known as part 2 of the vignettes.

Participants were then asked the following questions:

6) *How would you describe David/Sarah/Alison's difficulties now?*

7) *Tell me how you would now respond to David/Sarah/Alison's difficulties?*

Furthermore, the researcher used further prompting questions and paraphrasing techniques to elicit responses from the participants in regards to the new information they had now read from the vignettes.

The researcher was also guided by Charmaz (2006) who suggested specific ending questions when conducting interviews. One outcome from the pilot study had been the researcher's use of ending questions which had been identified as needing to be developed. Therefore, the researcher used one of Charmaz's (2006) closing questions and this was:

> "Is there anything else you have not thought about before that occurred to you during this interview?" (p.31)

Furthermore, this question was designed to 'catch' any other relevant information that had been missed by the prescribed questions and probes. It also signalled an end to the interview.

During the research process a number of ethical issues arose. Furthermore, the data collected from participants also highlighted ethical issues which needed to be managed by the researcher. In the next section a description of these ethical issues and how they were managed will now be provided.

## 3.11. Ethical Issues

The researcher adhered to the professional competencies outlined in the British Psychological Society's (BPS, 2006) and the University of East London's (UEL, 2008) ethical guidelines. Ethical approval for this research was sought and obtained from the University of East London Research Ethics Committee (see **Appendix Five** for a copy of the researcher's application to the Ethics Board and **Appendix Six** for a copy of the ethical approval letter).

Informed consent was secured from all participants. This involved asking the participants to sign a consent form which stipulated their agreement to taking part in the study. These consent forms detailed the participants' right to withdraw from the research process at any time; that any personal characteristics identifying them would not be used and that their identities would remain anonymous. The consent form also stipulated that the participants' interview data would only be used as part of the researcher's doctoral thesis. This information was also given to participants in the email correspondence sent to schools. In the researcher's email correspondence with the schools, she introduced her role, briefly outlined the nature and purpose of the study and addressed issues of anonymity and confidentiality. The researcher's contact

details were included; with an offer to answer any inquiries concerning the research procedures (see **Appendix One** for a copy of the emails sent to schools). When the researcher met participants during initial discussions they were given information and a letter detailing the purpose of the research, asked to read it and then asked by the researcher if they wanted to continue with the interview. This letter addressed issues of consent, the right to withdraw, confidentiality, anonymity and the right to ask questions (see **Appendix Two** for information on interviews given to participants' and **Appendix Three** for sample consent form).

At the end of the interviews, participants were offered the opportunity to use the time after to ask questions, seek advice and information (see **Appendix Four** for a copy of the De brief letter). This was to make participants feel supported with managing mental health problems in children and young people. Furthermore, interviews were scheduled at the convenience of the participating teachers in an effort to minimise experiences of disruption or intrusion.

The researcher sought peer and supervisor supervision when addressing ethical issues as they arouse during the research. The researcher ensured that respect and consideration was given to all individuals who took part in the research. The researcher recognised that she may not always have been fully aware of how the research affected participants from different ages, gender and social backgrounds. The researcher understood the implications for teachers being asked to discuss a sensitive subject such as mental health problems. The researcher acknowledged that some participants may have experienced personal mental health problems. Due to the some of the personal disclosures made by teachers during the interviews care was taken by the researcher to

address these issues. After the audio tapes were turned off, the researcher checked how teachers were feeling and if they were happy to have that information recorded. The researcher also spent some time with teachers after the interviews, so as to maintain rapport and to give teachers the space to reflect on the interview experience and the stories they had shared. As a follow up, the researcher contacted every participant and gave them information on national and local professional services they could access if they were concerned about a young person they were working with or if they wanted to find out more about managing mental health issues (see **Appendix 25** for email sent to participants and information given).

The process of interviewing teachers and then reading the transcriptions of their interviews also evoked an emotional response in the researcher. She sought supervision concerning how the issues raised had affected her as not only a researcher but also personally. This enabled the researcher to reflect on her own emotional and psychological responses to the data she was analysing. In addition, the researcher sought peer and supervisor supervision because of the nature of the interviews and the vignettes utilised. On some occasions the vignettes highlighted issues for the teachers concerning pupils they were currently teaching. The teachers were advised to discuss any issues they had with their line manager. The participants who were SENCOs were advised to have some discussion and seek advice from the school EP. The school were also advised to seek parental consent to discuss individual children with the EP. On the occasion where the researcher was the school EP an informal and 'no names' discussion took place outside the research environment.

As noted in this section, the ways in which the researcher managed ethical issues was considered. In the next section, the ways in which the researcher aimed to address researcher bias and to ensure reliability and validity during the research process will now be discussed.

## 3.12. Reliability and Validity

There are many critics of the constructionist approach to research with some questioning trustworthiness and usefulness of findings generated from this type of research (Robson, 2002). The researcher takes a social constructionist approach to the research problem. However, the researcher has the view that they must continually reflect and evaluate their proposed methodological framework approach to research problem in question. They must also seek to establish that the data they have generated is true and accurate. Therefore, the researcher adhered to Robson's (2002) methodological principle of 'establishing trustworthiness' in qualitative methodology (p. 168). Furthermore, the research adhered to Robson's (2002) suggestion that the researcher needs the skills of being able to interpret information during the research, not simply recording it.

To establish 'trustworthiness' the researcher supported Robson's (2002) notion that terms such as validity and reliability could be used in qualitative research but operationalised differently. In this current study, validity and reliability would be operationalised by taking into account the need for the researcher to be flexible and adapt their research procedures in response to the evolving research problem. However, whilst adopting a flexible approach to the research problem, the researcher also needed to apply rigour in the design. As such, the researched adhered to the concept of validity as understanding if a piece of information is accurate, correct or try (Robson, 2002).

Furthermore, reliability involved the researcher being 'thorough, careful and honest in carrying out the research' (Robson, 2002, p.176). The researcher addressed the importance of reliability by using peer support to help guard against researcher bias through seeking supervision during the research process (see section 3.13.1 for commentary on how supervision was used). The researcher sought to provide an audit trail of her data analysis. An audit trail was established by explicit coding of all interview data. Furthermore, clustering diagrams describing how initial codes developed into overarching concepts were depicted at each stage of data analysis. During the data analysis visual diagrams were used to show how codes were generated from the data and described as conceptual concepts. Visual diagrams also established how these conceptual categories were 'tested out' at each stage in the analysis. Memo writing (Charmaz, 2006) was used by the researcher to develop her categories and these memos were used as part of the prose of the thesis. These procedures helped to establish 'trustworthiness' (Robson, 2002).

Furthermore, 'trustworthiness' (Robson, 2002) was also established by the researcher acknowledging and aiming to limit threats to validity. One mechanism (in which to check the validity of the researcher's interpretation of the data gathered) was addressed by the researcher keeping a research diary. The diary noted the researcher's emerging views and opinions as the research process progressed. This was for the researcher to make explicit her personal value systems so as to enhance objectivity during data collections and aid validity of the findings. The researcher had approached the research problem with a proposed framework and this needed to be checked and evaluated throughout the data analysis process so that the researcher's interpretations of

the data were appropriate. Furthermore, the research diary was used as an 'audit trail' (Robson, 2002, p.176) to ensure reliability (see extracts from research diary in Appendix 26). Furthermore, another way, in which the researcher attempted to address researcher bias, was to have herself interviewed using the questions posed for participants, so that she could make conscious her constructs before she analysed the constructs of her participants.

In approaching the research problem using a grounded theory, there may have been a danger that the researcher did not consider alternative explanations for the data gathered. This would limit 'trustworthiness' of the data. One way in which the researcher attempted to limit threats to the validity was by employing 'negative case analysis' (Robson, 2002). This was established by the researcher actively seeking information in the final stages of the interviews and data analysis which contradicted the emerging conceptual concepts. The contradiction in the findings was managed at the analysis stage and also when the findings were presented (see Chapter 4).

In addition, the researcher used supervision and peer support to limit threats to validity and to establish 'trustworthiness' (Robson, 2002). The researcher vigorously sought supervision at each stage of research process to discuss her emerging ideas and data collected. Peer support was used as another mechanism is which to discuss the emerging ideas. The researcher used a colleague to 'check' her coding of transcripts at the final stages of analysis. The researcher asked her colleague to comment on the researcher's findings, especially the conceptual categories found. This colleague's opinions and comments were then used to modify the researcher's findings and to reduce researcher bias.

In summary, a number of methods were developed to assist in improving reliability and validity during the research process. These were used to establish the research project as 'trustworthy'. In also seeking to establish the research project as 'trustworthy' the researcher will revisit issues of validity and reliability during a discussion of the findings. As stated, this current research study proposed to use a grounded theory approach to data analysis and treatment. In the following section an overview of how grounded theory (Charmaz, 2006) was used to analyse the data will be provided, which will include a step by step account of the how the grounded theory approach was used at each stage of data analysis and this will also include a timeline of events. Furthermore, the next section will provide a brief account of the researcher's biases and this will be managed by using the reflexivity of the researcher and providing an account of the researcher's constructs towards mental health.

## 3.13. Process of Data Analysis and Treatment

> "As we learn how our research participants make sense of their experiences, we begin to make analytic sense of their meanings and actions." (Charmaz, 2006, p.11)

Charmaz (2006) asserts that grounded theory "is a set of principles and tools in which to explore the data, not a set package" (p.9) (see **Figure 3.5** for Charmaz, 2006, grounded theory process). The research adapted the set of grounded theory principles and developed a grounded theory process in which to explore and analyse the data (see **Figure 3.6** for grounded theory tools used in this current research). Grounded theory uses a comparative method and as such the researcher iteratively moved back and forth between data collection

and interpretation during the interview phase from September 2010 to March 2011. As such the process of data collection was non-linear. Therefore, although the process of initial coding; focused coding, theoretical coding and category development will be discussed sequentially, it is acknowledge that these processes were conducted concurrently. The following diagram highlights the stages of data collection in the grounded theory approach:

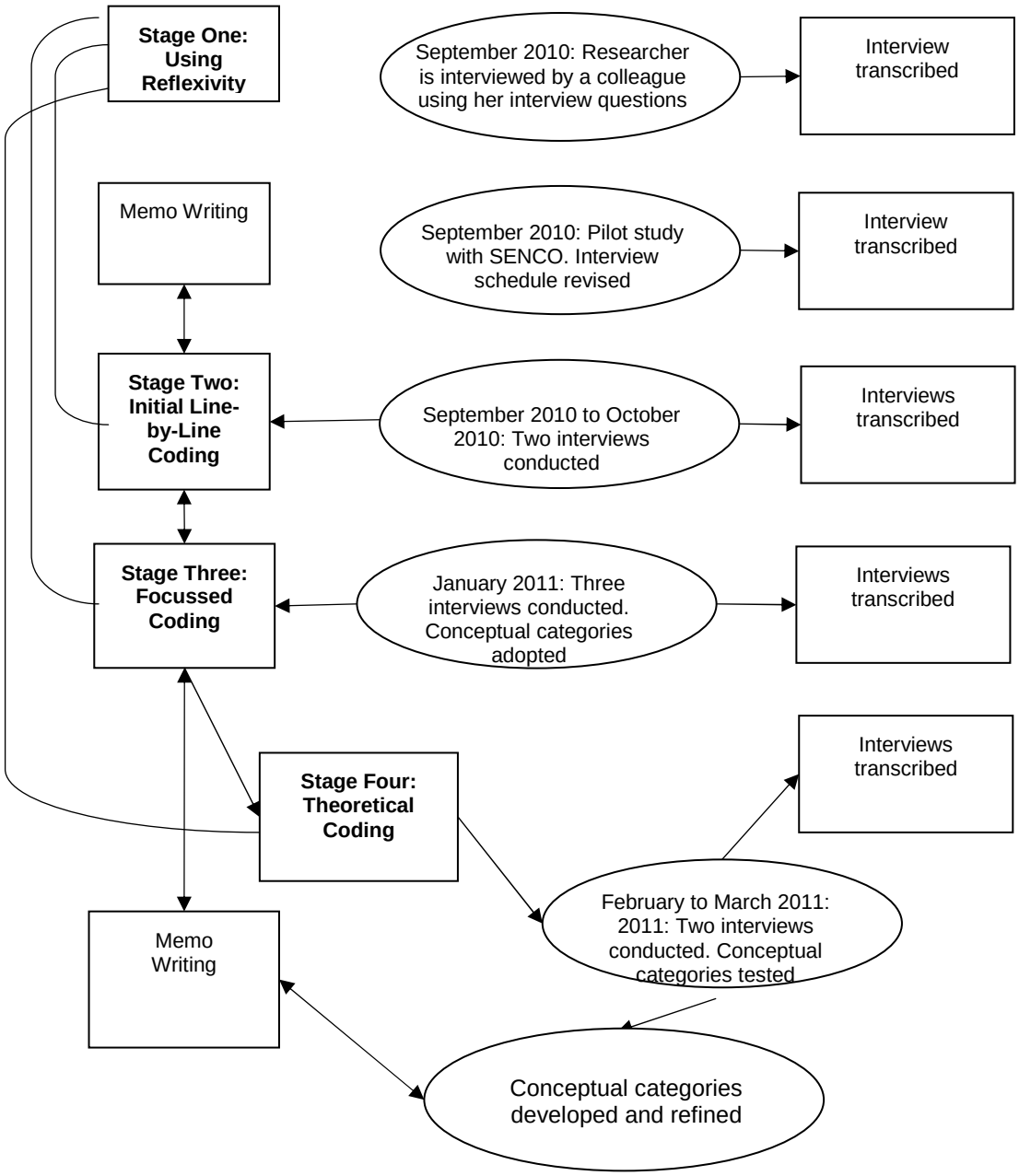



**Figure 3.4: Stages of Grounded Theory Data Collection**

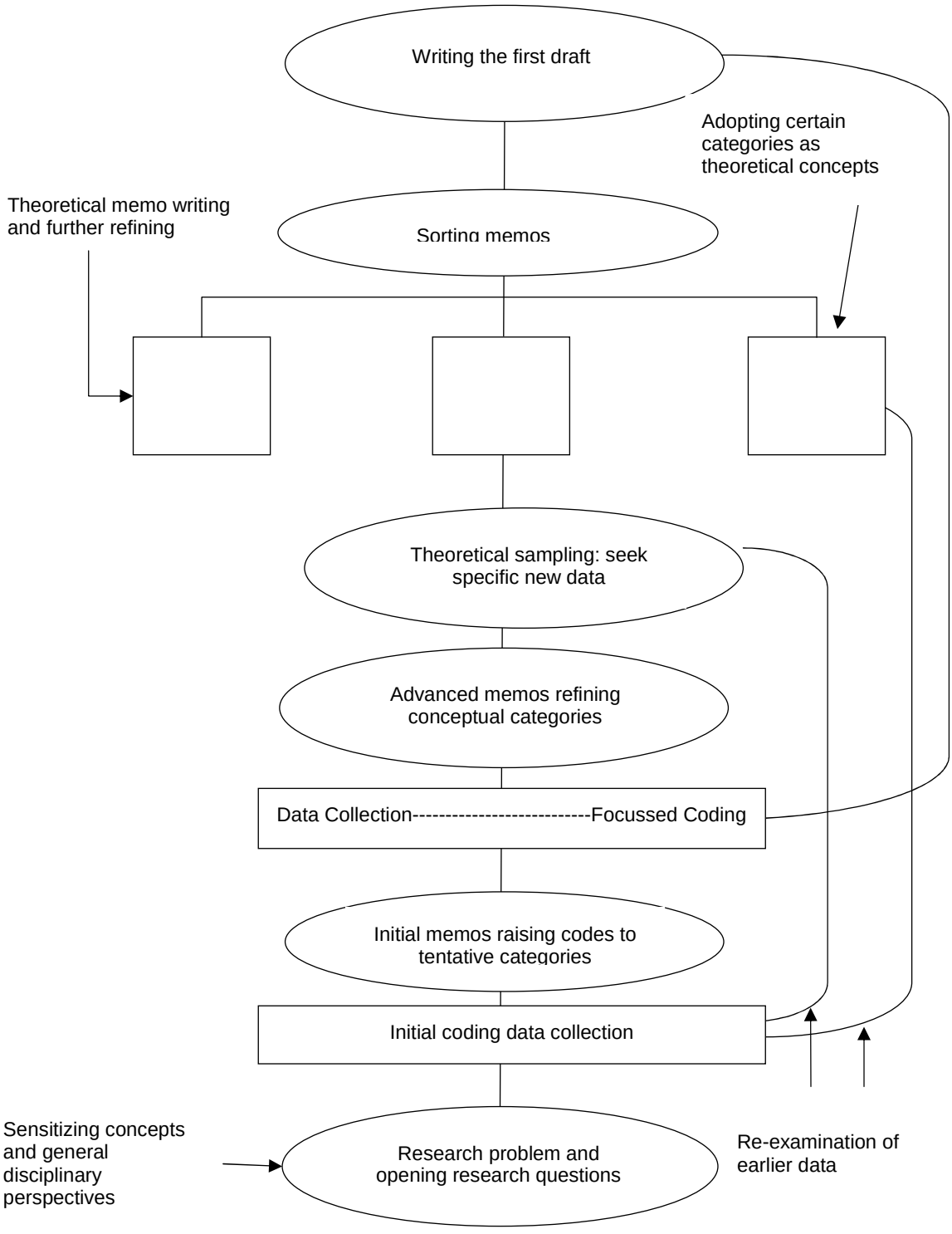



**Figure 3.5: Grounded Theory Process (Charmaz, 2006, p11)**

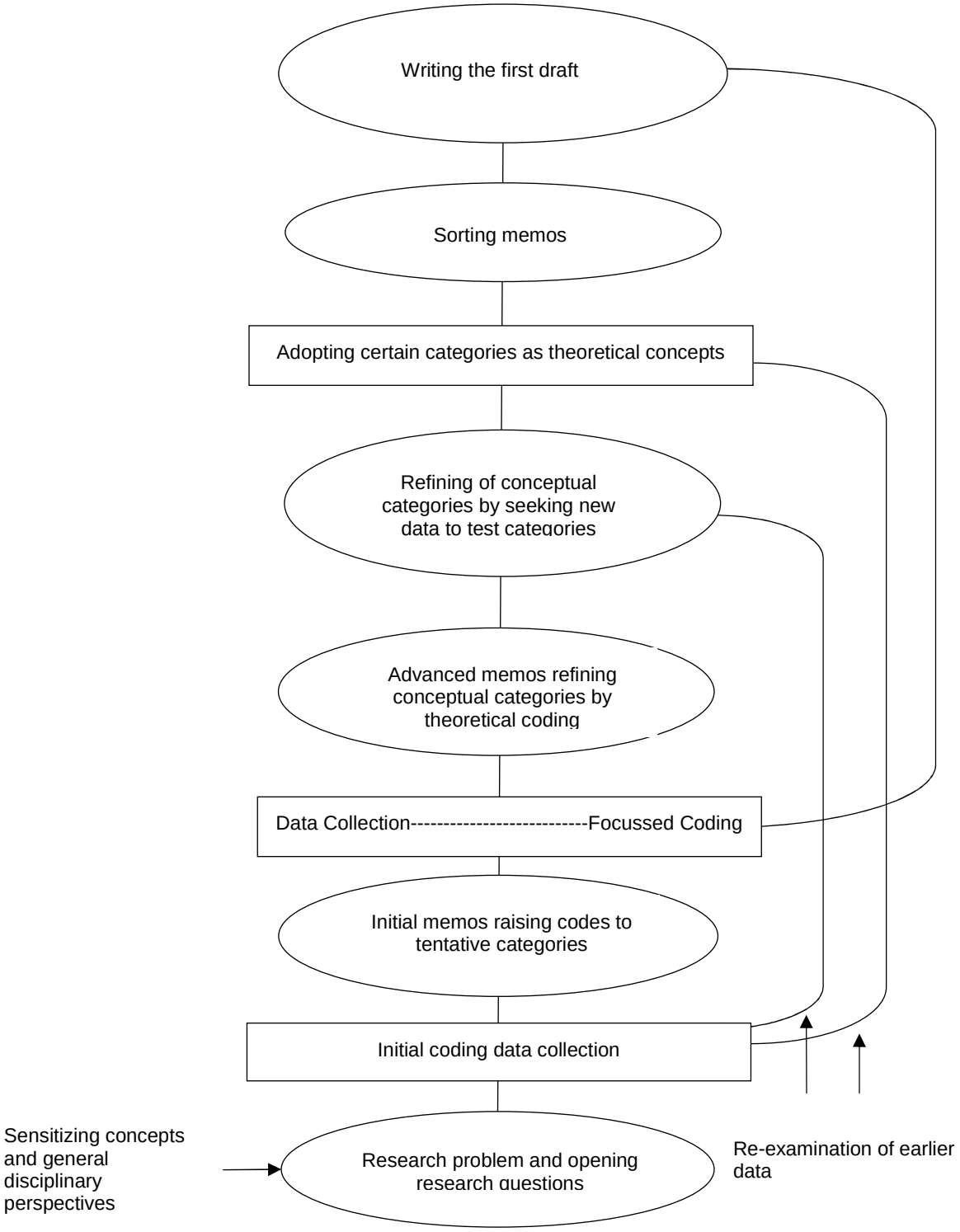



**Figure 3.6: Grounded Theory Approach Adapted from Charmaz (2006)**

### 3.13.1. Reflexivity

In this section the role of reflexivity will be presented. The researcher will provide a discussion on her constructs of 'mental health' and how these were obtained through the interviewing process. This process was undertaken before data collection and before the researcher started to code the data gathered. It was an important part of the analysis process because Robson (2002) describes reflexivity as 'an awareness of the ways in which the researcher as an individual with a particular social identity and background has an impact on the research process' (p.172). As can be seen from **Figure 3.4** the researcher was interviewed using her own questions and this interview was transcribed. A copy of the researcher's fully transcribed interview can be found in Appendix Seven. The interview transcription allowed the researcher's constructs, views and beliefs towards mental health to be made explicit.

The interview questions used with the researcher were the same questions used with participants' to elicit their constructs of mental health. The researcher listened to her own interview and read through her transcribed interview before she commenced with data collection. It was evident that the researcher's construction of mental health used non-stigmatising language and alluded to it being a continuum of difficulties with overlapping symptoms. See the example below, taken from the Researcher's interview:

**1. Interviewer: What do you know about mental health?**
*2.* **Researcher:** *My understanding of mental health is that mental health actually*
*3. needs a health state of development for children for adults it means a healthy*
*4. point in their life where they feel good about themselves where they have good*
*5. self esteem, good self confidence, where their enjoying life and being able to*
*6. cope with day to day stresses, there may be a few ups and downs but all in all*
*7. they are on a good track and they have good friends and family around them*
*8. and a support network which they access. I also know that when you say the*
*9. term mental health lots of people kind of see as a term of mental illness and my*
*10. understanding about these two terms is that mental health is at one end of say a*
*11. rainbow and mental illness is that the other end and I have worked in a mental…..*

The researcher was clear that she believed mental health problems not to be a permanent state but was something transient, which reflected the different reactions people have when coping with the difficulties and strains of life. Secondly, the researcher highlighted that her direct experience informed her knowledge. Finally, the researcher used examples from her direct experience to describe and construct mental health. It was also evident that the interview provoked some psychological distress in the researcher such as anger, frustration and sadness. The researcher was not interviewed on her responses to 'mental health' because in the construction of the vignettes the researcher used the experiences of the young people she had worked with.

In summary, as can be seen from **Figure 3.4** the researcher used her transcribed interview to guard against researcher bias throughout data collection and data analysis. After the researcher's constructs were made

explicit the next stage in the data collection process involved the coding of interviews and the stages in the methods used in developing conceptual categories from the data. These processes and the findings generated from the data will be presented in Chapter 4.

# Chapter 4: Findings

### 4.1.1. Overview

As noted in section 3.13 grounded theory uses a comparative method and as such the researcher iteratively moved back and forth between data collection and interpretation during the interview phase from September 2010 to March 2011. In sections (4.1.2 to 4.1.3) each stage of grounded theory process will be presented. The stages of initial coding focused coding, theoretical coding and category development will be discussed sequentially. The final sections of this chapter will present examples from the data to support the development of the conceptual categories.

### 4.1.2. The Coding Process

The researcher listened to interviewees talk about their views, beliefs and experiences of mental health and their thoughts about responding to difficulties in young people. The researcher also utilised her reflective research diary (see examples in Appendix 26) and documented her observations of the participants during the interviews, particularly noting the emotional dynamics between the researcher and participant and the emotional affect of discussing the term mental health. The researcher further immersed herself in the data by repeated reading of the transcripts. This enabled the researcher to gain a holistic appreciation of each interview.

#### *Initial Coding*

The initial coding procedure involved the examination of each line of data by defining actions and /or events occurring. The process of initial line by line coding prompts the researcher to remain open to the data and gain a close look at what participants say and what they struggle with (Charmaz, 2006). There is

an emphasis on the researcher identifying the implicit concerns of the participants and the explicit statements (Charmaz, 2006). Grounded theory is an inductive (or data-driven) approach to data analysis and as such ideas from initial coding began to build inductively rather than the researcher imposing her views on the data. This enabled the researcher to be mindful of the participants' views of their reality.

**The transcripts from Interviews One and Two were read and re-read before initial line by line coding emerged. The transcripts were manually highlighted and annotated. Tentative categories were then generated from the codes. Then the transcripts and codes were then formatted into electronic form. The initial categories generated from line-by-line coding from Interview One are presented in Table 4.1:**

**Table 4.1: Codes and Categories from Interview One**

| Line(s) | Extracts from transcripts | Initial line-by-line coding | Categories |
|---|---|---|---|
| 12 | '...with conditions like ADHD there are so many complications' | Confusion of when difficulties start | **ENCOUNTERING AMBIGUITY** |
| 17, 18 | 'I don't know if there is anything specific we had a lad here… | No label: can't identify | **REFLIEF IN CLASSIFICATION** |
| 69 – 73 | 'He is a mixed up kid but he is always late for lessons and then when he gets there he's challenging so she said that he is probably in a state of anxiety and lateness is giving him time to sort of calm down and chill but.' | Others dictate understanding/she can only make judgments on others advice | **NEEDING VALIDATION FROM EXPERTS** |
| 52 – 55 | 'Very mixed they the lady who was working with xxxx as I say was fixated on the mothers mental health issues despite the fact that it was xxxx who had been referred to her and her remit was supposed to be with the child.' | Let down by mental health professionals/They don't "see" the real issues | **MENTAL HEALTH PROFESSIONALS HAVE CONTROL** |
| 90 – 92 | '...they can have difficulty in engaging in the sort of work we are offering them.' | Rigidity of curriculum | **INDIVIDUAL NEEDS NOT FULFILLED** |
| 213 – 216 | 'I would also alert TA's because they are often in a position where they can give an air to a student I think its providing the opportunity for students to talk to.' | Can't have sole responsibility (this is not school policy) | **ACTIVE ENGAGEMENT IN A SHARED OWNERSHIP** |
| 204 – 206 | '...we often send around a round robin to gather information about anybody who has concerns about students.' | Gather information | **COMMUNICATING, CONTACT, CONVERSATION, CONTAINING** |
| 167 – 168 | '...she needs some help and possibly more than I could provide' | Dealing with distress in child is another's role | **POSITION AND RESPONSIBILITY OF OTHERS** |
| 261 – 263 | '...letting kids know that they are not the only ones and kids often blame themselves' | YP can feel unloved | **THE EMOTIONAL WORLD OF THE CHILD AND TEACHER** |

Charmaz (2006) notes that clustering is a short hand prewriting technique to aid the researcher in their writing of memos. Therefore, clustering was used as a visual medium to represent categories generated from the codes. Organising codes into emerging categories was also influenced by the research questions. Codes were organised into categories which represented the participants views, beliefs and ultimately constructs of the term mental health. Codes were organised into categories which represented the participants' responses to young people experiencing mental health problems. The researcher used the visual representation of categories and the relationships between the codes to define the categories and its properties (see Figure 4.1 for an example of clustering from Interview One).

Charmaz (2006) notes that memo writing catches the researcher's thoughts, highlights the comparisons in the data and the connections made between codes. It also helps to crystallize questions the researcher has about the data and the direction of further data collection. Therefore, by using the tool of clustering, initial memos were written about each category. The researcher used memo writing to ask questions of the categories generated. At times the categories sub categories were highlighted. Memo writing was a tool for the researcher to understand her data and to inform how her questions had elicited participants' constructs of mental health and their responses to mental health problems in young people.

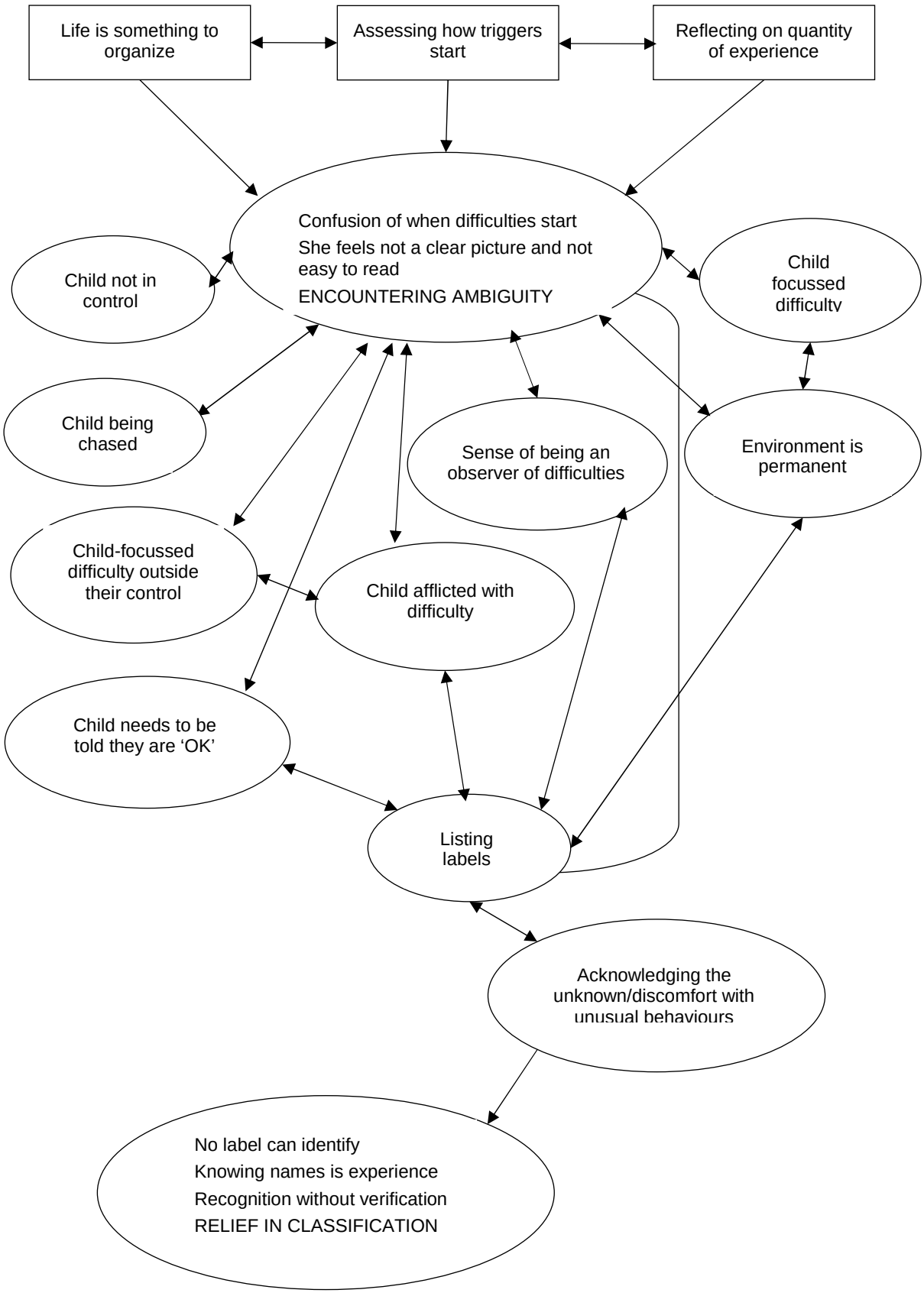



**Figure 4.1: Clustering for Interview One on the Categories ENCOUNTERING AMBIGUITY and RELIEF IN CLASSIFICATION**

The same process of initial line by line coding, clustering and memo writing was then used for Interview Two. Initial codes and categories from Interview Two were noted as:

**Table 4.2: Codes and Categories from Interview Two**

| Line(s). | Extracts from transcripts | Initial line-by-line coding | Categories |
|---|---|---|---|
| 25 – 28 | 'I think the behaviour might not be as I would expect but given what they're experiencing and or going through mentally or emotionally or whatever that's causing it..' | Teachers struggle with defining/is there a proper definition? | **EXPERIENCING THE UNFAMILIAR** |
| 28 – 30 | 'I'm not saying we allow it to happen but it gives you good insight into why its happening and then you deal with it differently.' | Behaviour allowed by teachers when know cause | **EXPECTATIONS ON BEHAVIOUR** |
| 54 – 55 | '...because you know if they are self harming you have to pass that on… | Passing on its letting others take responsibility? | **EXPERIENCING THE UNFAMILIAR-SEEKING OUT OTHERS** |
| 67 – 69 | '...here for a year has there been change while he's been here or has he been did the change happen on transfer or move, possibly ask what's going on that's made him change.. | Asking questions | **FACT FINDING MISSION** |
| 65 | 'You would have to fill in child protection as well the fact that she's self harming that's an immediate concern.' | Response is to complete forms. They are beneficial | **I AM A GATE KEEPER AND I AM RESPONSIBLE** |
| 167 – 169 | '...when they're older because she's what 16 you know what she going to do after school etc locality team there's a whole lot of people' | Seek other agencies - they are equipped to help. | **DEFER TO AN EXPERT** |
| 194 | '...sometimes sadly you know the child never.' | Problems are out of reach and out of reach of support | **DEALING WITH NO SOLUTIONS** |
| 117 - 118 | 'Yeah again I think the first the first port of call is maybe somebody like her form tutor or head of year or whatever to | Managing adults talking to YP | **TALKING IS IMPORTANT** |

| Line(s). | Extracts from transcripts | Initial line-by-line coding | Categories |
|---|---|---|---|
| | actually you know sit her down she's very bright and…' | | |

Clustering again was used to see how the categories emerged from the codes. Memos were used to compare the data set from Interview Two to the data set in Interview One. Questions were asked of the emerging categories from both interviews and the researcher sought to find similarities in the categories through memo writing

As new categories and concepts were generated from Interview Two, the transcripts were revisited to check for previously unnoticed references and re-analysis of initial line by line coding. The researcher looked for data in Interview Two which contradicted findings from Interview One. Robson (2002) calls this 'negative case bias' and proposes that it is an important technique for countering researcher bias, and increasing the validity of the research findings.

The categories which emerged from Interviews One and Two were used to shape the researcher's further questioning of participants. The following table (Table 4.3) summarises some of initial codes taken from Interviews One and Two, the categories developed from the codes and the questions asked to facilitate the next stage of focused coding.

**Table 4.3: Summary of Initial Codes from Interviews One and Two, Categories Developed and Questions Asked of the Data**

| Line by Line Coding | Categories Developed from Codes | Questions of Data |
|---|---|---|
| Confusion of when difficulties start | **ENCOUNTERING AMBIGUITY** | Is there a shared experience of difficulties defining mental health? |
| She feels not a clear picture and not easy to read. | **EXPERIENCING THE UNFAMILIAR** | What is the underlying difficulty defining mental health? |
| Knowing names is experience: Recognition without verification | **EXPERIENCING THE UNFAMILIAR-SEEKING OUT OTHERS** | What is the underlying difficulty defining mental health? |
| No label: can't identify<br>Lacking confidence in making statements<br>Anxiety about defining<br>Feels she doesn't know<br>Teachers struggle with defining | **RELIEF IN CLASSIFICATION** | What influences the difficulty defining mental health? |
| Others dictate understanding<br>She can only make judgments on advice of others<br>Multiple referrals with perceived outcomes<br>Not feeling believed | **NEEDING VALIDATION FROM EXPERTS**<br>**DEFER TO AN EXPERT** | Expectation that others will take ownership and define<br>Are mental health professionals viewed as malevolent or benevolent? |
| Others are better at talking to YP<br>Dealing with distress in child is another's role<br>Others should have seen things on his difficulties<br>Scared to make a conclusion<br>Look for advice from others before responding. | **POSITION AND RESPONSIBILITY OF OTHERS** | Does contact with professionals ultimately shape views on mental health? |
| Discussing other professional roles<br>Health professionals are best in this role | **MENTAL HEALTH PROFESSIONALS HAVE CONTROL** | |

| Line by Line Coding | Categories Developed from Codes | Questions of Data |
|---|---|---|
| Gather information<br>Fact finding mission/must question more<br>Teachers are strong and use resources-but they need to know information<br>Bridges burned/lack of respect<br>Mental Health professionals don't get their hands dirty<br>Reaching out into the "unknown" | **COMMUNICATION**<br>**CONTACT**<br>**CONVERSATION**<br>**CONTAINING**<br>**CONTAINING WHEN NOT IN CONTROL** | What does communication between teachers mean?<br>What does containing mean to teachers? |
| Feel their only tool is a conversation<br>Problems are out of reach and out of reach of support<br>School have support areas/Sense these may not be good enough<br>Uncovering reasons through talk<br>Initial support is through talking with YP<br>Prioritising YPs views. Talking is key. | **DEALING WITH NO SOLUTIONS**<br>**TALKING IS IMPORTANT** | Why is there more confidence in responding to YP?<br>Even with solutions and knowledge to teachers use talking instinctively? |

### *Focused Coding*

The process of clarification and enquiry into emerging categories took place through a further three interviews. Focused coding is the second major phase in coding (Charmaz, 2006). Charmaz (2006) defines focused coding as:

> "Focused coding means using the most significant and/or frequent earlier codes to sift through large amounts of data. Focused coding requires decisions about which initial codes make the most analytic sense to categorise your data incisively and completely." (p. 57)

In summary, during focused coding the researcher is directed by previous codes found from earlier interviews and uses these to select codes from the new data collected. Focused coding was informed by the initial categories which emerged from earlier data. As such, each interview (Interviews Three, Four and Five) were explored using focused coding. Focused codes were generated from the data from Interview Three, possible categories were noted as:

**THE RISKS OF DEFINING THE AMBIGUITY OF MENTAL HEALTH**

**OFFERING TALKING AS SUPPORT**

**UNDERSTANDING, REGULATING AND CONTAINING EMOTIONS**

Clustering was then used as a tool to aid memo writing. The researcher used the visual representation of categories and the relationships between the codes to define the categories and its properties (see Figure 4.2 for an example of clustering for Interview Three).

The researcher used initial codes and tentative categories from Interviews One and Two to clarify and refine categories in Interviews Three, Four and Five. Overall, analysis of the data revealed that initial discourse surrounding the term mental health brought about confusion and uncertainty in participants. In Interviews One and Two, participants expressed that discussion around mental health was a discussion about something that was unfamiliar to them. This was further found in Interview Three, for example, this lack of definitions and the difficulty in articulating what mental health was to participants brought about the category **THE RISKS OF DEFINING THE AMBIGUITY OF MENTAL HEALTH** in Interview Three. Furthermore, there also appeared a resistance by most participants to tell the researcher what they thought mental health was. On

many occasions a reference to “others knowing more than they did” or “I don’t know enough as I should” were particular observations noted by the researcher during the interviews.

Memo writing was used to compare data sets and to refine conceptual categories. Memos adhered to Charmaz (2006) use of memos to raise focused codes to conceptual categories from the data. The memos discussed each category as identified by the researcher through focused coding by providing a structure to the codes, describing what they mean to the researcher and also what they told her about what the interviewee was saying. Through memo writing the researcher attempted to provide links between these current categories and earlier categories found from the data. Finally, the researcher asks question of the data found and makes tentative statements to test in later data collection.

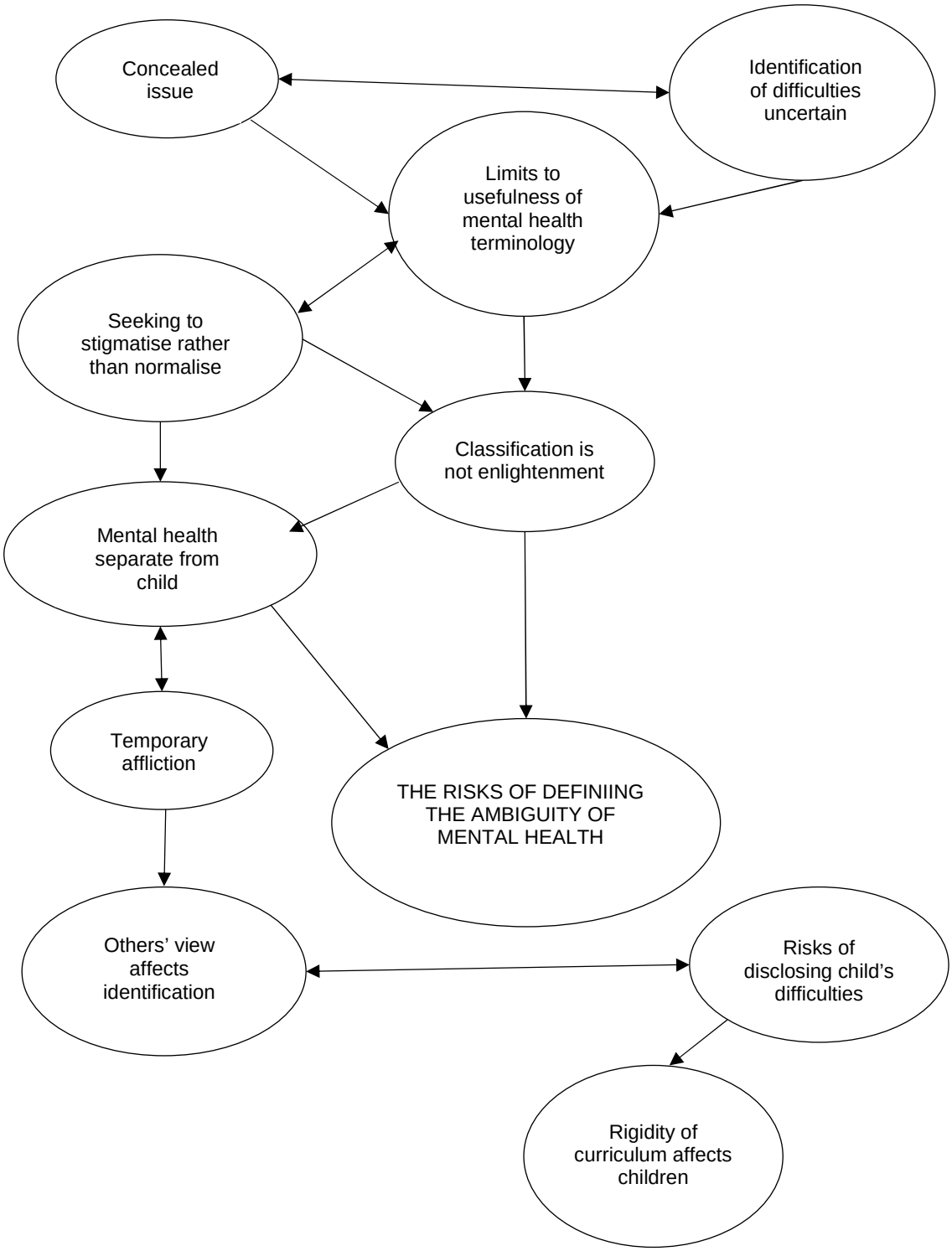



**Figure 4.2: Clustering from Interview Three on the Category THE RISKS OF DEFINING THE AMBIGUITY OF MENTAL HEALTH**

This approach to memo writing was repeated for interviews four and five where the researcher used memos to establish connections and relationships between emerging categories. In each interview, categories emerged which shared similarities with each other and directed the data to highlight that teachers can have difficulty conceptualising mental health and that there is a role of outside professionals and agencies in shaping teachers' conceptualisations of mental heath. In some cases the role of other professionals seemed to be a facilitating force in aiding the understanding of the teachers. In other cases the role of other professionals had created a 'psychological barrier' for teachers in being able to articulate a concept of mental health. They appeared to experience powerlessness when being asked to define mental health by the researcher. Another category which emerged from interviews three, four and five was that the teachers had an emotional response to mental health and this appears to manifest itself in them expressing an empathic relationship with young people who experience difficulties. For example, the following categories were highlighted from Interviews, Three, Four, and Five:

**UNDERSTANDING, REGULATING AND CONTAINING EMOTIONS**

**USING MY CAPABILITIES TO SHOW EMPATHY**

**EMPLOYING A SYMPATHETIC AND EMPATHIC APPROACH**

As in Table 4.3 questions were asked of data sets one and two. In the following section how these questions were answered by the new data set will be now be discussed.

***Theoretical Coding***

Charmaz (2006) defines theoretical coding as the process of selecting the codes from focused coding and specifying possible relationships between categories developed during focused coding. She further notes that theoretical coding reveals how codes are related to each other and facilitates an analytical story surrounding the data into a theoretical direction. The theoretical coding process began with the revisiting of the focused coding of interviews three, four and five and revisiting coding from interviews One and Two. Each of the categories which had emerged from Interviews One, Two, Three, Four and Five was analysed as to their possible relationships with each other. The researcher grouped categories from the research interviews which appeared to be describing the same actions. An analytical story emerged from grouping together the categories. Furthermore, categories developed from focused coding were conceptualised into a process rather than a description of the participants' discourse.

At this stage in the data analysis two codes were re-examined and these were two codes from Interview Two, "Expectations on Behaviour" and "I am a Gate Keeper and I am Responsible". When looking at relationships between the codes from Interviews One, Two, Three Four and Five, these two codes appeared to only explain two areas of discourse in Interview Two and did not aid the interpretation of discourse from Interviews, One, Three, Four and Five. When all codes were analysed by the researcher (by codes being put onto post-its as the researcher looked at possible relationships between them) these two codes were difficult to group. In order to explore whether these codes were

providing a framework in which to interpret the teachers discourse these codes were further explored during theoretical coding.

In the following two sections how theoretical coding emerged from the data collected in Interviews One, Two, Three, Four and Five will be discussed. Furthermore, how analytical stories surrounding the categories were developed will be discussed as will how the analytical stories generated higher order conceptual categories to account for the data collected thus far.

### *Theoretical Coding on Constructs of Mental Health*

Data collected in Interviews One and Two had highlighted the apparent difficulty that participants had in conceptualising mental health and being able to express what 'mental health 'meant to them. In Interviews One and Two the categories highlighted that when the participants constructed the term 'mental health' they experienced this social reality as something that was 'unfamiliar' to them. It appeared that a discussion around 'mental health' was difficult because this term was not a common word used in their day to day work. It was other professionals who defined mental health. Furthermore, in Interviews One and Two the role of others appeared to be important in how confident participants felt in exploring their own constructs of mental health. As such, the researcher asked questions of these findings and sought to develop in interviews Three, Four and Five what could be the cause of these underlying processes. In Interview Four, the participant spoke confidently about their experiences with professionals. They viewed them as more knowledgeable in the area of 'mental health'. This was revealed during the interview process as the researcher noted they were more engaged and positive in their discourse surrounding outside professionals. It appeared that their version of reality had been co-constructed

with the knowledge and views of others. The researcher noted that the participants' positive view of outside professionals may have increased their confidence in conceptualising 'mental health'.

This finding was compared with earlier interview data (Interviews One and Two). It was noted that one possible reason why participants' had difficulty in conceptualising 'mental health' may have been influenced by the role of other professionals. It appeared that if participants' viewed their experience with other professionals as either positive of negative, it had an impact on the development of their views on mental health. Data in Interviews One and Two suggested that mental health professionals were viewed as "gate keepers of resources". Yet, it appeared from further analysis of the code "I am a Gate keeper and I am Responsible" it did not appear to fully account for the participants' discourse. It appeared that the codes which reflected that if participants' had perceived experiencing negative contact with these professionals this then influenced participants' feelings that mental health was a 'foreign' concept to them. Interview data from Interviews One and Two appeared to suggest that participants' felt 'mental health' was something that was ambiguous to them. It was suggested that this premise was better able to account for the participants' discourse. As such the code "I am a Gate Keeper and I am Responsible" was dropped from the analysis.

In Interviews Three, Four and Five participants' discourse suggested that they were also uncertain about using and discussing the term 'mental health', with some participants indicating the validity of using the term in helping young people. Data from Interviews One, Two and Four suggested that defining terminology regarding mental health (such as when young people acquired a

diagnosis of mental health) appeared to be something they sought from outside professionals. It appeared from the data that this then helped participants to understand and conceptualise the problems they saw in young people. The code “Expectations on Behaviour” was further explored by looking at its relationships with other codes and its ability to fully account for the participants’ discourse. It was found that other codes were better able to account for a greater breadth of the teachers’ discourse than this code. It appeared that this code was able to account for one part of the teachers’ discourse in Interview Two but that its relationships with other codes were difficult to develop. As such, this code was then dropped from the analysis and was not used to aid theoretical coding.

Overall, the data gathered appeared to indicate that using the term mental health created a psychological barrier for participants. It is proposed that this barrier manifested itself in two ways. One barrier could be described as when participants’ felt a lack of confidence in defining mental health they therefore described mental health as ambiguous and something that was unfamiliar to them. The lack of confidence they experienced, resulted in them feeling more comfortable in deferring to the role other professionals who take responsibility for defining mental health. In deferring to others, they felt more confident using the third person to conceptualise mental health.

The second possible psychological barrier surrounding the term mental health was the use of the terminology. It appeared that participants felt that this language did not describe fully what they thought ‘mental health’ was. They felt that the terminology overshadowed the young person and curtailed a full understanding of the young person’ needs. However, the data gathered did

suggest that there was some evidence that mental health terminology was something they sought to help them construct mental health in their social realities.

Therefore, the categories which had emerged from Interviews One, Two, Three, Four, and Five were revisited. This enabled the researcher to view the data again and reflect on the core conceptual categories emerging from the data. Two conceptual categories were developed which attempted to represent the two different underlying processes experienced by participants when being faced with defining mental health. The following figures (Figures 4.4 and 4.5) visually represent how focused coding was developed into theoretical coding. The theoretical coding helped to develop the two conceptual categories generated:

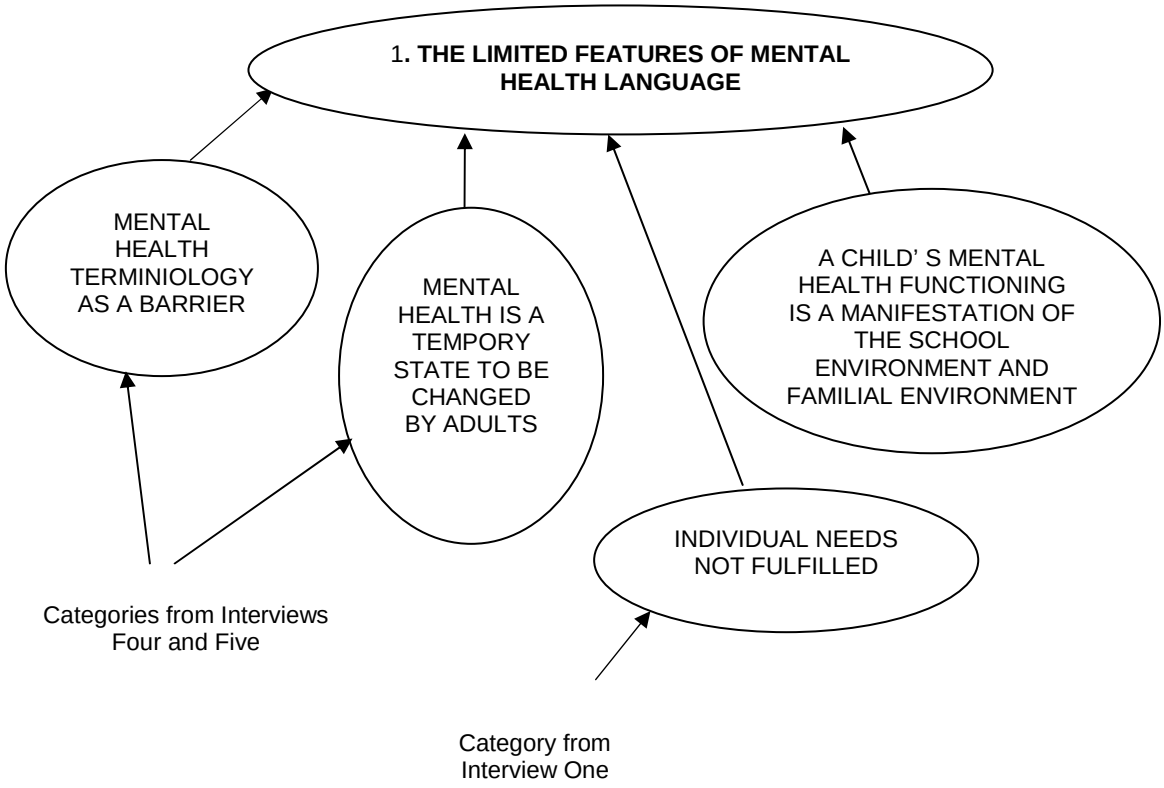



**Figure 4.3: Conceptual Category Exploring How Teachers Construct Mental Health**

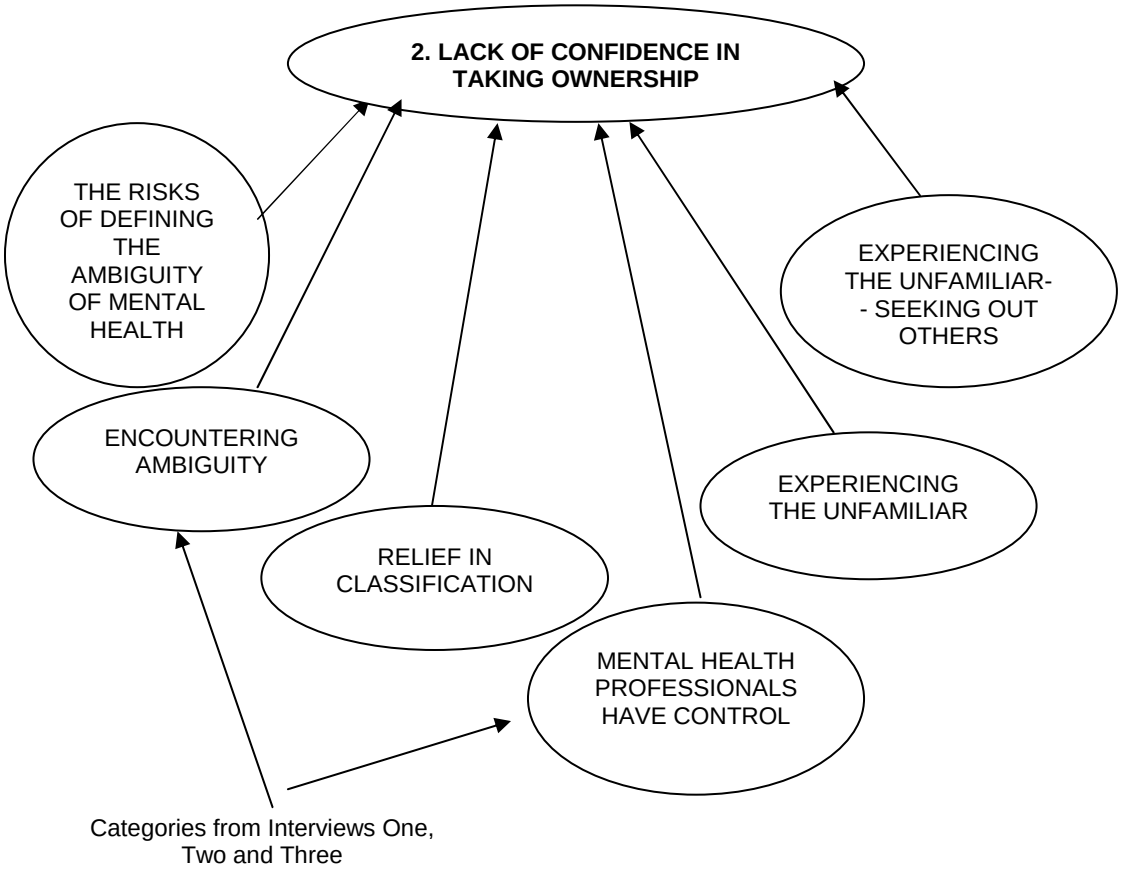



**Figure 4.4: Conceptual Category Exploring How Teachers Construct Mental Health**

In the next section how theoretical coding was used to understand teachers' responses to mental health in young people will be presented.

## *Theoretical Coding on Responding to Mental Health in Young People*

The data gathered from Interviews One and Two appeared to highlight a process which highlighted that participants' engaged in what could be described as "a shared ownership and responsibility" when responding to young people with difficulties. The initial questions asked by the researcher of the data in Interviews One and Two were revisited. These were:

1) *What does the communication between teachers mean?*

2) *What does containing mean to teachers?*

3) *Why is there more confidence in responding to young people?*

4) *Even with solutions and knowledge do teachers use talking instinctively?*

Participants in Interviews Three, Four and Five alluded to information seeking through communicating with other teaching staff. They also spoke about the tool of 'talking' to other teachers in school. In Interview Three, Four and Five participants made references to in-school procedures and systems which facilitated teacher communication in sharing concerns about young people. The role of other staff in school was referred to on many occasions. Participants referred to 'talking' to the young people about their mental health problems. Participants expressed during the interviews that they would invite contact and communication with a young person in an attempt to support them through their difficulties. Other participants highlighted that finding the right adult who had the experience to help a young person was an important role for them.

Overall, these examples in the participants' discourse appeared to direct focus away from the individual teacher but towards 'others' taking control and supporting the young person. Participants spoke positively about a system in school where all adults shared a responsibility for the young person. Participants' at times alluded to feeling personally responsible but this was mediated by the belief that other adults in the school were better able to manage that responsibility. Therefore, categories from Interviews One, Two, Three, Four and Five were revisited and refined into a core conceptual category. This core conceptual category attempted to reflect the underlying process of participants' response to 'mental health' difficulties in young people.

The following figure (Figure 4.5) visually represents how focused coding was developed into theoretical coding and how a conceptual category generated.

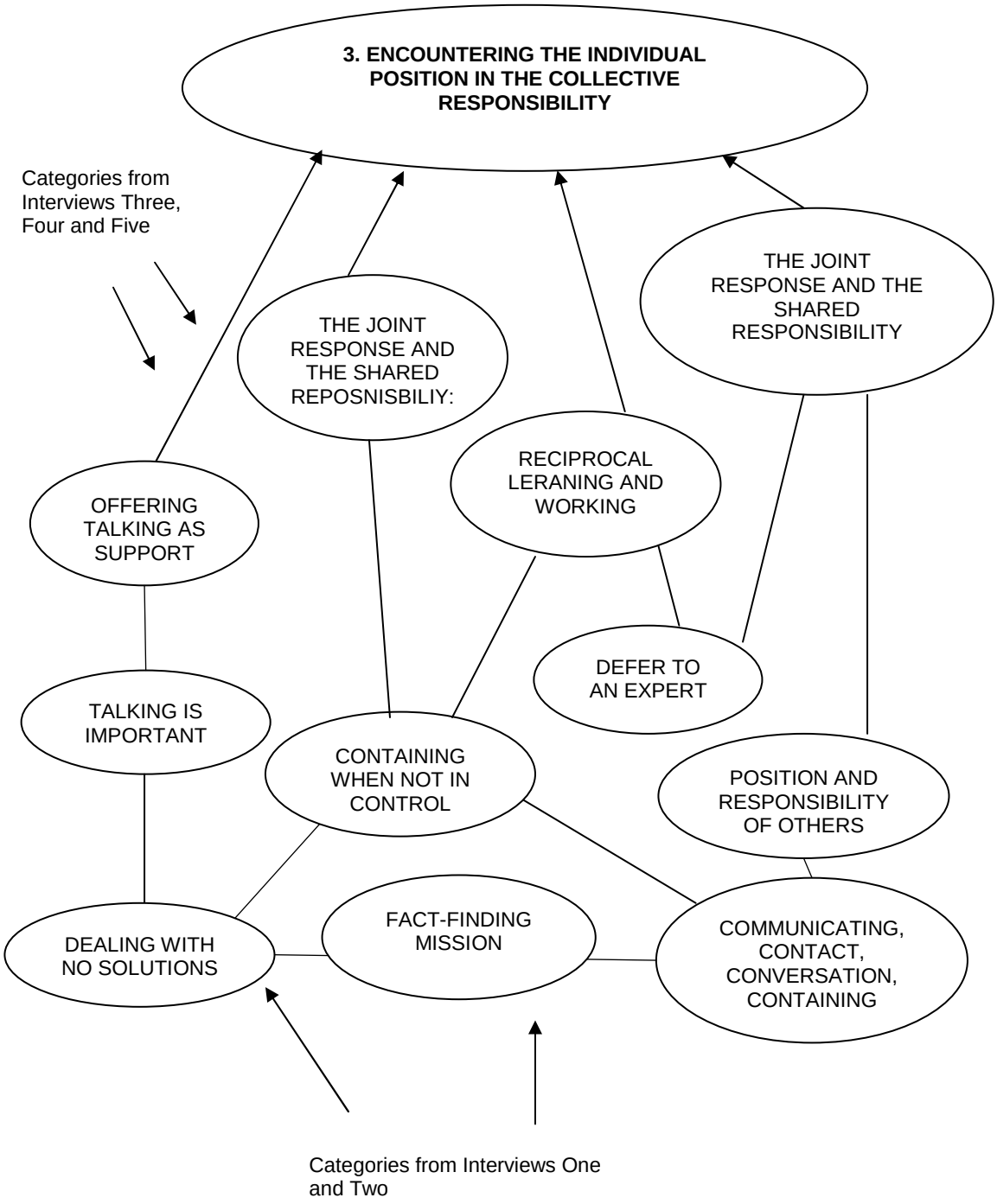



**Figure 4.5: Conceptual Category Exploring Teachers' Response to Mental Health Problems in Young People - One**

Further theoretical categories emerged when considering how teachers' respond to young people with 'mental health' problems. For example, in Interview One, an initial category expressing the emotional element of difficulties in young people was found and was named THE EMOTIONAL WORLD OF THE CHILD AND TEACHER. A similar category was not found in Interview Two. However, in interviews Three, Four and Five more occurrences of participants expressing their role in regulating and supporting young people's emotions were found. As such, this initial discrepancy in the data was found now to be a possible genuine description of the participant's reality.

Participants' in Interview Three Four and Five explored how one to one contact would look like when responding to a young person with difficulties. They indicated they would show empathy towards young people by discussing what it would feel like for the young person to experience difficulties in their lives. The use of the tool 'talking' was highlighted as a medium in which participants' would show young people that they understood and acknowledged their difficulties. It was proposed that this process appeared to suggest that participant's responses to 'mental health' in young people involved using their interpersonal skills.

It was also proposed that the teachers reflected on their individual role of responding to young people. The researcher encouraged participants to think about what things they would say to a young person and how they would manage that young person. This construction of reality between the participants and researcher enabled participants to think about their own interpersonal skills when talking with a young person. Participants showed that their interpersonal style would incorporate empathy and sympathy. Participants

highlighted that when responding to young people with difficulties they would think about putting themselves in the young person's position and to see the world from their perspective.

Therefore, categories from Interviews One, Three, Four and Five were revisited and refined into a core conceptual category. This core conceptual category further reflected the underlying process of participants' responses to mental health problems in young people. The following figure (Figure 4.6) visually represents how focused coding developed into theoretical coding and how a conceptual category generated:

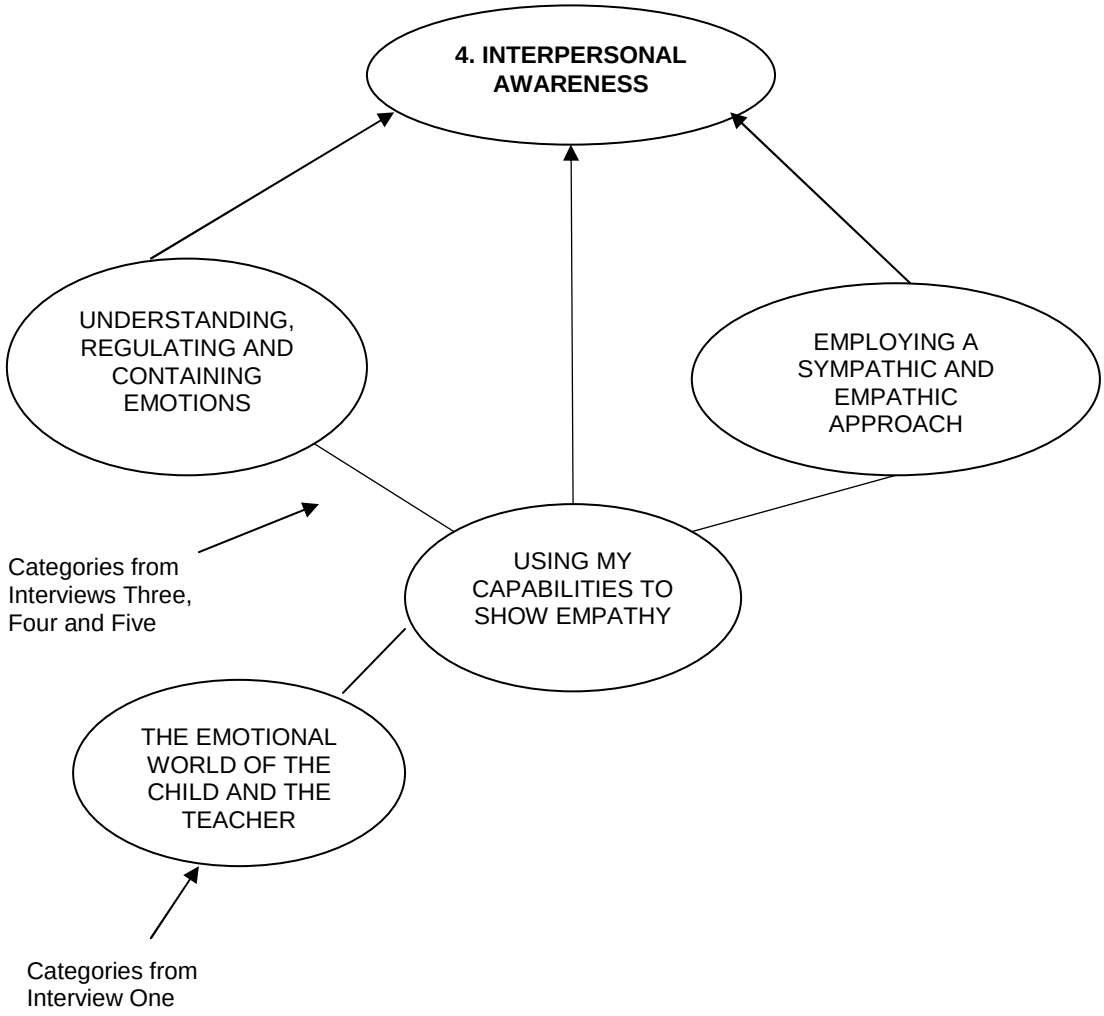



**Figure 4.6: Conceptual Category Exploring Teachers' Response to Mental Health Problems in Young People**

It was noted that all four core conceptual categories highlighted from Interviews One, Two, Three, Four and Five would need further exploring and redefining in the next stage of data collection. These core conceptual categories would be tested in Interviews Six and Seven. The core conceptual categories would be tested in Interviews Six and Seven to see if these categories could be found again with participants' discourse. In the next section how the core conceptual categories were developed in Interviews Six and Seven will be presented.

### *Development of Conceptual Categories*

The final stages of data analysis involved the researcher testing out the conceptual categories with new data. At this stage in the analysis Charmaz (2006) indicates that once some preliminary categories have emerged from the data set it is time to refine and further identify the processes underlying them. Grounded theorists identify this stage of analysis as theoretical sampling.

Due to the small sample size the researcher was cautious in her use of this approach. The researcher employed an approach which aimed to use new data to refine the core conceptual categories. The aim of which was to further define the processes underlying these concepts. Charmaz (2006) notes that grounded theorists must gather more data that focuses on the categories found and its properties. She further notes that theoretical sampling involves collecting data to develop the properties until no new properties emerge and this is called saturation of categories. It was this latter part of theoretical sampling that the researcher was unable to conduct rigorously. Therefore, the data from Interviews Six and Seven were used in an attempt to develop the categories found from previous interviews and to establish some cautionary findings from the data.

The grounded theory process used to develop the conceptual categories was the comparative method. This involved the conceptual categories guiding focused coding of Interviews Six and Seven. The data was coded which showed examples of typical and atypical examples of the conceptual categories. Typical responses were those where examples of the data discussed a conceptual category or the properties of a conceptual category. Atypical responses were those when examples of the data discussed a

category but identified different dimensions to the category and refined the underlying processes. The atypical examples would be used to determine the dimensions and properties of the categories. The researcher used the following procedures when employing constant comparison method in Interviews Six and Seven:

- When the researcher had coded an extract of data, she looked through the codes in Interviews One, Two, Three, Four and Five.
- When data emerged in the new interviews which generated a code which appeared familiar to the researcher, the researcher systematically read and re-read through the earlier transcripts (Interviews One, Two, Three, Four and Five) and looked for codes which could also describe the actions in Interviews Six and Seven.
- Once familiar codes were identified, the researcher followed her audit trail; through her memos and clustering diagrams to see how the code had defined a category. The researcher then found the conceptual category which had a relationship to the new focused code in Interviews Six and Seven.

- The researcher then re-read the extract of data from the new interviews to see if the conceptual category fitted the new data. When looking at how the conceptual category "fitted" the new data the researcher looked at the language used in the extract, if similar language had been used in earlier codes connected to a conceptual category and if the overall extract suggested elements of the processes involved in the conceptual categories.

When generating focused codes in Interviews Six and Seven, earlier sub categories appeared to fit the data better. The researcher analysed previous clustering diagrams and looked at sub categories which could be used in Interviews Six and Seven to describe the actions in the data. These subcategories were connected to conceptual categories and the data coded in Interviews Six and Seven reflected these relationships. In the cases when the sub category defined the data better, the researcher posed questions of the data and these were recorded on the transcripts (see Appendix 22 for an Interview fully coded at this stage of the analysis).

When codes were generated which appeared to have a relationship with the conceptual categories but identified a different underlying process in this conceptual category, the researcher revisited earlier transcripts (Interviews One, Two, Three, Four and Five). She re-read the coding and studied clustering diagrams to ascertain if cases of these new processes had been expressed by participants previously. The researcher did find reference to these new processes and looked at which conceptual category they had a relationship to. It was at this point that the researcher studied the names of the categories. The researcher coded the new data in reference to the conceptual

categories but also wrote down initial thoughts on the category. She wrote these down next to the data and wrote about the new elements that were emerging from the data to describe the conceptual category (see Appendix 22 for an interview fully coded with reference to new notes on conceptual categories).

Whilst coding and linking codes to conceptual categories, the researcher recorded the frequency of examples in the data which mentioned the conceptual categories. Drauker, Martsolf, Ross and Rusk (2007) adopted this approach when using grounded theory in theoretical sampling and category development when studying disclosures of domestic abuse and violence, using interview and observation data. Due to the difficulties at this stage of the analysis in effectively saturating the categories, this approach was adopted to gain information on the strength of the category.

During focused coding, the researcher also actively sought evidence which disconfirmed the emerging conceptual categories. Before, coding an extract as a new case, the researcher revisited earlier interviews, clustering diagrams and memos to search for earlier references. When this was not found, the researcher analysed the data in regards to the conceptual categories to see if the new data helped to refine and develop the conceptual categories. When this was not found, the researcher concluded that these were new cases of data which suggested new data outside of the emerging conceptual categories. The researcher then recorded the frequency of new cases which disconfirmed the conceptual categories from each interview. New data will be dealt with in Chapter 4 as well as the finding from the grounded theory approach.

During this stage in the data analysis, the researcher used peer support. The final two interviews were read by peer, a Trainee Educational Psychologist to check the validity of coding and to see if the new cases fitted with the conceptual categories.

Table 4.4 specifies the conceptual categories tested in the new data, the frequency of cases confirming the conceptual categories and the frequency of new cases emerging from the data:

**Table 4.4: Category Strength Development**

| | | **Limited Features of Mental Health Language** | **Lack of Confidence in Taking Ownership** | **Encountering the Individual Position in the Collective Responsibility** | **Interpersonal Awareness** |
|---|---|---|---|---|---|
| Interview 6 | Confirming cases.<br>Sampling | 8 | 5 | 8 | 7 |
| | Disconfirming cases.<br>Sampling | 3 new cases | | | |
| Interview 7 | Confirming cases.<br>Sampling | 7 | 2 | 13 | 13 |
| | Disconfirming cases.<br>Sampling | 6 new cases | | | |
| **Total of Confirming Cases** | | **15** | **8** | **21** | **20** |

In the next section the procedures undertaken by the researcher after this final stage in data collection will be presented. The reader will be introduced to the framework the researcher used to refine, develop and finalise her categories.

*Refining and Developing Conceptual Categories*

As noted, the grounded theory approach adopted resulted in the researcher selecting her four conceptual categories as theoretical categories before data collection in Interviews Six and Seven. Furthermore, the final two interviews were conducted with teachers from two different schools so as to further support the constant comparative method in data analysis. During the final stage of refining and developing the conceptual categories the researcher wrote memos on her focused codes and used memos to answers the questions she had posed during the coding (see Appendix 22 for an example of these questions noted during data analysis). These memos will form part of the prose of Chapter 4 and will be used to describe the properties of each conceptual category and the underlying processes. During the refining of conceptual categories close attention was paid to participants' discourse and the discourse highlighted a refining of conceptual categories one, and four. It was this new data which prompted the researcher to revisit earlier coding of interviews. It was this comparative method which resulted in the wording of categories being changed. This was so that the conceptual category names were driven by the data rather than the researcher imposing her ideas on the data. The following diagram shows how the names of categories one and four were transformed:

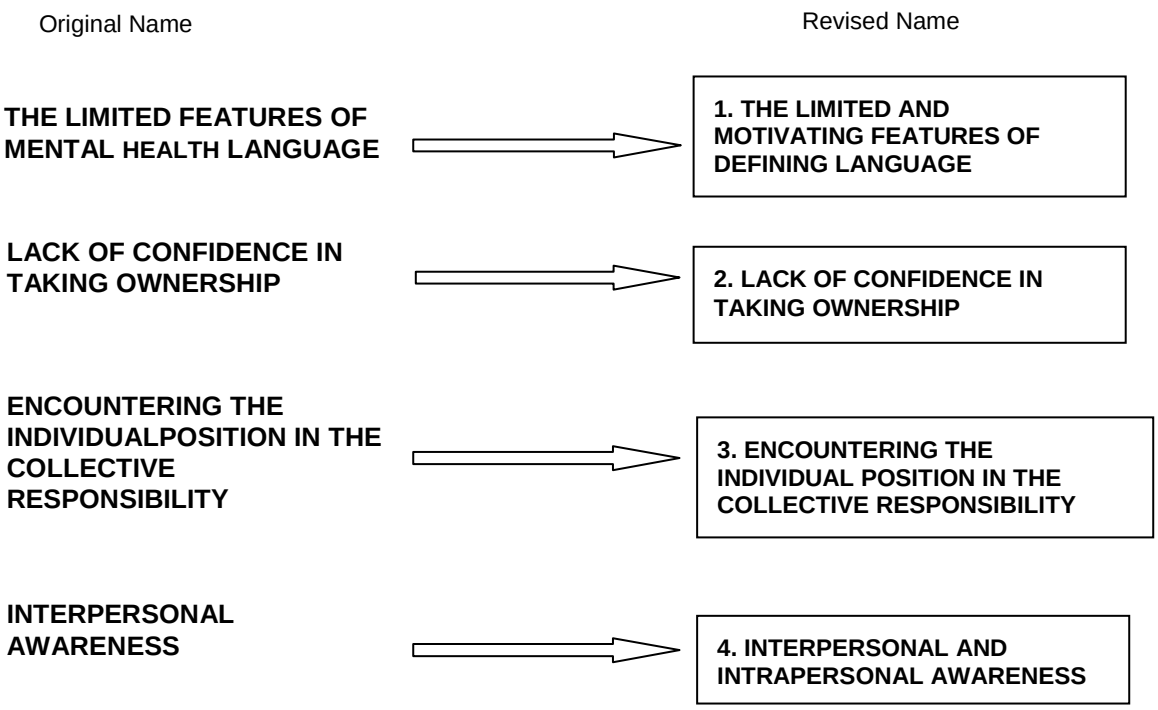



**Figure 4.7: Refining and Establishing Conceptual Categories**

## 4.2. Overview of Data Analysis

In the previous sections the four main stages undertaken in the data analysis have been presented. Charmaz (2006) grounded theory approach was utilised to derive meaning from the data collected and to describe the social realities of participants. This process of inferring and describing meaning from the data collected involved using coding, which broke down the data into units of meaning. These were then described and labelled as concepts. These concepts were then clustered into descriptive categories. These categories were then re-evaluated through the process of focused coding from further data collection. The relationships between the data sets were explored and the underlying processes in the categories were refined using theoretical coding to generate four conceptual categories. These four conceptual categories were further re-evaluated through further data collection in the hope of finding

evidence to support the existence of the conceptual categories and to develop them into tentative theoretical concepts.

In the following section, the main findings from this current research will be discussed. The four conceptual categories found during data analysis and their theoretical meaning will be presented. At this stage of the grounded theory approach the researcher adopted Charmaz's (2006) theoretical questioning of the conceptual categories when writing memos on her findings. This process involved understanding the theoretical meaning of the conceptual categories and analysing their explanatory power within the data collected (Goulding, 1999). The researcher used the following questions from Charmaz (2006) to further develop the conceptual categories in order to make tentative conclusions as to the theoretical nature of the conceptual categories:

1) *Under what conditions does this category emerge?*

2) *What are the consequences of this category?*

3) *What underlying processes are apparent in this category?*

4) *What relationships and interactions are involved in this category?*

The memo writing process undertaken by the researcher will form the prose of this current chapter. As such, each conceptual category will be presented separately. The next two sections will manage the findings describing conceptual categories one and two. Conceptual Category one is: **THE LIMITED AND THE MOTIVATING FEATURES OF MENTAL HEALTH LANGUAGE** and conceptual category two is: **LACK OF CONFIDENCE IN TAKING OWNERSHIP**. Conceptual categories one and two will provide

possible evidence in understanding teachers' constructs of mental health and therefore provide some evidence to answer the first research question.

The second two sections of this chapter will manage the findings describing conceptual categories three and four. Conceptual Category three is: **ENCOUNTERING THE INDIVIDUAL POSITION IN THE COLLECTIVE RESPONSIBILITY** and conceptual category four is: **INTERPERSONAL AND INTRAPERSONAL AWARENESS**. Conceptual categories three and four will provide some evidence in understanding teachers' responses to mental health in young people and therefore provide some evidence to answer the second research question. Finally, the final section of this chapter will manage new data which emerged from Interviews Six and Seven.

## 4.3. Conceptual Category One

### THE LIMITED AND THE MOTIVATING FEATURES OF MENTAL HEALTH LANGUAGE

This conceptual category attempts to reflect how the teachers constructed the term 'mental health'. It is proposed that the category initially illustrated teachers' reticence at using mental health language to define a young person. Interview data from Interviews Three, Four and Five suggested that asking how teachers felt about mental health terminology and its uses brought about what can be viewed as an internal struggle for them. This category was developed through an interpretation of the teachers' discourse which suggested that they did not like or particularly want to use 'mental health' language with young people. It is suggested that teachers felt that it did not capture fully the young person's needs, wants and labelled them. This process was described as the

limiting features of mental health language and this process appeared to underlie this conceptual category. Examples are provided in the boxes below:

Interview Four:

Extract 1:

*81. if you're seeing the child as a whole you've got to look at all the*
*82. different settings that that child is in and how that affects them. At*
*83. school, I think school is, for some of our students, school is*
*84. probably the only stable environment they've actually got.*

**85. R: Right ok. What are your thoughts and feelings when I say the words mental health?**
*86. I see mental health as something that everybody has. Everybody has*
*87. difficulties, some people more than others.*

Extract 2:

**101. R: How would you describe a young person with mental health problems to me?**
*102. I would say their a student that needs people to actually*
*103. understand them as a whole and their needs and to actually see them as an individual that*
*104. they are going to have different needs*
*105. on different days. They're going to come in with different things that*
*106. may have happened as they walk in, so people have got to be adaptable.*

Interview Five:

Extract 1:

**Prompt:**
**92. R: What's your thoughts, when someone says this child's got mental health difficulties? How do you feel about that?**

*92. personally it winds me up because I don't think there's one person in*
*93. this world who doesn't have some sort of mental health problem at*
*94. some point in their life. If they don't have it now then they might have it*
*95. in 2 or 3 years time*

Therefore, a construct was developed from the data which showed the limiting effect that teachers felt mental health language had with young people. Some teachers also commented on their own personal experience of the negative impact mental health language can have. Examples of personal experiences from teachers in dealing with mental health language and the limiting effect they believe mental health language can have are provided below.

Interview Four:

Extract 1:

**Prompt:**

**148. R: Umm, I'm trying to find out, sort of, other teachers are, yes right, I've got this intervention, I know what to do, I know my role, and you've talked about, correct me if I've got this wrong, to you you don't seem to need that identification, that just looking at the child as a whole, knowing the difficulties, you feel comfortable with that, so I suppose I'm trying to find out a little bit more as to why you feel comfortable**

*149. it is my personal background and family relations. There has been*
*150. an experience that I've had in the past where a relative of mine has*
*151. actually had a label attached and that has actually affected the*
*152. relationship between that person and some other members of the*
*153. family so I can actually for myself see that as a negative impact.*

Interview Three:

Extract 2:

**Prompt:**

**157. R: Yeah, I can understand that, some of the other teachers I have talked to, it's almost like they feel comforted, so they know what's going on because someone has said right this child had this. So they go "OK", I get it now. Is that something that is familiar to you?**

*58. yes but I don't think it always answers all the questions about that* child.

**Prompt: 60. R: Yeah. What do you mean by that answer?**

*59. well it is easy to say that these syndromes you know. This child*
*60. has ADHD and I always have a bit of an argument maybe in my*
*61. heart, a bit of trouble …..*

The teachers further viewed mental health as something which can be influenced and changed by adults. This appeared to influence teachers' views that mental health language could be limiting for young people. A sub category

which emerged from Interview Five was “Mental Health is a temporary state to be changed by adults”. Cases of this occurring were also found in Interviews Six and Seven. The teacher in Interview Five discusses the role adults have in shaping the mental health. For example:

Interview Five:

**176. R: Has there ever been any children who maybe experienced difficulties that you hadn't seen, or their behaviours so unfamiliar that you don't quite understand it?**

*177. no, luckily, I've not experienced it, but obviously I've not been teaching*
*178. that long, so I'm sure I will. The boy I described earlier, he's probably*
*179. the only one who's been the severest case and I've seen him fly off at*
*180. people, but I've never experienced him fly off at me, he's the sort of*
*181. person who would hold the door open for you, and you think how an*
*182. earth, when I first had him, I was like really, that can't be the same bov*

In the following extract, appears to suggest that the teacher is discussing how mental health is a normal part of experiencing unhappiness. The teacher also makes reference to the role family members and other adults have in shaping these experiences for young people. For example:

Interview Six:

*319. yeah, I think the things is, everyone experiences unhappiness and some of the*
*320. students will be able to cope with the unhappiness they experience, they have*
*321. friends and family, one of them cope and then for the others who don't have help,*
*322. know how to go about asking for it, and then there are others who sail unseen.*
**323. R: You talked about everyone experiences unhappiness...**

*324. yeah as a human being*

**325. R: So do you think that maybe some of the difficulties young people**
**326. experience is part of life?**

*327. just ordinary human unhappiness, some of the difficulties they experience are just*
*328. ordinary human unhappiness, and then so I think there is a problem in that they*
*329. don't know how to cope with it and then their attempts to cope with it can cause*
*330. problems.*

In summary, conceptual category one emerged when teachers construct the limited scope of mental health language. It is suggested that they feel it is not beneficial for young people and that it might creates barrier for them in life. One possible consequence for teachers using mental health terminology, is that they feel it becomes a barrier for young people; the singling out of young people and a labelling of them. Teachers discourse suggests that they find mental health language limiting and stigmatising. As the teacher in Interview Four comments:

Interview Four:

*102. I would say they're a student that needs people to actually*
*103. understand them as a whole and their needs and to actually see them as an individual that*
*104. they are going to have different needs*
*105. on different days. They're going to come in with different things that*
*106. may have happened as they walk in, so people have got to be adaptable.*

During the process of checking out how the teachers felt about mental health terminology, including diagnoses and labelling, it was found that the teachers felt that mental health terminology was useful for other teachers. It appeared that they felt mental health terminology had beneficial effects for teachers in general. Teachers' *personal* construct of mental health involved the limiting role language played for young people. Their wider view and *opposite* construct involved turning a discussion from their personal view of mental health terminology to a "third person" view to reveal the effectiveness of mental health terminology has with teachers. This was very significant as it involved the teachers removing themselves (their personal view) into a collective view on mental health.

Yet, this shift from the first person to the third person indicates that one social reality for teachers is that they do no feel mental health language is always motivating for themselves as individual teachers. An alternative explanation for these findings could be that the process of 'motivating' could be described as the process of 'acknowledgment'. It can be proposed that the teachers discourse reflected a process where they were commenting on mental health language as the driving force behind acknowledging a young person's difficulty. As such, once a young person's difficulties were acknowledged the possible

anxieties or frustrations felt by teachers regarding the identification process were ameliorated. It is therefore proposed that a reduction in frustrations and worries felt by teachers restored their capacity to understand the young person's needs. This may have been a possible underlying process rather than mental health language being a motivating tool for teachers.

However, this apparent shift from one construct of a teacher's social world to an opposing construct changed the properties of the conceptual category. This provides some evidence suggesting that there are two opposing constructs teachers have when they are asked to talk about what mental health means to them. It is suggested that this conceptual category arises under two conditions and two opposite constructs. It is proposed that it is limiting for the young person, it clouds the young person's individual needs and it labels them. Teachers' discourse suggested that they view mental health in young people as a life long journey, which everyone has, including adults and that mental health is transient and temporary. However, for teachers mental health terminology could be perceived as useful and beneficial. See below of an example of this process:

Interview One:

**Prompt:**

**31….How do you feel when you know this child's got it in your classroom and things are going on that are maybe distressing?**

*32. Well quite frustrated because I have seen how useful a*
*33. diagnosis and medication can be for some students*

Further evidence was found in Interviews Six and Seven when reference is made by the teachers on the facilitating impact mental health diagnoses can have for other teachers. These examples are shown below.

Interview Six:

*110. it depends on what their understanding of it is, for them it could again just be, I think*
*11. there are pros and cons. So if you've been told that so and so has such and such*
*112. tendencies, you can take it into account what you do with them, how you relate to*
*113. them, but I would be possibly concerned about biases and prejudices which could*
*114. develop a bias towards them, but I can see how it could be beneficial to them.*
*115. Particularly if you're looking for tips or strategies that might help them.*

Interview Seven:

*115. without that*
*116. diagnosis without it if it was to be that we can't be telling teachers who*
*117. are struggling with him do this, do this, do this, we can advise them as*
*118. how to treat him as got an attachment disorder this is when you should*
*119. but then it is easier for teachers to turn round and say the kids a kid,*
*120. he's a naughty kid and he's challenging me I'm not having it*
*121. (participant bangs the table) and then we've got the kick off and in fact*
*122. the teachers have worked against because there's that little lee way*
*123. of you know we've got not statement it hasn't been verified right we are*
*124. treating it as if and I think there is, when there is an actual diagnosis a*
*125. level of respect forms.*

Mental health terminology could be seen to have motivating effects on the teachers. It may possibly allow them to define their environment and have a

point of reference in which to act from. As the teacher describes in this next extract:

Interview Four:

*133. I don't know, I think people obviously need to see every student as*
*134. an individual. It is coming up with the strategies that are*
*135. specifically tailored for that student. I think when people see a label*
*136. they just automatically think of certain things?*

### 4.3.1. Summary

Overall, one interpretation of the data gathered in this research indicated the emergence of this conceptual category which can be described as having two underlying processes. These two underlying processes were conceptualised as representing two possible constructs teachers employ when defining the term 'mental health'. The relationship between the two constructs can be described as 'limiting' and 'motivating'. It is proposed that these constructs represent a psychological struggle for the teachers. It can be suggested that teachers do not like the stigma attached to mental health language as their discourse indicated that they feel it can define the young person but not actually describe their individual needs. However, their discourse suggested that they see the motivating effects that defining language can have in other teachers and how it can instigate action in them to support and manage a young person experiencing difficulties. It can be proposed that in teachers' social realities they see mental health language as defining language which can facilitate action in other teachers. It appeared from the teacher's discourse that most of them felt comfortable exploring this view of 'mental health from a third person and commenting on other teachers. One interpretation of teacher's discourse

could be that in a “teacher’s world” they may view defining language as a mechanism to access support. Many of the teachers talked about the special educational needs statement process and the help and support they can access from other agencies when this terminology is used. It is possible that could be one of the reasons why mental health terminology is a struggle for them. According to the teachers interviewed in this research, it can label and define a young person but can also change the perceptions of others around them and allow them to be supported with their difficulties.

## 4.4. Conceptual Category Two:

### LACK OF CONFIDENCE IN TAKING OWNERSHIP

This category was developed from the teachers’ discourse and could possibly reflect another underlying process. One interpretation from the teachers’ interview data suggested that when teachers are constructing the term ‘mental health’ they experience another social reality when trying to define ‘mental health. Even though initial introductory questions to teachers involved ascertaining their career experience and work with young people with difficulties, most teachers appeared reticent in appearing knowledgeable about mental health. Most teachers interviewed made reference to their lack of experience or knowledge, or used language which minimised their knowledge. It can be suggested that they presented in the interview situation as not seeming to want to sound like an expert about issues in mental health. Examples are provided to illustrate this interpretation:

Interview One:

*7. I suppose I've come in to contact with various conditions*
*8. over the year's things like autistic spectrum disorders*
*9. ADHD attachment disorder so a fair amount but I still*
*10. wonder about where sort of ordinary difficulties with*
*11. managing our life end and mental health issues start and*
*12. with conditions like ADHD there are so many complications*
*13. to do with parenting and diet and management it's a very*
*14. complex issues I think.*

Interview Two:

*2. Well I know a little bit about mental health in the sense that*
*3. over the years I have done counselling as well outside the*
*4. school you know for as well so I'm aware that's it can keep*
*5. creep up on folk and students can have it you know you*
*6. can have it any age really and it can impact their education greatly.*

Interview Three:

*37. Erm, probably not as much as I should know children have mental*
*38. health issues as much as adults do.*

Interview Four:

*47. I would say not much, obviously with my role last year, dealing with*
*48. CAMH, was my first experience I've had and that has been quite*
*49. interesting and so I would like to progress in that.*

Interview Six:

*24. I know a little bit, I did work for 3 summers for xxxx at the mental health nursing*
*25. bank there, I've worked on most of the wards at xxxx.*

Interview Seven:

*61. With children well I think I'm pretty mental health aware I have to be*
*62. careful not to over step the mark and step into supermarket*
*63. psychology…….*

As can be seen from the above extracts, most teachers acknowledged that they had some experience and knowledge; some referred this as knowledge of mental health conditions and other related it to their work experience. Overall, most teachers did not appear to have complete confidence to assert their views. When they did, they were cautious about not over emphasising their views. On many occasions the teachers made reference to the complexities of mental health. In many ways, the teachers discourse explored the range of terminology usually describing the same phenomenon. The teachers made note of the wide ranging behaviours that can be exhibited with mental health. As these following examples highlight, the teachers discussed the many symptoms that they have seen:

Interview Two:

*10. I think its that's quite difficult really I think it's really when*
*11. because the outpourings of mental health can be different can't it.*

Interview Three:

*45. They would be depressed, there could be some behaviour issues,*
*46. or they feel withdrawn.*

Interview Six:

*51. I suppose it depends on what you mean by mental health difficulties, I suppose, I*
*52. look at like physical health, I mean we've all got physical health, we've all got*
*53. mental health and for each of us we're healthy and sometimes we're less healthy*
*54. and I think some of the students are tremendously well adjusted and others*
*55. struggle. It's difficult talking (inaudible) some of them have extreme anger issues, or very*
*56. withdrawn, find it difficult to communicate, negative self view, lack of motivation.*

Due to the complexities surrounding mental health (see **Chapter One**) and the range of language used, it was not surprising to find that the teachers had some difficulty in expressing a clear statement when describing mental health. However, what the interviews did express was that the teachers were aware and had experienced many difficulties with the young people they teach. The following examples illustrate this point:

Interview Two:

*23. Personally I just think you got to be ever so careful when you deal with that student because they might come to the*
*24. lesson there might be a whole lot of stuff kicking off and*
*25. just not able to think straight or do so I think the behaviour*
*26. might not be as I would expect but given what they're*
*27. experiencing and or going through mentally or emotionally*
*28. or whatever that's causing it kind of I'm not saying we are*
*29. allow it to happen but it gives you good insight into why its*
*30. happening and then you deal with it differently.*

Interview One:

*77. Well I think very often the school and education for*
*78. whatever reason can't be top of their priority list so they're not*
*79. as able to focus on what's going on they are not as able to*
*80. take advantage of opportunities being offered in school*
*81. setting often they are unhappy and often that unhappiness*
*82. because of a difficulty they are adjusting to the situation*
*83. they often have difficulty with social relationships.*

However, there appeared to be some psychological and/or social consequences of this lack of confidence in being able to appear knowledgeable and experienced with 'mental health'. The possible consequences appeared to be that the teachers found it a risk to define something which they felt was unfamiliar and ambiguous to them. The following example illustrates this point:

Interview Three:

*109. Well if a child is particularly angry and flying off the handle or*
*110. particularly upset. It wouldn't necessarily be Mental Health, unless*
*111. you know you count depression as a mental problem. Erm I*
*112. mean I had a lad up in xxxx who would walk around the*
*113. corridors muttering to himself and getting very angry and talking to*
*114. his hands and you know it was clear he had a mental health*
*115. problem it is like you were saying …..*
**116. R: Yeah, Right, OK.**
*117. But I think more subtle things; they are not always that easy to*
*118. spot.*

This example further espouses the underlying process in this category, that describing mental health can be difficult because it appears to be an ambiguous concept to teachers. The teachers' discourse suggested that they may list and describe behaviour and symptoms but it was during this construction of reality and defining what they already know and understand that appeared to lead teachers to the feeling that mental health is something that they do not have any knowledge on. There also appears to be a risk involved with teachers if they are to explicitly define behaviour as a mental health problem. The following examples highlight this risk:

Interview Two:

*40. No because I think most of the staff I think most of the staff would be able to well they probably would find it difficult like me to give a clear concise definition but I think there all aware of mental health and things but is not always easy to identify a student that's got it*

Interview Two:

*45. I think initially if they start acting out of character often they do act out of character it might be that they suddenly*
*46. everything starts to be too much they might start self*
*47. harming not eating there's a whole range of things really.*

The last line (47) in the second extract from Interview Two highlights that the range and complexities of behaviour makes this teacher feel that she is unable to define what 'mental 'health' is. There is what appears to be a reluctance to take ownership of managing 'mental health' in young people. As one teacher comments suggest, this may be due to his confidence in defining mental health:

Interview Six:

*248. I don't know if I would say, that I'd feel confident saying that there is definitely*
*249. something wrong, ummm but yeah I suppose I would say I do notice changes in*
*230. how students are. I'm not sure if I would feel with any certainty that there is something going on there*

This apparent reluctance to take an ownership in defining mental health could be influenced by a lack of confidence in defining mental health. This reluctance to take ownership of defining mental health appears to be influenced by another underlying process, that of the role of others in defining mental health. It is proposed that the properties of conceptual category two are defined by two underlying processes. The first process illustrates the reluctance the teachers have in engaging other teachers in conversations and discussions regarding mental health of the young people they teach. One teacher comments that there is reluctance amongst teachers to talk about mental health and she

herself is worried about the opinions of her colleagues if she raises her concerns:

Interview Four:

*124. There is a reluctance to talk to other staff…..*
**125. R: Right OK,**
*126. To actually say you know .. Do you think that child is a bit nuts? I*
*127. know that's not how you would put it.*
**128. R: I know.**
*129. There is that reluctance.*
**130. R: Yeah. Is that something you have noticed yourself and in other individuals?**
*131. Yes I have up in xxxx, I had a lad who is clearly homosexual, and*
*132. struggling with it, I did find it very difficult, he used to talk to me, he*
*133. never actually came out with it. But I knew, and he was very*
*134. depressed he was very tearful and some staff would say no he's*
*135. always like that and he's just 'mardy' and you think no he is not*
*136. and it became clear to me and it sort of dawned on me that he is*
*137. struggling with this.*

Also, one teacher comments on the lack of ownership taken by teachers in recognising and managing mental health problems:

Interview Seven:

*136. and then you've got this other end which is often the*
*137. those that those teachers that pride themselves on their strong*
*138. discipline that are punitive particularly manage their discipline have the*
*139. idea that I'm a teacher therefore this is what must happen erm and then*
*140. when the kids behave in the way that is not expected follows an old routine*
*141. they're own routine and ends up with a kid who's then not being included*
*142. and in fact and you know this will be a battle for me the teacher should*
*143. know better because had they accepted what's been told them by*
*144. people who have done more work or maybe have more knowledge and*
*145. not stuck in their viewpoint that situation could have been alleviated and*
*146. those hotspots around the school for these kids with behavioural and emotional difficulties.*

The other process underlying teachers' difficulty in taking a leading role in defining mental health is what can be described as the 'expectations' they have on outside professionals. Many teachers commented that it was not their role to engage in a 'diagnosis' or give a 'definition' of mental health because other professionals have that responsibility. Teachers discourse indicated that they did not want to take part in this ownership of defining mental health difficulties because it can be proposed that other professionals did this for them. That is, it was not their responsibility to take part in 'owning' mental health and to be part of the process of identification. In Interview Two, the teacher's discourse reflects the idea of the role of others. The following extract illustrates that she appears not to want to define mental health because she needs the support of others to do this. See example on next page:

Interview Two:

*58. I think I don't know really I think staff have got to be aware there is an issue or there is some issues and we have to*
*59. get other agencies involved 'cause it's not something that*
*60. teachers can just deal with they need outside help.*

The idea of the role of others and how ownership of 'mental health' is passed on to other professionals is developed in the next extract. It appears that this teacher feels unable to act or construct the difficulties the young person has without the opinion of 'others':

Interview Two:

*53. You know students are depressed or whatever and often*
*54. gone to child protection because you know if they are self*
*55. harming you have to pass that on if you think that they are not eating you've got pass that on as well you know medical professionals involved….*

In Interview Six, the teacher comments on the risks he feels in expressing an opinion of mental health. He states the 'someone else' would be better equipped and have the knowledge to do this. The teacher develops his thinking about whether a young person has mental health difficulties and that this would not be part of his defined job role. For example:

Interview Six:

*235. ummmm, how would I describe her difficulties..... I'm just thinking of what needs to*
*236. happen, so in a way, knowing that I wouldn't personally spend much time, I*
*237. would....,* ***she needs to be referred onto someone else, I wouldn't personally spend***
*238.* ***much time trying to do a mature diagnosis of what's gone on with her.*** *I mean,*
*239. in one aspect of her wanting to try to kill herself, I wouldn't take chances with that,*
*240. take that lightly.*

In Interview Seven the teacher comments on the usefulness of 'others' who define mental health for teachers. He uses medical terminology to indicate that these definitions would come from other professionals and that this is beneficial for teachers. He shows some evidences that he cannot take ownership of defining mental health because it is beyond his job role and skill-set. For example:

Interview Seven:

*79. I think the diagnosis helps in the majority of cases helps the*
*80. professionals more than the individual umm specifically but then the*
*81. professionals have an ability to know where and look at models within*
*82. and know what "ball park" they are working with they've got something*
*83. tangible when you get down to classroom practitioners you've got the*
*84. majority are just trying to get on with the day to day they need*
*85. something tangible which they can hold onto some clear cut don't do*
*86. this, do this, this is a strategy to use with this, this student and this*
*87. broadly the reasons why and umm as a we don't necessarily have that*
*88. tool we recognise triggers with particular students but we just are just*
*89. fighting all the time and that's how it feels and umm and so the label*
*90. would be useful for the professional for the students it may be helpful*

In comparing data set to data set, to develop the conditions in this category, further examples were found in earlier data. As seen in Interview One, one of the earlier categories was “Relief in Classification”. This expressed the psychological relief that can be felt when other professionals outside of the school environment can diagnose a young person with mental health problems. For example:

Interview One:

*32. Well quite frustrated because I have seen how useful a*
*33. diagnosis and medication can be for some students and*
*34. the lad I was talking bout who had all sorts of difficulties to*
*35. do with background as well but he was to me classic ADHD*
*36. he couldn’t sit still in the classroom he couldn’t keep still he*
*37. couldn’t keep his hands to himself he yeah and we took as*
*38. soon as he walked through the door I thought the boy is*
*39. ADHD and his mother had also thought he was ADHD*

As the above extract reveals, the teacher refers to diagnosing terminology when discussing young people with mental health problems. This teacher also experienced feelings of frustration when she was not able to access these definitions. This is further illustrated later in her Interview when she comments:

Interview One:

*180. Not necessarily if she’s said that she was ok and that she*
*181. didn’t want help because experiences that CAMH aren’t*
*182. interested in people who don’t want to work with them.*
*183. Well I don’t know no my experience would be that there*
*184. wouldn’t be a lot of point in talking to CAMH.*
**185. R: Ok and how does that make you feel can I ask?**
*186. Frustrated, frustrated because it’s always the case*
*187. whatever the difficulties with students they won’t take them*
*188. on unless the students want to work with them and I think it*
*189. must be a real luxury because we don’t have that they*
*190. don’t want to learn but we’ve still got to try to teach them*
*191. among a group of 30.*

This teacher appears to feel very frustrated with the role of others when diagnosing mental health. She does not feel they see what she 'sees'. However, her past experience with 'mental health' professionals, not acknowledging the difficulties she has seen, indicates that she feels helplessness when defining mental health. Her discourse could be interpreted as reflecting the idea that if because experts have not recognised her concerns in the past, she doubts her abilities to successfully define mental health difficulties now. This appears to have an impact upon her ability to take ownership of identifying mental health. Similar feelings of frustration with outside professionals were also found with other participants. This frustration was focused at the policies and procedures involved in gaining support outside of the school. This appeared to illustrate that one of the defining properties of this category is that frustration with outside professionals can further exacerbate the difficulties teachers have in appearing confident in 'sharing and owning' a definition of mental health. See the example below:

Interview Seven:

*107. At the moment we have a student who exhibits classic symptoms of*
*108. attachment disorder and has "high octane" behaviours his behaviours*
*109. are up here…he also uses it for avoidance almost to a point of*
*110. complete control where any control by an adult is kicked against and*
*111. he's also got his reasons we don't have a diagnoses yet we are going*
*112. to Academies soon we have an application for a statement and that will*
*113. take six weeks to go through the process and longer within the school*
*114. the comments in actual fact are we wont get him into Brookside for a*
*115. diagnosis soon*

### 4.4.1.Summary

This current conceptual category emerged from the data to describe a process where teachers are able to detail the difficulties they have seen in young people. It appears they are able to hypothesise that young people may have mental health problems. However, the teachers discourse suggested they found it difficult to define these problems and lacked confidence in distinguishing their role as teachers as part of the process of assessing mental health difficulties. The teachers' discourse suggested that they do feel that they understand the triggers of mental health. As illustrated by the extracts quoted in section 4.4, teachers sometimes feel strongly that they know young people are experiencing mental health difficulties. However, it can be suggested that because other professionals identify and diagnose these difficulties the teachers talked about having to wait for these formal identifications. Therefore, the teachers appeared to experience feelings of 'powerless' and feeling 'uncomfortable' when establishing their role during the research interviews. It can be proposed that the teachers did not want to present as being knowledgeable and 'owning' the identification of mental health difficulties. It can be proposed that the teachers' lack of confidence in taking ownership of mental health difficulties is not because they are unable to conceptualise mental health but because they do not want to articulate their definition because they feel it is the role of others to do this.

It is these possible relationships within conceptual category two, between the teachers' and their relationship with other professionals, which shared some of the properties of the next conceptual category. The emphasis on 'the role of others' is important in the next conceptual category.

## 4.5. Conceptual Category Three

### ENCOUNTERING THE INDIVDIUAL POSITION IN THE COLLECTIVE RESPONSIBILITY

This conceptual category emerged as a process underlying the teachers' responses to young people with mental health problems. It is suggested that it involved two interconnected processes. All teachers appeared to identify their role as involving some individual responsibility in communicating with young people about changes in their behaviour and discussing with them their difficulties. The emerging conceptual category suggested that even within this identification of an individual responsibility, the teachers commented that they would also be sharing information with their colleagues and would pass on information so that referrals could be made to outside agencies. Some of the teachers acknowledged the individual role they could play in responding to young people but identified this as part of a collective responsibility. They appeared to use their individual teacher position to alert other relevant staff in school to talk with young people. Their discourse also suggested that their role in a group of school staff was to alert outside agencies. All of the teachers expressed faith and confidence in their in-school procedures for monitoring difficulties in young people. Examples to illustrate this interpretation of the teachers' discourse (which involved this process of 'individual responsibility' felt by teachers in talking with young people) are as follows:

Interview Five:

*196. for this, I would probably try and speak to her and see if there was*
*197. anything wrong, if she said no or was quiet, you could tell that she*
*198. didn't want to talk…….*

Interview One:

*163. Well again you see I'd need to know more about it I'd*
*164. certainly want to talk to her and find out what was going*
*165. on in her life that was making her feel like this and I might*
*166. start to think and that this point about referring to because*
*167. if she is seriously thinking about wanting kill herself she*
*168. needs some help and possibly more than I could provide.*

Interview Six:

*269 .I would ask her how she's getting on, if she's alright, if she's got plans for the future*

Another proposed element of the individual responsibility was also the teachers thinking about the reasons behind a young person's difficulties and engaging in a 'fact finding mission' to find out what could be the causes. Examples of these processes are provided below:

Interview Seven:

*428. It's a teenager again something's going on here the change is for a*
*429. reason multiple reasons possible reasons there is just one too with that*
*430. behaviour with that I start looking at whether she's got an older*
*431. boyfriend. Hmm…..Some thing happening there where are changes in*
*432. her image as well as there is a work impact it's like she's well there that*
*433. was in the past and I'm making a statement about a change*

Interview Five:

*198. I would fill out a 'nagging doubt' form and pass it on*
*199. to xxxx, speak to her about it. We have quite an easy way of getting*
*200. round situations like this, by saying, 'The nurse says that you haven't*
*201. been doing PE very much, the nurse saying it, changing the subject of*
*202. why you really have brought her in there, to make sure she's alright, by*
*203. going, noticed you haven't been doing PE, it's really good for you, are*
*204. you eating well, are you doing this, healthy life balance, all that. Is*
*205. there's something else bothering you, when you get in with the nurse,*
*206. you hope that they'll go, well actually this has happened at home. But*
*207. it's an easier way round it, because xxx will feed back to us as*
*208. members of staff and say look just be aware that something happening*
*209. at home, tread very carefully, don't ring home, and don't do this. So that's*
*2010. that way I would...*

Interview One:

*204. I should have thought about this before but we often send*
*205. around a round robin to gather information about anybody*
*206. who has concerns about students.*

Teachers appeared mindful of finding an appropriate person in the school for young people to 'talk' with about their difficulties and teachers would try to find an appropriate member of staff to play this role in supporting a young person.

Teachers appeared to share information with their colleagues to ensure a young person was being supported. See below for examples of these processes:

Interview One:

*212. Well if her arms are always covered there is always the*
*213. possibility that she is self harming and I mean I would also*
*214. alert TA's because they are often in a position where they*
*215. can give an air to a student I think its providing the*
*216. opportunity for students to talk to if they want to and letting*
*217. them know that there's somebody there ready to listen and*
*218. and giving a variety of people child protection officer is also*
*219. runs our student support service in school and she is often*
*220. available to talk to students and has good relationships*
*221. with outside agencies so she says the police so forth but*
*222. not all kids want to talk to her so it's making different people*
*223. available and I think in our school students know there are*
*224. people they can talk to.*

Interview Four:

*238. the close monitoring in school is done through the academic*
*239. mentor that actually sees the students for the first 20 minutes of*
*240. every day so they can then see how the student is coming into*
*241. school, whether they've had any difficulties the night, depending on*
*242. their mood. Really talking to them so that if they can see that a*
*243. child is upset coming into school, a bit anxious, they can talk to*
*244. that child straight away and hopefully have that very close,*
*245. professional relationship already which would give that student a*
*246. chance to talk to them, maybe open up……*

All of the teachers' discourse made references to referrals to other agencies when they felt young people were at risk or if they felt the young person's difficulties warranted outside input and support. For example:

Interview Four:

*294. Lots of emotional issues that would raise, obviously something like that you*
*295. would refer straight away and the school would get CAMH*
*296. involved, a referral would be done that day. Making sure that she's*
*297. got support in school and again with something like this xxxx would*
*298. be talking to her and keeping close contact with CAMH as well.*

Some teachers commented on the time and the procedures involving these referrals and some teachers appeared to experience frustrated with these. One teacher expressed her frustration with one service. See example below:

Interview One:

*180. Not necessarily if she's said that she was ok and that she*
*181. didn't want help because experiences that CAMH aren't*
*182. interested in people who don't want to work with them.*
*183. Well I don't know no my experience would be that there*
*184. wouldn't be a lot of point in talking to CAMHS.*

### 4.5.1. Summary

Overall, teachers commented on their in-school procedures of sharing and gaining information from their colleagues. The frequency of these comments highlighted would suggest their significance in the teachers' realities of responding to difficulties in young people. It was these occurrences which developed the idea of the collective responsibility and ownership of managing mental health difficulties in young people. See the following extracts for further examples of this process:

Interview Four:

*187. we have people within the school that could offer support. The*
*188. learning community always have an additional needs person*
*189. attached, but we also have xxxxx in the health base that for a*
*190. student we may feel they need someone to talk to see if there is*
*191. anything going on*

Interview Seven:

*466. I don't think so not necessarily in the first instant because you don't*
*467. know because the person with the best relationship maybe needed*
*468. something else further on don't necessarily use all your resources at*
*469. once whereas the head of year will is the appropriate because within school systems*

Some teachers commented on their faith and confidence of in-school procedures and the skills of staff in school to manage mental health difficulties. This appeared to further develop the notion of a collective ownership and responsibility in managing difficulties. It also highlighted how teachers align themselves strongly in a collective responsibility in school of managing mental health needs. See below for further examples of these processes:

Interview Five:

*323. Yeah, the reason we cal it 'nagging doubt' is because that's what it is.*
*324. As soon as you see something like that, you're like, ohhh, hang on a*
*325. minute, that's not right, I need to write this, someone needs to help her,*
*326. I don't really have the experience to have dealt with things like that.*
*327. Things like this I probably would be alright to deal with it, but I'm not the*
*328. most best person in the school to deal with it hence the reason we*
*329. have xxx, she's got the connections to be able to go, tell you what have*
*330. a chat with this person, come and see me at this time.*

Interview Four:

*238. the close monitoring in school is done through the academic*
*239. mentor that actually sees the students for the first 20 minutes of*
*240. every day so they can then see how the student is coming into*
*241. school, whether they've had any difficulties the night, depending on*
*242. their mood. Really talking to them so that if they can see that a*
*243. child is upset coming into school, a bit anxious, they can talk to*
*244. that child straight away and hopefully have that very close,*
*245. professional relationship already which would give that student a*
*246. chance to talk to them, maybe open up. And if then the mentor still*
*247. thinks there is going to be a problem and the child is still very*
*248. anxious when they leave them then the deputy head of additional*
*249. needs can be contacted straight away through email or even xxxx*
*250. to actually say this child is upset, there is something that I feel is a*
*251. nagging doubt and then that can be pursued immediately…….*
*253. I do think having a clear a clear system in place is important*
*254. because without that students can slip through the net.*

In conclusion, this conceptual category suggests that teachers engage in ownership and responsibility of managing mental health difficulties. This appears to involve the seeking of outside help from professional agencies and that the teachers were mindful of when support needs to be sought. It can be suggested that the frequency of teachers commenting on their in-school procedures may illustrate the important feeling they have, that their individual roles are part of being in a school system which collectively manages difficulties in young people.

## 4.6. Conceptual Category Four

### INTERPERSONAL AND INTRAPERSONAL AWARENESS

This category reflects another underlying process which is involved when the teachers' responded to mental health problems in young people. This conceptual category also shares properties with conceptual category three. It can be suggested that one of the tools used by teachers when responding to difficulties was engaging young people in a 'conversation' about their mental health difficulties. In conceptual category three, this idea of 'communication with young people' was described by the teachers as 'talking' to the young people. However, in this current conceptual category, this process of communicating with young people about their mental health difficulties was further developed by teachers. This conceptual category suggests that teachers reflect on the reasons why a young person is behaving as they do. It appeared from the teachers' discourse that they possibly exhibited empathy for young people. This was highlighted through the research interviews and by giving examples of how they showed empathy to the young people.

These processes were interpreted as an interpersonal awareness response to young people. This process was highlighted through the teachers' examples of how they would manage behaviour in their classrooms. The teachers' discourse suggested that they were mindful of their own responses to young people and that they perceived their responses as engaging in a conversation with young people about their difficulties. It appeared that 'talking' with the young people about their difficulties was a mechanism that teachers employed so that they could engage in an interpersonal relationship with young people to offer them support, contain and regulate their emotions. It is proposed that

teachers perceived the act of having a conversation with a young person about their difficulties, as a way for them to teach and model coping strategies to the young person.

The process of the teachers exhibiting interpersonal awareness was by discussing the reasons behind a young person's difficulties. See below for an extract describing this process:

Interview One:

*260. Yes that's it. It can be an event like that but my parents*
*261. split up and I remember it vividly so I can I think letting kids*
*262. know that they are not the only ones and kids often blame*
*263. themselves when parents split up and letting them know*
*264. that it's likely not to be their fault at all and my husband died*
*265. and I thought at the time my kids were 11 and 16 at the*
*266. time and I thought actually it was much easier for them to*
*267. be bereaved than have their dad walk out on them it wasn't*
*268. his fault it didn't it didn't mean that he didn't love them*
*269. which is what kids can often think if their parents walk out.*

A further example of the teachers illustrating an understanding of the reasons behind young peoples' behaviour is highlighted in Interview Three:

Interview Three:

*315. of his life .. because something can happen at home and they can*
*316. come in, in a fury and have no way of dealing with it sometimes*
*317. they can rationalise it and I do think that they take it out on us because*
*318. we are just standing there aren't we, or our life is OK. Do this do*
*319. that (you) bastard you know you can understand it can't you?*

The above extract appears to highlight that the teachers would also seek to contain and regulate these emotional responses in young people. The above extract describes this teacher's actions towards a young person. The teacher recognises the reasons behind a young person's behaviour and seeks to

contain it by not responding in a way which would punish the young person. She states that she would contain the anger and aggressive behaviour in young people because she feels they need to express it in a safe way. Her role as a teacher is that of being a safe person for the young person. This extract further develops the idea that teachers would not only discuss their awareness of the reasons behind young people's difficulties but would consider in the research interviews how they exhibit this interpersonal awareness in their responses to young people. It is proposed that how teachers exhibit interpersonal awareness to young people through containing and regulating their emotions may be one process involved in interpersonal awareness. The teachers' discourse could have reflected a process of 'managing' emotions rather than seeking to sustain longer term emotional benefits for a young person. However, another example from the teachers' discourse which suggests the containing and regulating of the emotions from the teachers is illustrated in Interview Five:

Interview Five:

*277. put her in a situation she felt comfortable in. so, obviously at 16, I would*
*278. have known her previously. Getting her on to a subject, if she's being*
*279. dismissive, maybe if I had the chance to talk to her, I'd be like, oh,*
*280. how'd you play at the weekend, did you see this, did you watch this?*
*281. Get her off the subject of school completely and just see if she changed*
*282. more than anything.*
**283. R: Ok. So getting that common ground with her?**
*284. yeah, getting common ground, or just change the subject. If she's*
*285. dismissive to me, regarding kit, for example, if she's been dismissive,*
*286. I'd then try later on, on something completely different nothing to do*
*287. with PE kit, speak to her and as the conversation was working, I'd be*
*288. like, I think I'd be like, I think kids can see that I younger as well, and*
*289. can sort of have a laugh with them about, "so what's with the attitude*
*290. then?". Their quite, like, "oh didn't mean to, didn't mean to snap at ya."*
*291. And they do, they do respect you as being a teacher as you don't go*
*292. round, … all the time.*

This above extract from Interview Five, gives some emphasis to the notion that the teachers can view young people's behaviours as a 'cry for help' and for 'attention'. However, it appears that the teachers want to behave in a way which helps the young people feel safe and secure. It is suggested that they want young people to realise that their 'cry for help' has been answered because the teachers have responded in a way which shows the young people they are listening. Again, it could be suggested that the teachers are reflecting on their ability to show they are listening to young people rather than a reflection on the implementation of strategies which reveal empathy towards the young people. However, further examples (see next page) are provided which suggest that the process teachers' are commenting on is how they employ interpersonal skills:

Interview Seven:

*241. Normally this wouldn't happen the kids were in control of the board and*
*242. it flicked to this email and this girl said to me and we laughed and I*
*243. clicked off the email and we laughed that I had been caught with this*
*244. email she said am I mental health? And I said so what do you mean*
*245. and she said am I a mentalist? And I said I don't know why are you*
*246. asking? Why do you ask and she said well when I have been to*
*247. Brookside my erm when I get angry I just flip out and it and well I said*
*248. I don't ever see that side of you and I see a very calm person and the*
*249. fact that you are asking me questions is a very healthy so I would say*
*250. absolutely not but what you could do with is maybe looking at some*
*251. meditation and looking at that for example and that's kind of my*
*252. solution to everything…(interview and researcher laughing together)*
*253. I think again its something I would love to do more with the kids on tools*
*254. to release and manage stress and manage stress and try and have*
*255.a bit of objectivity.*

Another example of when the teachers further explain their interpersonal awareness by showing empathy to young people is highlighted in the box below:

Interview Five:

*228. because, ummm, I talk a lot. I just think if they start bottling things up*
*229. now, the pressures of school are hard enough, I wouldn't want to be a*
*230. kid now, some of the pressures that these kids have got, parents on jail*
*231. etc at 11, 12, 13, you should be able to talk about that and get that off*
*232. your chest if you feel upset, rather than go to Maths and panic and*
*233. worry about it and not be able to focus on with what your doing, go and*
*234. speak to someone for half and hour and then go with a clear head.*

These extracts from Interviews Five and Seven further suggest that the teachers also attempt to take a role in modelling coping strategies to young

people. This provides some evidence of a second process in this conceptual category where teachers are not only aware of the need to show empathy to young people but also attempt to use their interpersonal relationship with young people to instigate a change for them. It is suggested that the last extract from Interview Seven indicates that this teacher would like to take more of a leading role in teaching coping strategies. This extract illustrates that the teachers might be mindful of the effect of their interpersonal skills on young people. It appears that they are seeking to engage in relationships with young people to help support them as highlighted in the following extract:

Interview Three:

*469. I would speak to her and say "Why are you handing in your work*
*470. late? "Are there any issues that I should know about. What's going*
*471. on? Are you not able to do it? Because again parents are split up*
*472. or someone's died, they can't be bothered. There have been*
*473. problems, tooing and froing from different parents. I would speak*
*474. to her quite openly.*
**475. R: Yeah. You sort of touched a bit on behaviour, and you sort of put that as, could be behaviour. How would you be responding to that behaviour? If you felt it was behaviour from her?**
*476. Keep her behind and ask her "Why are you behaving like this?"*
*477. What's going on how are you feeling? It is all very interesting*
*478. because naughty children aren't happy. They are not happy when*
*479. they are naughty, I have talked to some xxxx make you feel when*
*480. you are behaving like that and made them think about it xxxx I*
*481. didn't actually feel very good.*

The following extracts reveal a range of example where teachers' also want to teach 'coping strategies' to young people:

Interview Three:

*528. I mean again xxxx I had I have had quite a few parents who had*
*529. died and there were two where the mother had committed suicide.*
**530. R: Mmmm.**
*531. of course as the head of year I went to the funeral.*
**532. R: Right.**
*533. and supported the child and it's a thing time heals, not it doesn't*
*534. and I talked to the girl and explained that.*
**535. R: Mmmm.**
*536. A very well balanced girl who listened and took all that advice you*
*537. don't get over anything you learn to deal with it and you learn to*
*538. handle it.*

Interview Six:

*204. I do tend to focus on the task on hand, I do tend to direct their attention. God, this*
*205. sounds terrible actually, but umm, I do think, at the back of my mind, if there's*
*206. something upsetting them, ruminating on it, dwelling on it at the present time isn't*
*207. necessarily going to help them, but actually just coming into the present moment,*
*208. focussing their attention to something and applying themselves to it can take their **mind** off it and give them a bit of breathing space*

It is suggested that a final process involved in this conceptual category involved the intrapersonal element. This process appeared to be mainly found in Interviews Six and Seven. However, during the constant comparative method employed in grounded theory, the researcher found evidence from earlier interviews which displayed that the teachers had some abilities to reflect on their own emotions and their behaviour towards young people. The following extract from Interview One has been quoted previously in this section. It contains the teacher using her own personal experience to think about how to support young people. It highlights her reflections on her own emotions and how that guides her responses to young people:

Interview One:

*260. Yes that's it. It can be an event like that but my parents*
*261. split up and I remember it vividly so I can I think letting kids*
*262. know that they are not the only ones and kids often blame*
*263. themselves when parents split up and letting them know*
*264. that it's likely not to be their fault at all and my husband died*
*265. and I thought at the time my kids were 11 and 16 at the*
*266. time and I thought actually it was much easier for them to*
*267. be bereaved than have their dad walk out on them it wasn't*
*268. his fault it didn't it didn't mean that he didn't love them*

During the refining of conceptual categories in the final stages of data collection, the researcher revisited her earlier codes and also found evidence in Interview Three of the teachers reflecting on the way in which they had managed their own emotions and used this to guide their relationships with young people:

Interview Three:

*562. Yes I think so, because sometimes, I mean we probably as adults*
*563. we gone though, I don't know about you, gone through so many*
*564. emotions and you are aware of them more whereas youngsters*
*565. might suddenly find themselves experiencing an emotion that they*
*566. have not experienced before so they are not quite sure what it is.*
**567. R: OK.**
*568. So to help them recognize you know yep this is an emotion you know it's called being pissed off, it's OK.*

These proposed processes of intrapersonal awareness are further highlighted by the teachers reflecting on their own emotional journeys and reflecting on the ways in which they have constructed their own mental health. The following example illustrates this process:

Interview Seven:

*172. My experience of working with bullies who would if we particularly*
*173. looked at anxiety and depression and elements of depression its not a*
*174. one off its something that has cycles and I would never look at it as*
**175. *managing and relating and having engaging in your own mental health***
***176. is a life long process and is a life story as opposed to a quick fix it will***
***177. be incidents and in your reflections that we might go ahh we are having***
***178. this at the moment and this is how I can manage myself within I never***
***179. look at it as a stand alone because its part of your story your mental***
***180. make-up.***

The next example highlights that the teachers may reflect on their emotional state when responding to young people and that they could possible understand how their emotions impact on their responses to young people:

Interview Six:

*224. I think it varies, I'm not sure*
*225. how consistent I am. I think if I'm under pressure I just say works on the board,*
*226. depending on the class size, I might be able to ask how their getting on.*
**227. R: So it's your work load and maybe the environment can affect**
**228. how you manage it?**
*229. yeah, what state I'm in can affect how available I am for the students.*

The interactions some teachers have when thinking about their own mental health facilitated a discussion on the mental health of their colleagues. The teachers reflected on how the mental health of teachers can affect their interactions with the school environment. Furthermore, some teachers also discussed the interactions between teacher's values and how they motivated

young people. It was this refection on how teachers viewed their colleague's responses to mental health that refined the processes underpinning interpersonal awareness. This was through the teachers' discourse which highlighted that some teachers engage in a process of trying to know how to handle the emotional response of their teaching colleagues. The following two extracts from Interviews Six and Seven illustrate these points:

Interview Six:

*332. I think it is my role to communicate that, I'm not sure how effectively I do that, or*
*333**. how effectively we do it. It sometimes comes down to values that** (we) **communicate to***
***334. the kids, the aspirations,** (these aspirations) **they're not going to help**.*

Interview Seven:

*205. **Some teachers are struggling with their own mental health** that I've*
*206. been involved with and have certainly held it as a stigma and has*
*207. actually compounded their problems by stigmatising it and refusing to*
*208. acknowledge that as opposed to a stigma this is now from your GP a*
*209. diagnosis therefore **you have a responsibility to yourself and it often***
*210. **disappears with stress and then they have time off school away to deal with that and they have to deal with that on their own…….***

### 4.6.1. Summary

Overall, this conceptual category provides an interpretation of the teachers' reported responses to young people's difficulties through three proposed interactional processes. These processes involved understanding the emotional world of the young person and illustrated an attempt to contain and regulate the emotions of young people by trying to show showing empathy

towards them. It is proposed that the teachers used the interpersonal social tool of 'talking' to try to engage young people in interpersonal relationships, so as to help young people manage their emotions. It is suggested that other processes involved in responding to young people are the teachers' own intrapersonal awareness where they reflect on their emotional journeys in life and use this to help a young person. One teacher highlighted further intrapersonal awareness by discussing the mental health of colleagues and how this can impact on young people.

In summary, these four conceptual categories which emerged from the data were refined and developed at each stage of data collection. In the final stages of data analysis, the four conceptual categories were 'tested' out in Interviews Six and Seven. It was during this final stage of data analysis where examples in the teachers' discourse indicated new evidence emerging from the data. These incidents were analysed by the researcher and coding from earlier interviews were reviewed by the researcher to see if they could account and describe meaning to the new incidents. As can be seen in **Table 4.4** overall there were nine new cases emerging from data collected in Interviews Six and Seven. Some of these new cases will be discussed in the following section and tentative conclusions made about their existence in the data collection.

## 4.7. New Data

The new data emerged from Interviews Six and Seven. The researcher coded these new cases and some of the codes will be discussed in this section. One example from Interview Six was coded by the researcher as 'Learning destructive behaviours'. This code appeared to have a relationship with an earlier code from Interview Three, when the teacher in Interview Three had

highlighted that young women's difficulties can stem from social repression. However, it appeared in this new case in Interview Six, that the teacher expressed a view point that young people can develop learned behaviours from not only adults but from other young people which can affect their mental health. For example:

**57. R: I'm interested in how you construct it. I just wondered when mental health Is mentioned**
**58. what's your initial feelings on it. I know you talked about the physical, like it's a sickness**
**59. that can get better, can you elaborate a little bit more on that?**
*60. Yeah, I think there are certain types of behaviours and ways of thinking that if you*
*61. do them, they're going to run your health down, your mental helath down so I think it's*
*62. erm, one thing that was very pronounced on the young people's ward that I worked*
*63. on very briefly is that that they would pick up behaviours from each other that some*
*64. people did and they started copying that. I think that people with different patterns of*
*65. thinking and behaving, I mean we've all got patterns of thinking and behaving and I*
*66. think some of them are more useful and others are less useful in terms of allowing*
*67. us to be happy and healthy or unhappy and increasingly unhealthy.*

In Interview Seven, one example in the teacher's discourse suggested a discussion about cultural perceptions of mental health. The code 'Language evolves from cultural perceptions' was generated to account for this incident in the teachers discourse. This discussion on the cultural views and beliefs surrounding mental health had not been offered by any other teachers in the research interviews. In addition, the teacher in Interview Seven also commented on the need for adopting a 'mental health aware' school. See the extract below:

Interview Seven:

*159.I think so I like this idea of a mental health school its there where it's at*

*160. the forefront of what we do.*

Another new case which emerged from Interview Seven was that the teacher suggested the ways in which different tools from other cultures could manage mental health with young people. In addition, in Interview Six another new case, which emerged was coded as 'Frightened at medical response to mental health'

It is proposed that this teacher appeared to be thinking about the current model of treating young people with mental health difficulties. It can be suggested that these two cases shared some similarities and that both cases suggested that the teachers' were thinking about how our western society manages mental health.

In summary, these new cases suggested that some teachers may have been able to think about the wider system influencing mental health. They commented on what could be interpreted as a discussion on the effects of society and culture on mental health. It is also proposed that these teachers' highlighted the notion of schools being more 'mental health aware' and this may suggest that they would like more support and training in this area. In the following chapter a discussion of the main findings generated from this current research will be presented. This final stage of the grounded theory process involves a revisiting of the literature to reveal the core conceptual categories relationships with previous research and to highlight how these current research findings can contribute to the current research base.

# Chapter 5: Discussion

## 5.1. Overview

This chapter provides a discussion of the findings of the research. Firstly, the findings are discussed in relation to the research questions and how the findings make some contribution to the research base. Secondly, as this research adopted a grounded theory approach the findings are also discussed again in relation to a revisiting of the literature. Finally, a consideration of the limitations of the research will be presented, before implications for future research and educational psychology practice are discussed.

## 5.2. Research Question One

The first research question was:

1) *How do teachers' construct mental health in their interactions with young people?*

One of the main findings from the literature review (see **Chapter Two**) revealed that teachers' responses to mental health issues and the children and young people who suffer from them are complex. It also showed that the use of language to describe 'mental health' difficulties can evoke different responses in teachers. A further point highlighted in the literature review was the language difficulties in eliciting teachers' views on mental health, highlighting that teachers tend to use more terms commonly associated with education, such as 'emotional wellbeing'.

The current research findings indicated that mental health language was able to be used with a group of teachers and that using this language highlighted two interesting findings. The first finding was conceptual category one '**THE**

**LIMITING AND MOTIVATING FEATURES OF MENTAL HEALTH LANGUAGE**' indicated that the teachers had a construct of mental health with two opposing dimensions. The teachers' discourse appeared to suggest that one dimension involved them conceptualising 'mental health' language as limiting and labelling for the young person. This was revealed during the initial coding process when the teachers expressed views about mental health which appeared to describe mental health as a momentary experience for young people. The teachers' discourse suggested that they viewed mental health as something temporary to a young person at a particular time in their lives. Some teachers also articulated that they viewed mental health as an expression of the influences of the home and school environment. These findings proposed that teachers could view mental health difficulties as having some environmental influence. It also suggested that the teachers did not necessarily seek to view mental health difficulties as caused by the individual characteristics of the young person.

Conversely, the opposite dimension involved the teachers commenting on the importance mental health language can have on facilitating action in them. The teachers described how mental health language can have an impact on them knowing how to respond to a young person. It also helped them to access support and advice from their teaching colleagues. Some of the teachers reported that other teachers were only able to respond successfully to a young person when they knew the young person had a diagnosis of mental health. Furthermore, many teachers commented on the frustrations they felt at the lengthy processes to gain mental health diagnoses. The teachers' discourse appeared to suggest that such diagnoses supplied schools with the additional

support and resources they wanted and as such the teachers' appeared to place a significance on gaining mental health diagnoses.

These current research findings suggest that this group of teachers' constructions of mental health can involve the view that mental health language has negative implications for young people. Furthermore, this group of teachers also revealed that their constructions of mental health also had positive effects for them. However, the teachers' constructions of mental health highlighted that some of the teachers struggled with the terminology associated with mental health. As noted by the participant in Interview Five (Lines 92-95):

> *" personally it winds me up because I don't think there's one person in this world who doesn't have some sort of mental health problem at some point in their life. If they don't have it now then they might have it in 2 or 3 years time"*

The teachers within the current study revealed that their view of the world was that mental health language can be stigmatising for young people and they do not want to psychological align themselves in this health world. However, the teachers' discourse also suggested that health terminology played a significant role in their social realities. The findings from conceptual category one indicated that they seek diagnoses to help gain resources for the young people. This current research highlighted that mental health language can be a barrier for some teachers.

Previous research (e.g. Tuffin & Tuffin, 2001) found that when teachers started to discuss 'mental health', the language they used could easily change to a discussion about illness and a negative state of being. This current study also strengthens the notion that 'mental health' language can be viewed negatively by the teachers. This further espouses the argument that language used

around mental health can be perceived to be stigmatising (Frederickson et al., 2009). However, these current research findings illustrated why teachers feel this way and highlighted a new finding that suggests language can be a motivating factor for teachers. Therefore, teachers feel they can manage and respond to mental health when there is a definition of it. As the participant in Interview Six notes (Lines 110-115):

> *"it depends on what their understanding of it is, for them it could again just be, I think there are pros and cons. So if you've been told that so and so has such and such tendencies, you can take it into account what you do with them, how you relate to them, but I would be possibly concerned about biases and prejudices which could develop a bias towards them, but I can see how it could be beneficial to them particularly if you're looking for tips or strategies that might help them."*

Furthermore, the second conceptual category '**LACK OF CONFIDENCE IN TAKING OWNERSHIP**' revealed that an important construction of mental health involved teachers' lacking confidence in defining mental health. This lack of confidence was underpinned by the perception that defining mental health was the role of 'others'. They also viewed 'mental health' as ambiguous and unfamiliar. Furthermore, some teachers in this current study expressed frustrations at the professionals who have the role as 'others' in diagnosing mental health. As stated by participant in Interview One (Lines 180-191):

> *"Not necessarily if she's said that she was ok and that she didn't want help because experiences that CAMH aren't interested in people who don't want to work with them. Well I don't know no my experience would be that there wouldn't be a lot of point in talking to CAMH.*
>
> **R: Ok and how does that make you feel can I ask?**
>
> *Frustrated, frustrated because it's always the case whatever the difficulties with students they won't take them on unless the students want to work with them and I think it must be a real luxury because we don't have that they don't want to learn but we've still got to try to teach them among a group of 30."*

These findings mirrored previous research findings (e.g. Connelly et al., 2008) who reported that many examples of frustration felt by teachers were directed towards systemic factors when working with children with mental health difficulties. These *systemic* factors were the relationships teachers had with outside specialist professionals and agencies when teachers were trying to seek advice and support for children. These current research findings suggest that frustrations towards other professionals influenced the teachers' lack of confidence in taking ownership of mental health.

It is important to be mindful of an alternative explanation of the findings generated from the research, especially with conceptual category two. This conceptual category discussed the teachers' 'lack of confidence in taking ownership of mental health'. It is proposed that this conceptual category emerged from the teachers' discourse because of the researcher's use of the term 'mental health' with them. Previous research findings have indicated that teachers have felt more confident describing psychological difficulties in children and young people using educational language (e.g. Perry et al., 2009; Connelly et al., 2008; Daley et al., 2005; Soles et al., & Poulou & Norwich, 2000). Educational terms are routinely used by teachers and they are familiar with this language. Educational terms, for example, 'social, emotional and behavioural difficulties' are used in their every day practice to define psychological and behaviour difficulties. Therefore, it may not have been surprising that terms, such as 'mental health', were unfamiliar to teachers. As such, their discourse may have reflected these feelings of unfamiliarity and influenced the

overarching theory which suggested they experienced a lack of confidence in using mental health language.

Some psychological theories that may account for the processes underlying conceptual category two are Locus of Control (Rotter, 1954) and Diffusion of Responsibility (Milgram, 1963). Locus of Control states that individuals can have either have internal sense of control over their lives or attribute external forces as having control over their lives and the decisions they make. Typically, individuals with a high internal locus of control believe that events result primarily from their own behaviour and actions. Those with a low internal locus of control feel that powerful 'others' can determine events. It appears that the teachers in this current study attributed 'others' as having control over identifying mental health and therefore because they felt they have no control over the identification process, they found it difficult to take a shared responsibility for identifying mental health.

Diffusion of Responsibility (Milgram, 1963) is a social process describing how groups of people will make decisions when faced with a social dilemma. It has been found that when there is a large group of people and no one person has been assigned to lead the group or take responsibility for making group decisions, the groups tended to take no action when faced with a critical decision to make (Milgram, 1963). Therefore, it appears that the teachers in this research group believed, as is most commonly the case, other professionals take a role in defining mental health. As such, the research findings suggested that the teachers do not take action in defining the term because they believe that others will do this for them. However, conceptual category two illustrated that it may be more likely that the teachers felt

disempowered to take action in defining mental health. Furthermore, it is proposed that the teachers in this research group were not solely attributing control of 'others' over their constructs of mental health or diffusing responsibility to others. They may be highlighting entrenched systemic factors which can involve in school procedures and the seeking of outside professionals which affect their lack of confidence in defining mental health.

Furthermore, language had been noted to be the barrier between different professionals. This study revealed that when one professional discipline has a significant role in identifying mental health, it can influence the other professional disciplines (i.e. teachers) and may possibly make then feel disempowered and lack confidence in then identifying mental health difficulties. It is also proposed that the research revealed that during the participants discourse, they were sensitive to changes in the young people's behaviour and discussed the range of difficulties young people can have. It is interesting that the teachers did not recognise their own experience and knowledge in the area of mental health. This could provide evidence that having a shared conceptualisation of 'mental health' may be beneficial. This is because it could empower all professionals working with young people with mental health needs, to share in the identification process. This may result in more effective methods of earlier assessment and identification.

## 5.3. Research Question Two

The second research question was:

2) *What do teachers' say in response to vignettes describing young people who may be experiencing mental health problems?*

The current research findings identified that the group of teachers in the study responded to mental health problems in young people involving two processes. The first conceptual category was '**ENCOUNTERING THE INDIVIDUAL POSITION IN THE COLLECTIVE RESPONSIBILITY'** and the second conceptual category was '**INTERPERSONAL AND INTRAPERSONAL AWARENESS**'.

Some of the reviewed research cited (see **Chapter Two**) suggested that when teachers feel they have inadequate knowledge of mental health they do not feel confident in supporting children and young people. The research literature also highlighted that teachers seek out the advice and support from other professionals in response to managing mental health difficulties in children and young people. However, the researcher was of the view that an adequate understanding was not provided of any possible relationship between teachers conceptualising 'mental health' and responding to 'mental health' difficulties in children and young people.

This current research suggested that the lack of confidence felt when defining mental health did not always preclude the teachers' from feeling able to respond effectively to mental health issues. The teachers' discourse suggested that their responses involved a collective teaching response and the seeking of professional support and advice. It also highlighted that when the teachers

perceived using mental health language with a young person as a way to identify their needs; this could then facilitate more supportive responses towards young people. It could be suggested that this provided a framework in which the teachers knew how to start responding and helping a young person with mental health problems.

The current research findings identified a relationship between the teachers' constructs of mental health '**THE LIMITED AND MOTIVATING FEATURES OF MENTAL HEALTH LANGUAGE**', '**ENCOUNTERING THE INDIVIDUAL POSITION IN THE COLLECTIVE RESPONSIBILITY**' and '**INTERPERSONAL AND INTRAPERSONAL AWARENESS'**. The teachers commented confidently on their in-school procedures and practices to manage young people with difficulties. The difficulties they experienced in defining mental health, or the negative effect they felt language had on young people, also did not appear to impact upon their lack of confidence in responding to young people. It is important to note that the vignettes used to elicit teachers' responses to mental health problems in young people did not use defining mental health language or mental health terminology. The limitations to this will be discussed in section 5.5. However, these research findings suggested that when the language barrier is removed from identifying mental health difficulties, the teachers expressed that they felt part of a collective responsibility in managing the difficulties. This response is something which is familiar to them and they engage in interpersonal relationships with young people to help support them with mental health difficulties.

There are some contradictions in the current research findings. As shown in conceptual category one, mental health language was a facilitator to the

teachers' responses to mental health problems. Conceptual category one also identified that even when the teachers' viewed mental health language as limiting to young people, they could still respond to difficulties in young people. The participant in Interview Seven summarises the positive influences when mental health language is used to describe a young person. As noted in the following extract, this participant reflects on how "diagnoses" can instigate teachers to respond more appropriately to young people (Lines 115-125):

> *"without that diagnosis without it if it was to be that we can't be telling teachers who are struggling with him do this, do this, do this, we can advise them as how to treat him as got an attachment disorder this is when you should but then it is easier for teachers to turn round and say the kids a kid, he's a naughty kid and he's challenging me I'm not having it (participant bangs the table) and then we've got the kick off and in fact the teachers have worked against because there's that little lee way of you know we've got not statement it hasn't been verified right we are treating it as if and I think there is, when there is an actual diagnosis a level of respect forms."*

It can be suggested that the significant feeling that the teachers had of being in a collective ownership of responding to difficulties, mediated their own personal views on mental health language. The participant in Interview Five has discussed that she does not like the word 'mental health'. In the following extract from her interview, she discusses how she feels unsure of the difficulties presented in front of her. However, when discussing her responses to mental health she notes the following (Lines 327-330):

> *"Things like this I probably would be alright to deal with it, but I'm not the most best person in the school to deal with it hence the reason we have xxx, she's got the connections to be able to go, tell you what have a chat with this person, come and see me at this time."*

The above quote reveals that this teacher's perception of herself in a collective ownership in responding to difficulties mediates her views on mental health

language to influences her to use the support from others. The person she is referring to in the extract is a nurse who works on the school site and who also manages the mental health of the young people. This discourse surrounding mental health suggests that there is some evidence that teachers may act in someway to manage the mental health difficulties they encounter. However, it is important to note that these findings are only tentative theoretical descriptions of a particular group of teachers' responses to mental health.

Some psychological theories, which were introduced in Chapter one may account for the processes underlying conceptual category four. The category indicates evidence of the teachers in this current research study having interpersonal and intrapersonal awareness. Gardner's (1983) Theory of Multiple Intelligences described interpersonal and intrapersonal intelligences (Gardner, 1983). Salovey and Mayer (1990) proposed a model of human intelligence focusing on '*recognising emotions in others*' and '*handling relationships*' which illustrated the relationships that teachers had in this current research study when engaging with young people. They engaged in interpersonal relationships with young people in an attempt to contain and regulate their emotions, as well as teaching coping strategies.

The tool of 'talking' with young people to discuss their difficulties, as highlighted in conceptual categories four and three, suggested that the teachers were aware of employing interpersonal intelligence when responding to mental health problems. Furthermore, some of the teachers reflected on the handling of their own emotions as part of their response to young people. Previous research, (highlighted in Chapter Two) did not analyse the intricacies of teacher-child relationships in regards to mental health. However, the emergence of

conceptual category four from the interview data provides some evidence that teachers express 'interpersonal' and 'intrapersonal intelligence' (Salovey & Mayer, 1990) as part of their reported responses to young people with mental health problems.

In summary, the current research using a 'bottom up' approach building on grounded theory (e.g. Charmaz, 2006) was a useful and valid approach to developing an understanding of how a group of teachers made sense of mental health issues and responded to them. This study further espoused previous research findings (e.g. Tuffin & Tuffin, 2001; Rothi et al., 2008) that when a group of teachers were able to construct their own view of mental health, the data generated is varied and rich. In adopting a grounded theory (Charmaz, 2006) approach, the research illustrated that the teachers have two constructs regarding mental health. As noted, the conceptual category 'LACK OF CONFIDENCE IN TAKING OWNERSHIP' emerged from the teachers discourse. It was proposed that one process underlying this was the relationships the teachers had with outside professionals which could have effected how confident they felt in expressing a construct of mental health. Yet, it was also considered that by using the unfamiliar term 'mental health' with teachers this may have also influenced the emerging concept. It could be proposed that by using the term 'mental health' with the teachers a further understanding was gained as to how they respond to this term. It could be suggested that the current research illustrated the reasons why teachers found it difficult to use the term 'mental health'.

The emerging conceptual categories describing teachers' reported responses to mental health difficulties were conceptual category three, '**ENCOUNTERING**

**THE INDIVIDUAL POSITION IN THE COLLECTIVE RESPONSIBILITY'** and conceptual category four **'INTERPERSONAL AND INTRAPERSONAL AWARENESS'**. Conceptual category three presented some evidence that the teachers in this research study engaged in a collective responsibility with their teaching colleagues when responding to mental health problems. One process in conceptual category four indicated that the teachers reported responses to mental health difficulties also involved them using their interpersonal skills to respond to young people. Another underlying process in conceptual category four presented some evidence that the teachers could reflect on their intrapersonal skills; this was by reflecting on how they had managed their own mental health when responding to young people. Furthermore, conceptual category four further illustrated that some of the teachers used their intrapersonal skills to think about how their teaching colleagues responded to their own mental health and how this influenced their work with young people.

The current research findings were also discussed in regards to the research literature presented in Chapter two. Charmaz (2006) noted that a literature review can provide a format for the researcher to argue research ideas which the grounded theory aims to address. A further literature review after data collection could also be utilised in which to further understand the generated research findings. Charmaz (2006) suggests that grounded theory researchers can use the literature review to analyse other relevant research findings in relation to their research problem and the developed grounded theory. Therefore, to further place the research findings within the current research literature, the literature was reviewed again to reveal gaps in the knowledge

base and to further highlight the contribution made by the current research findings to the literature.

## 5.4. Revisiting the Literature

The four conceptual categories were used to direct the search of the research literature. Charmaz (2006) asserts that the researcher must argue points of divergence and convergence with their research findings and other research findings. Therefore, the researcher used the conceptual categories to highlight the similarities and differences with the current research findings and those of other research studies.

The revisiting of the literature began when the following databases were searched for all conceptual categories:

- *Education Resources Information Centre (ERIC).*
- *Education Research Complete.*
- *PsycINFO.*
- *PsychArticles*

All searches used the following inclusion criteria:

- *All published literature between 2000 and 2011.*
- *All peer reviewed literature.*

The first search used the following terms from conceptual category one: '*teachers, limiting effect, motivating effect of mental health language'*. The terms '*teacher motivation*' was used as a subject major heading. The second search used the following terms from conceptual category two: '*teachers, lack of*

*confidence, mental health, and young people*'. The terms '*mental health, self confidence, teacher attitudes*' were used as subject major headings. The third search used the following terms from conceptual category three: '*teachers, sharing responsibility, managing mental health and young people*'. The terms 'mental *health, mental disorder, sharing (social behaviour)*' were used as subject major headings. The final search used the following terms from conceptual category four: '*teachers, interpersonal, intrapersonal awareness*'. The terms '*interpersonal interactions, interpersonal relationships, emotional intelligence*' were used as subject major headings. Subsequent searches were also conducted using the search engine Google Scholar with the same procedures and search terms. The internet search engines (Google and Google Scholar) were also searched using the same key words used to search the four electronic databases. This search retrieved one paper (e.g. Conwill, 2003) used in the review.

### 5.4.1. Selection Criteria of Papers

The search was conducted using terms from each conceptual category. This generated several hundred papers to review. Therefore, one overarching criteria was applied to all papers selected. This was that 'teachers' were either participants in the research or schools as an organisation were reviewed. This was applied so that it reflected the focus of this current study which explored teachers' constructs and responses to mental health. As such, the researcher reviewed all papers found and searched for key terms and phrases relating to 'teachers' and 'schools' in the titles and abstracts of each paper. In contrast, to the first literature review, the author only focused on terms relating to 'mental health'. This was applied to reflect the focus of this study which was how the

term ‘mental health’ was conceptualised by teachers. As such, the papers were also selected on the basis that the term ‘mental health’ was present in the title or abstract. This was applied so that the literature selected in this second review would help develop and further explain the conceptual categories found in this current study.

After each search (containing phrases and words from the conceptual categories) was conducted abstracts were selected by the researcher on the basis of the inclusion of key words and phrases. These were ‘teachers’, ‘schools’, and ‘mental health’. In contrast to the previous literature review, the researcher found that the papers retrieved were found to have a relationship with one or two of the conceptual categories found in the current research. As such, the researcher felt that the papers selected could be used to further understand the different processes stated in each conceptual category and so were not grouped.

In total, four papers were selected by the researcher. This was after careful review of titles and abstracts retrieved during the search of the literature. The researcher reviewed the papers that included most of the keys terms, listed above. Abstracts were examined to identify if they contained these key terms. One paper presented in this literature review was by Whitman, Aldinger, Zhamng and Magner, (2008). This was because the title of their paper contained the words ‘mental health’ and ‘schools’. The abstract also made reference to promoting mental health awareness in schools and how this could be demonstrated through the work of educators and mental health professionals. A second paper presented in this literature review was by Reinke, Stormont, Herman, Puri and Goel (2011). This was because the title of

their paper contained all key phrases; these were ‘mental health’, ‘schools’ and ‘teachers’. The abstract also contained information that teachers had been the focus of the research enquiry. A third paper presented in this literature review was by Weist and Christodulu (2000). This was because the title of their paper contained the words ‘schools’ and ‘mental health’. The abstract also discussed that a mental health programme delivered in schools was evaluated. The final paper presented in this literature review was by Conwill (2003) because the word ‘schools’ was included in the title of his paper. In addition, on review of this paper’s abstract, it contained further information on how schools and educational staff could be supported with managing mental health difficulties in young people.

The first paper reviewed is from North America which highlighted the use of in-school mental health programmes. It is important to note that findings from North America may not mirror the experiences of teachers in the U. K. Weist and Christodulu (2000) noted in a review of Expanded School Mental Health programmes (ESMH) that mental health diagnoses can be viewed as stigmatising by school staff but that the route for further support and resources for school usually comes from a diagnosis from a medical professional. They noted that ESMH programmes do not always indicate their impact and suggested that improving mental health awareness and working relationships between teachers and mental health professionals is one way forward. They reasoned that teachers and mental health professionals should ‘engage in regular and interdisciplinary dialogue’. They advocated that through regular dialogue a shared agenda when identifying and managing mental health problems can emerge. The ESMH programme is particular to North America

and its approach and the way it is delivered may not mirror approaches in the U.K. However, some of Weist and Christodulu's (2000) findings were interesting and had some similarities with the findings of this present study.

The current research findings from conceptual category one suggested teachers find mental health language stigmatising for young people but recognise its importance in knowing how to support a young person. Weist and Christodulu (2000) commented that school mental health programmes and school relationships with mental health professionals highlight disciplinary perceptions of mental health. They commented these can act as barriers between teachers and mental health professionals. In this current research the participant in Interview One describes a particular occasion when she had felt frustrated with mental health professionals for not helping a young person in her school. She states (Lines 32-39):

> *"Well quite frustrated because I have seen how useful a diagnosis and medication can be for some students and the lad I was talking bout who had all sorts of difficulties to do with background as well but he was to me classic ADHD he couldn't sit still in the classroom he couldn't keep still he couldn't keep his hands to himself he yeah and we took as soon as he walked through the door I thought the boy is ADHD and his mother had also thought he was ADHD"*

This extract supporting the emergence of conceptual category one, provides a further understanding on how the teachers felt about mental health language. It is proposed that mental health language may create barriers between mental health and teaching professionals but teachers may also feel it creates a barrier for the young people they work with.

Reinke et al. (2011) in North America examined teachers' perceptions of mental health needs of children, their knowledge, skills and experience in supporting

mental health and what they perceived were the barriers to supporting the mental health needs in their schools. Reinke et al. (2011) reported that 292 teachers from five school districts were sampled using a survey approach. Some survey questions required teachers to respond to specified answers and some survey questions were open-ended.

Firstly, there are some limitations to the Reinke et al.'s (2011) study when comparing their findings with the findings of this current study. Firstly, Reinke et al.'s (2011) study was conducted in North America and as such may not mirror the experiences or views of teachers in the U.K. Secondly, only pre-school and primary schools teachers were surveyed. As the sample in this current research study were secondary school teachers, some caution was applied when interpreting Reinke et al.'s (2011) findings with that of the current study. There may be differences in the presentation of mental health difficulties in primary age and secondary age children and this may warrant different responses from teachers. Finally, Reinke et al. (2011) stated that one of the limitations of their study was that if the teachers in the study had been interviewed on their views this may have brought about richer information. As noted, in Chapter 2, one of the criticisms of previous research (e.g. Poulou and Norwich, 2000; & Connelly et al., 2008) was that teachers were limited to responding to pre-determined views of mental health and social, emotional and behavioural difficulties.

However, Reinke et al. (2011) found some interesting findings that share similarities with the conceptual categories found in this research. It is proposed that Reinke et al. (2011) findings help to further support the current research conceptual categories. Reinke et al. (2011) found that teachers reported school

psychologists as having a leading role in assessment and intervention; teachers' viewed their role as implementing educational based interventions. Teachers highlighted a global lack of knowledge and experience in supporting mental health needs. Some of the highest ratings of barriers for teachers in supporting young people's needs were: the difficulty identifying children with mental health needs, lack of adequate training for dealing with children's mental health needs and the stigma associated with receiving mental health services.

These findings show some similarities between teachers in North America (e.g. Weist and Christodulu, 2000 & Reinke et al., 2011) and the current research findings. The teachers in this study felt they had difficulties in identifying mental health needs and believed that there is a perceived stigma when mental health language is used. Moreover, the teachers in this current study expressed that mental health was an ambiguous concept for them (as found in conceptual category two). Furthermore, Reinke et al.'s (2011) study revealed that teachers in North America still viewed a significant proportion of mental health support as being the responsibility of other professionals. In this current study it appeared that the teachers viewed other professionals as having a leading role in mental health identification.

It is proposed that the current research findings may provide an account for why teachers feel other professionals have the significant responsibility of supporting mental health. The current study provided some evidence that the teachers' lack of confidence in being involved in the assessment of mental health was because they felt others take on this responsibility. It can be suggested that because teachers feel a lack of power in being able to take ownership of assessing mental health that this then has an impact on their

ability to define mental health and may explain their reluctance to define describe difficulties in young people using the term ‘mental health’.

During the focused literature review using terms from conceptual category one, findings from Reinke et al.’s (2011) study were found to have a relationship with current research findings from conceptual category three (**ENCOUNTERING THE INDIVIDUAL POSITION IN THE COLLECTIVE RESPONSIBILITY**). Reinke et al. (2011) highlighted that teachers view mental health professionals as taking the chief role in mental health treatment. The current research findings highlighted that the teachers appeared to take on a shared responsibility of information gathering and eliciting the support of their colleagues to support and talk with a young person having difficulties. Teachers also expressed that this process also involved alerting mental health professionals. These current research findings have similarities with Reinke et al.’s (2011) study because the teachers in this present study did discuss referrals to other agencies as a primary response. However, these current research findings highlighted evidence that the teachers could be confident in managing difficulties and that they managed mental health difficulties using a collaborative approach.

As noted, conceptual category three highlighted the collaborative role teachers have with each other. A review of the literature using terms from conceptual category three highlighted some research from North America. This single case study highlighted the beneficial role consultation and collaborative working between a mental health professional and school staff can have with formulating and agreeing action plans to support a young person with mental health difficulties (Conwill, 2003).

Conwill's (2003) paper is a single case study with the author reviewing his own practice in schools. As such only tentative conclusions can be drawn from this paper. The paper can be viewed as fairly subjective and will only be presented to tentatively illustrate one approach that could be employed in schools with helping teachers' manage mental health. Conwill (2003) commented that it was the consensus generated between all staff that helped facilitate the action plans generated to support young people with mental health difficulties. The current research findings from conceptual category three highlighted that the teachers perceive themselves to have effective working relationships with each other when managing mental health difficulties in young people. However, research findings from conceptual category two highlighted that the teachers' lack of confidence in taking ownership of mental health could be due to the 'expert' role mental health professionals have. Therefore, the current research findings from conceptual categories two and three suggest that there may be professional barriers in the working relationships between school staff and mental health professionals. Conwill (2003) highlighted it was the collaboration between teachers and mental health professionals which helped facilitate support for young people. Thus, the current research findings indicate that how teachers' view their working relationship with mental health professionals may have an impact on the effective identification and treatment of mental health difficulties in young people.

With regard to the fourth conceptual category (**INTERPERSONAL AND INTRAPERSONAL AWARENESS**) some research in China (Whitman et al., 2008) was found to be helpful in conceptualising the study's current findings. Whitman et al. (2008) used mixed methods to evaluate the Word Health

Organisations (WHO) Health Promoting School Model. They used interview data and focus groups to understand why schools chose certain activities and approaches in supporting the mental health of their pupils. The researchers' then used the data from the WHO's Global School Health Survey (GSHS) which was completed by pupils in the schools to identify the needs of the pupils and to analyse the strategies employed by the schools. Whitman et al. (2008) used interviews and focus groups with nine schools in one province in China. The sample consisted of 191 participants including 26 school administrators, 56 teachers and school staff, 64 students, and 45 parents. Data was analysed using software based on grounded theory. In addition, data from the GSHS was analysed from 14,848 pupils in the age range of 13 to 15 years, 7,426 pupils in the age range of 16 years or older and 487 pupils in the age range of 12 years or younger. In summary, this was a large scale review of the mental health of pupils and the approaches employed in schools in China to manage mental health.

The aim of the study was to review the approaches applied in schools to support pupils' mental health and which approaches were effective. One of the limitations of this study was that it reports on the responses of school staff in China on how they respond to mental health difficulties. As such, social and cultural influences are likely to have affected the findings and as such these may not help to fully understand the experiences of teachers in the U.K.

However, Whitman et al. (2008) found that that teachers' interpersonal intelligence had a direct effect on teachers' self efficacy in helping others. This current study has highlighted that some teachers can engage in interpersonal relationships with young people, to help them with their mental health problems.

Although, the teachers' perceptions of their ability to help young people was not specifically analysed, the current study highlighted that the teachers could be active in trying to find others who can help young people.

The current research findings also highlighted that the teachers do use their interpersonal skills to try to support young people and are aware of their own role in shaping young people's experiences. As proposed in Chapter one, an important aspect of this study was to gain insight into teachers' constructs and responses to mental health in the hope of improving outcomes for young people. As such, these current research findings highlight that some teachers' responses to mental health are talking to a young person about their difficulties, demonstrating empathy and teaching coping strategies. It is proposed that these research findings provide a further understanding of how teachers' respond to mental health in young people and the possible tools which they use to support young people with their difficulties.

As shown in conceptual category three, the teachers engaged in a collective ownership of managing a young person with mental health difficulties. This current study highlights that professionals should be mindful that teachers engage in a shared ownership with their colleagues regarding mental health and are sensitive to seeking outside support. This reveals that perhaps some of the outside agencies role should be in enhancing and supporting the interventions already established by teachers. Professionals also need to work towards becoming more heavily involved in a joint working responsibility with teachers rather than being the outside 'experts'.

The research findings have been presented and discussed in relation to their unique contribution to the literature. In the next section, a critique of the current research findings will be discussed.

## 5.5. Limitations of the Research

Issues of validity were addressed when the researcher worked towards being transparent in each phase of the research, such as providing an audit trail during the data analysis. In interviews One and Two, the clustering diagrams of initial categories showed evidence that the initial ideas about the data collected were then tested out in Interviews, Three, Four and Five. The audit trail at this stage of the analysis then included clustering diagrams and theoretical coding, demonstrating that hypotheses (conceptual categories) were generated and refined. In the final stages of data analysis, these hypotheses were tested out with new data. This audit trail was recorded on the transcribed interviews, showing examples of focused coding and how extracts of the data were described by the conceptual categories.

During the final stages of data analysis, one mechanism was used to guard against threats to validity. This mechanism was the use of *tabulations,* which is a method from quantitative research, to record the frequency of concepts found in the data (Silverman, 2010). In this present study, the use of tabulations provided an audit trail of how confirming cases were used to develop and refine the conceptual categories. This helped to guard against researcher bias and provide a mechanism in which the researcher could guard against her own constructs and perceptions being enforced on the data. The recording of disconfirming cases during data collection in Interviews Six and Seven were

then acknowledged by the researcher and discussed during the presentation of the research findings in Chapter Four.

However, there were limitations in the testing out of hypotheses (conceptual categories) due to the small sample size. The grounded theory approach advocates the collecting of data until there is a saturation of concepts (Charmaz, 2006). The small scale size of this qualitative of the research results in it being difficult to generalise the findings of this research. However, the findings were very interesting and it would be useful to further develop such research to explore these conceptual categories with more teachers.

Issues of reliability were managed by the researcher when she was interviewed using the interview questions to establish her own constructs of mental health. The researcher used peer support to try to guard against researcher bias by having these research interview transcripts read. The researcher used peer support in the final stages of analysis when another colleague read through her focused coding and 'checked out' the conceptual categories to aid consistency of assigning codes to the same conceptual categories.

However, there are some issues concerning the reliability of the recording of the transcripts. Interviews were transcribed 'verbatim' and only showed the participants' speech. Therefore, grammatical phrases and pauses highlighting subtleties in the participant's discourse were missed from the transcriptions. More information may have been provided if there had been more detailed recording of the interviews.

In addition, there are some further criticisms regarding the grounded theory approach used in this research. As discussed in Chapter three, grounded theory was pioneered by Glaser and Strauss (1967) but tensions grew between

Glaser and the new developers of grounded theory regarding grounded theory's epistemological framework and the role of the researcher in data collection and analysis. Glaser's (2002) view is that the researcher is a passive observer of the data collected and that they can collect data without letting their prior assumptions, theoretical renderings and empirical training affect data collection. Charmaz (2006) argues the researcher plays a significant role in interacting with the research participants and also helps to inform their reality. It is evident that the debate surrounding grounded theory can be described as contentious. Moreover, it can be proposed that this division and the constant re-defining and re-conceptualising of grounded theory may lead a diluted version of the intended method.

As noted in Chapter Three the pilot study illustrated some resistance by the participant to engage in a conversation regarding mental health. The researcher also found that during data collection some teachers felt discomfort when being asked their views regarding mental health. In Interviews Two, Three and Four, the transcripts illustrate that the researcher had to use lots of prompts when trying to elicit their views. The difficulties involved in eliciting participants' views on mental health resulted in the researcher using more techniques which allowed participants to comment on mental health from the 'third person'. Although, this was part of the constant comparative method, allowing participants to comment on a collective view rather than predominantly on their own views may have reduced the reliability of the findings.

There was also what appeared to be an emotive response by teachers when discussing the topic of mental health, for example, some teachers made personal disclosures during the interviews. In this case it might follow that the

research process did evoke some psychological discomfort in the teachers. As noted in Chapter three, the researcher de briefed participants and spoke with those participants who had made disclosures. All participants were contacted by the researcher after the interviews and given information on mental health services they could contact regarding concerns they had with young people they worked with. The participants were also given information on where they could seek support for mental health issues (see **Appendix 24**).

In addition, one of the ongoing procedures during the research process was the researcher providing an account of their thought processes during the research in order to illustrate reflexive validity. One component in evaluating the current research is to use the reflexivity of the researcher. In the next section, a discussion of the personal journey of the researcher over the course of the study, including an account of the possible impact this had on the research and the researcher will be provided.

## 5.6. Reflexivity

Before conducting the research, the researcher made explicit in Chapter one her feelings of anger and frustration she felt towards teachers working in a mainstream setting who were apprehensive about working with young people with mental health problems. Conversely, the research interviews highlighted that the teachers interviewed felt anger and frustration towards mental health professionals who take ownership of defining mental health. Furthermore, one of the assumptions the researcher had before data collection, was that the teachers she would interview may struggle to articulate a concept of mental health because of the stigma surrounding mental health language and a 'fear of the unknown'.

During the research process, the researcher believed that the teachers she interviewed engaged in a *diffusion of responsibility* when being faced with the topic of mental health. The researcher was also influenced by Psychodynamic theory and this theory in part provided a framework in which to understand the research findings. The researcher reflected on the research findings and projected that at an unconscious level the 'fear' and 'stigma' of mental health motivated the teachers in the research study to remove themselves from the responsibility of managing mental health. Furthermore, the current research findings appeared to suggest that the teachers' lack of confidence involved the conceptualisation of mental health. The researcher suggests that the teachers do not feel the need to define difficulties as mental health because they remove themselves psychologically from engaging in mental health problems. The researcher believed that the teachers could follow procedures by alerting other professionals who they believed they would ultimately manage mental health difficulties. Therefore, the researcher proposed that this makes it easier for the teachers to remove themselves psychologically from the responsibility of identifying mental health problems in young people.

The researcher reviewed her experience of conducting the research interviews. The researcher reflected on the likelihood that even though the researcher made efforts to create a rapport with the participating teachers the efforts to create an informal setting may have been constrained by her role as a professional. The researcher proposed that the very nature of the teachers sitting with the researcher and the researcher asking teachers to discuss difficult issues regarding young people may have mirrored the types of conversations teachers would have with professionals and with her as a trainee

EP. This encouraged the researcher to reflect on her role as a trainee EP and that the teachers may have felt fearful discussing openly their views on mental health because they viewed the researcher as a professional who can define and manage mental health difficulties. Furthermore, the researcher reflected on the possibility that the teachers may have been fearful to discuss their views on mental health because the researcher may have conveyed verbally her own knowledge of the topic under discussion. This may have contributed to the teachers' lack of confidence when constructing mental health.

Finally, the researcher evaluated the use of vignettes and the decision taken not to include 'mental health' language in them. One of the research findings was that the teachers found it more comfortable to discuss their responses to young people with difficulties rather than conceptualising mental health. Therefore, it is suggested that the vignettes may not have effectively explored teachers' responses to mental health difficulties. However, the research had been advertised as a discussion on mental health and one of the first research questions involved eliciting teachers' views on mental health. In conclusion, the research interview circumstances should have elicited the desired responses in teachers and it is proposed that initial research questions primed teachers to engage in a discussion on mental health.

The next section will include a discussion on the implications for further research from these current research findings.

## 5.7. Implications for Further Research

This research has gathered initial evidence that a particular group of teachers' constructs of mental health can be limiting for young people but motivating for the teachers. This is because a recognised diagnosis or condition helped the

teachers to know how to act when supporting young people with mental health problems. The research also revealed that the small group of teachers in this study were comfortable working in a collaborative way to support young people. The teachers in this study also worked with other teaching colleagues in sharing information about difficulties and how to manage them. The findings from the research study also suggested that the teachers' engaged in interpersonal relationships with young people to manage mental health and have some awareness of the impact of their own responses on young people.

The categories developed were tentative and due to the small sample size a firm theoretical contribution to the literature could not be established. Further research may want to explore and establish these conceptual categories and use a larger sample size to establish a firm theoretical process underlying teachers' constructs and responses to mental health. As the research uncovered some interesting findings regarding teachers' own intrapersonal reflections on their behaviour and its effect on young people, this area may warrant further exploration. Further research may want to focus on exploring teachers' own 'internal' responses to their own coping strategies and explore how their own mental health issues impact their work with young people.

The current research findings suggested that some teachers take an active role in sharing a responsibility with their colleagues in their responses to mental health which has implications for in-school practice. Furthermore, another interesting finding which developed during the research was the relationship between teachers and other professionals. This has implications for the practice of teachers as well as the practice of other professionals. Before a discussion on the role of EPs in supporting teachers with mental health

problems in young people is presented, the research findings and their implications for teachers and school will be discussed.

## 5.8. Implications for Teachers and Schools

One of the main arguments presented in Chapter one was that the range of terminology associated with mental health can be confusing and polarising for teachers involved in the care of children and young people. Furthermore, the literature review highlighted that teachers often feel more comfortable using language associated with social, emotional and behavioural difficulties. The current research findings suggested that the teachers viewed the language used regarding mental health to be limiting for young people but also expressed that it could be a motivating influence (e.g. the diagnosing of young people with mental health problems) as a way for schools and teachers to access more support for young people. Furthermore, the lack of confidence teachers had in engaging in an ownership of commenting on mental health may have implications for their teaching practice with young people. Possible implications for teachers and schools are that mental health language used in schools should consider the following

- Using the term ‘mental health’ does reflect current government initiatives and is used by health and medical professionals. By seeking to learn more about the way medical professionals diagnose and the way EPs define mental health difficulties, teachers may gain a better understanding of why this language is used. However, this has implications for the professionals involved and this will be discussed in the next section 5.9

- Teachers highlighted that mental health language can help them understand and then respond to difficulties. Schools may want to consider their school information and sharing procedures and offer teachers more opportunities to meet collectively to discuss individual student needs and interventions to use with them. Peer support and supervision forums could be set up where teachers' are offered a space to seek support from their colleagues in how to manage what can be complex and difficult issues. Schools may wish consider outside services to offer this support so that an outside professional can work collaboratively and share ownership with teachers on understanding and managing mental health problems. The ways in which schools could seek the advice and support of professionals will be discussed in the next section.

The research highlighted that the teachers often engaged in interpersonal relationships with young people suffering from mental health difficulties in the hope of containing and regulating their emotions. Some teachers also reflected on their own emotional responses to young people and how their behaviour can affect young people's mental health. Possible implications for teachers and schools are:

- Schools may need to include policies which reflect the mental health needs of their teachers and how they support the work teachers do, which can be stressful and emotive.

- Schools may want to adopt whole school agendas which focus on talking about mental health more openly and emphasising that teachers' mental

health is an important part of creating a caring and sensitive environment for young people who may face mental health difficulties.

- Schools may want to consider the support systems in place for teachers. Peer and individual supervision, focusing on mental health rather than teaching practices may be a mechanism whereby teachers can gain support in coping with the difficulties they face in young people. Advice on how to set up and run these in-school support systems should be sought from professionals with experience in therapy and supervision skills. These have implications for professionals and will be discussed in the next section (5.9).

Overall, the current research findings have implications for teachers in their day to day practice. However, as noted in Chapter one, EPs have been identified as being a professional service that can help in the support and training of teachers when managing complex issues. The following section will discuss the research findings in relation to educational psychology practice and address some of the recommendations made for professional practice as stated above

## 5.9. Implications for Educational Psychology Practice

The current research findings have implications for the role many professionals have, in engaging teaching staff on discussions of mental health and working with them to support their management of young people with mental health difficulties. Firstly, as discussed in Chapter one, Beaver (2005) proposed that EPs should focus on the life of the child in the community in which they live and promote change through the influential adults in a child's life. Therefore, EPs play a crucial function in understanding the psychological development of children through the examination of the role of familial, social, economic factors.

It can be suggested this also involves analysing the role teacher's take in shaping young people's development.

Furthermore, one mechanism in which EPs have been found to work in developing change for young people is that of *Consultation* (Wagner, 2000). Wagner identified psychological models involved in the process of consultation used by EPs. She asserts that change occurs when individuals in the system (school system) make a paradigm shift to an interactionist and systemic viewpoint, so that the view of the problem (for example a child's disruptive behaviour) changes from *within* the person to something that happens between people. She suggests that if EPs started to work in this way it would allow for more possibilities of change for the child to emerge. This view on EPs practice compliments the researcher's social constructionist epistemology that reality can be co-constructed between individuals. Therefore, by EPs working within these frameworks, they can help support teachers with identifying and managing mental health problems. In addition, EPs can help support teachers develop their awareness of mental health. For example, EPs could train teachers on the range of terminology surrounding mental health, for example, which disciplines uses certain terminology and where these terms stem from. EPs may want to seek to enlighten teachers that terminology surrounding mental health can overlap and can describe the same state (e.g. Frederickson, et al., 2009).

As noted previously, teachers may benefit from more forums to work collaboratively. EPs can use *consultation* to bring together all parties involved with a young person, including the variety of teachers involved in teaching young people. Through the consultation process, concerns, issues and young

peoples' strengths can be identified. This could result in a collective agreement to identify ways forward and this may result in targeted interventions and actions for individual teachers. EPs could work with school staff to monitor how teachers feel they are managing young people's difficulties and seek to empower teachers in their individual teaching roles. Newton (1995) established *Circle of Adults*, which helps adults to explore, in depth, the emotional needs of children with challenging behaviour. This approach can involve all teachers getting together and problem solving on how to manage these issues and to reach a deeper understanding of a young person's emotional needs. As emotional needs are part of the mental health make-up of young people, such a strategy could be used by EPs to facilitate a collaborative working relationship between teachers and outside professionals in identifying and supporting the mental health needs of young people.

Finally, schools may want to seek advice and support from EPs when supporting the mental health needs of their teachers and in helping them to manage what can be emotive and complex situations. Furthermore, the supervisory skills EPs have could be developed more and offered as a service for schools. Therefore, it would be beneficial for the EP profession to look at the ways in which their supervision skills are employed. However, EPs would need to mindful of the boundaries surrounding their role as educational psychologists in supporting teachers' possible 'mental health' difficulties. In a typical work scenario, EPs may offer some consultation and discussion with teachers with regard to their need to discuss some of their feelings around managing what can be complex issues which young people. In offering supervision, EPs would need to make sure that supervision was offered as a

problem solving and refection space for teachers and not as therapy. The consultation process could be used as an approach, perhaps using solution focused style questioning, which set the rules and structure of the supervision sessions.

Jackson (2002), a child psychotherapist, facilitated supervision groups with teachers in a mainstream secondary school. The aims of the supervision group were to discuss pupils at risk of emotional breakdown and for the teaching staff to understand the reasons behind the pupils' behaviours and their own responses to it. Jackson (2002) was a mental health professional. Although, EPs have a good knowledge of systemic factors which can affect young people they would need to be mindful of their role as educational psychologists.

In addition, EPs may find it helpful to consult and work collaboratively with their colleagues in mental health, by seeking their professional advice and input. EPs could offer supervision to teachers but if teachers were to make personal disclosures during supervision, EPs would need to offer teachers information on other services and professionals who could offer more specialist support tailored to support their individual mental health needs. It can be proposed that EPs can still have a role in supporting teachers to reflect and think about complex mental health difficulties in young people. This is because EPs have knowledge of education and school systems and coupled with their supervisory skills, would mean they could be best placed to offer supervision to teachers.

In addition, an EP who helped manage and evaluate the TaMHS project in a Local Authority in England, stated that a group of teachers running a mental health intervention with secondary aged pupils, sought supervision whilst carrying out the intervention. It was reported that the teachers found

supervision beneficial and helped them to think about the issues raised during the intervention and how they managed them. Teachers reported that they would like more supervision when supporting mental health (A Haskamp, personal communication, May 9th 2011).

In summary, the implications for the current research findings with regards to possible EP practice have been reviewed and recommendations suggested. In the following section, an overall summary and the main conclusions of the current research study will be presented.

## 5.10. Conclusions

The topic of mental health has been shown to be important, due to its growing national importance (e.g. Rait et al., 2010; TaMHS, 2010 & Layard, 2006) and because of the reported increase in the prevalence of mental health difficulties in children and young people (e.g. DoH, 2004c & Wilson, 2004). There is some evidence that teachers now have a significant role in mental health education, identification and management (e.g. Cowie et al., 2004; Rait et al., 2010 & Frederickson et al., 2009). This has espoused the need for research in regards to teachers and the topic area of mental health. This thesis has presented evidence which suggests that terminology surrounding mental health has been shown to be complex and many terms in education and health can describe the same condition (see Chapter One). This current research study has revealed that the term 'mental health' can be utilised effectively with teachers to explore their constructs of this social phenomena and how they respond to it in young people.

The current research used a grounded theory approach to analyse interview data from seven teachers. The findings indicated that four conceptual

categories emerged from the data and illustrated that the teachers had two constructs of mental health. Firstly, one conceptual category revealed that the teachers felt mental health language was limiting for young people and they did not like to use defining terminology with them. Conversely, the data highlighted that defining language can have a motivating effect on the teachers. This was highlighted by the teachers' then being able to know how to respond to a young person with mental health difficulties. The second construct of mental health concerned the teachers' lack of confidence in sharing an ownership of the term 'mental health'. The processes underlying this construct were the feelings from the teachers that other professionals have a more leading role in identifying mental health difficulties. The teachers believed that their role was minimal in conceptualising mental health. The other process was that the teachers found mental health to be 'unfamiliar' to them and they experienced feelings of frustration because they felt mental health was an ambiguous term to them.

The research findings highlighted that the teachers had two main responses to young people with mental health difficulties. Firstly, the teachers were active in engaging in a collective responsibility in responding to difficulties. The teachers were able to hypothesise about the reasons behind a young person's behaviour and they sought to manage these behaviours by drawing on the experience and expertise of their teaching colleagues. All of the teachers thought it was important for a young person to have somebody to talk to in school and the teachers felt responsible in ensuring that a young person had an adult to talk to. Secondly, the teachers pursued interpersonal relationships with young people suffering from mental health difficulties and tried to help them regulate and contain their emotions. Some of the teachers also wanted to teach coping

strategies to young people. The second process in this category highlighted that some of the teachers noted an awareness of the impact they had on young people. Some of them reflected on the role they played in managing young people and how this could affect their own mental health.

One of the interesting findings from this study highlighted that using mental health language with the teachers affected how they constructed their interactions with mental health professionals. The research findings suggested that the teachers' interpreted their role as educational professionals as independent and that this was set apart from the role of mental health professionals. The teachers' construction of 'mental health' was entwined with the concept that their work and role was not viewed as 'collaborative' with mental health professionals when managing mental health difficulties in young people. The findings indicated that the teachers struggled to conceptualise mental health because they viewed mental health professionals as having a dominant role in being able to use this language. This appeared to be the impetus regarding the feelings of 'separation' between the roles of teachers and mental health professionals. The findings revealed that this 'separation of roles' curtailed the teachers' ability to engage in wanting to work together with mental health professionals in describing and identifying 'mental health' difficulties.

The implications for schools and teachers are that mental health language may separate the professional roles of teachers and outside agencies. This may have consequences on how schools and outside agencies work together when attempting to understand young people with mental health difficulties. One way in which to manage this 'separation of roles' might be for teachers and mental health professionals to work more collaboratively during the process of

identifying mental health problems. This may help to foster a collective ownership and responsibility. This may also have implications for EP and their work with schools. EPs may need to be aware of the effect language can have on facilitating joint working and joint responses with teachers.

The research findings suggested that the teachers do not always feel confident and competent using mental health language. This may affect their confidence and knowledge of the range of symptoms and descriptions of mental health, including those used by mental health professionals and other agencies. One way in which to manage this could be the importance of schools adopting "whole" school approaches to mental health awareness. Another way in which to support teachers' confidence in conceptualising mental health may be by peer mentoring and supervision systems. In these forums teachers can discuss their feelings about 'mental health' and work together with other teachers in describing and managing mental health difficulties. One of the implications for EPs are that they could take a role in establishing joint practice and encouraging shared ownership by training teachers in mental health, using consultation processes to encourage collaboration and ownership and through developing a role in offering mentoring and supervision support for teachers.

It is proposed that the findings of this research can provide some evidence of the importance of EPs engaging in evidenced based practice. This study has highlighted the effect that language can have on joint working and collective ownership of mental health difficulties observed in young people. These findings can help shape EP practice by helping them to be more aware of their role as outside agencies and the drawbacks this can then have on teachers' confidence in taking ownership of young people's difficulties. This piece of

research helped illustrate that EPs can conduct research across educational and health disciplines, by using health terms and a commonly used health research method (i.e. grounded theory) in an educational milieu.

The methods used in this current study mirrored government initiatives which support multi agency and multi disciplinary working (ECM, 2004). The research findings suggest that by conducting research which uses perspectives from different disciplines, EPs can gather rich information which can help highlight how the adults around young people work together. The current research findings have revealed to EPs the strengths and weaknesses of teaching practice in regards to mental health. This can contribute to the development of EP practice, by EPs not only supporting individual and groups of teachers, but also working systemically with schools to develop practices and policies which influence the school environment. In summary, this current research highlighted the ways in which EPs can work with one group of influential adults (i.e. teachers) in young peoples' lives (Beaver, 2005) to improve outcomes for them.

# References


Achenbach, T.M. (1991a). *Teacher's report form*. Burlington, VT: Author.

Achenbach, T.M. (1991b). *Child behaviour checklist and youth self report*. Burlington, VT: Author.

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4th Ed.) (DSM-IV). Washington. DC: Author.

Appleby, L., Shribman, S., & Eisenstadt, N. (2006). *Promoting the Mental Health and Psychological Wellbeing of Children and Young People. Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services*. London: DoH Publications.

Armitage, C. J., & Conner, M. (2000). Attitudinal ambivalence: A Test of three key hypotheses. *Personality and Social Psychology Bulletin, 26*, pp. 1421-1432.

Armstrong, C., Hill, M., & Secker, J. (2000). Young People's perceptions of mental illness. *Children and Society,* 14*,* pp. 60-72.

Banister, P., Burman, E., Parker, I., Taylor, M., & Tindal, C. (1994). *Qualitative Methods in Psychology: A Research Guide*. Buckingham:Open University Press.

Beaver, R. (1996). *Educational Psychology Casework: A practical guide*. London: Jessica Kingsley Publishers.

Baron, R. A., & Byrne, D. (2003). *Social Psychology* (10th Ed). USA: Ally and Bacon.

Baxter, J., & Frederickson, N. (2005). Every Child Matters: Can educational psychology contribute to radical reform*? Educational Psychology in Practice, 21* (2), pp. 87-102.

Berger, P.L., & Luckmann, T. (1967). *The Social Construction of Reality. A Treatise in the Sociology of Knowledge.* USA: Anchor Books.

Blakie, N. (1993). *Approaches to Social Enquiry.* Cambridge: Polity. British Psychological Society, Division of Education and Child Psychology (2002). *Professional Practice Guidelines*. Leicester: BPS.

British Psychological Society (2006). *Code of Ethics and Conduct*. London: BPS.

Bryant, A., & Charmaz, K. (2007). *The SAGE Handbook of Grounded Theory.* London: SAGE.

Cooper, P., & Tiknaz, Y. (2007). *Nurture Groups in School and at Home Connecting with Children with Social, Emotional and Behavioral Difficulties.* London: Jessica Kingsley Publishers.

Cole, T., & Sellman, E., Daniels, H., & Visser, J. (2002). *The mental health needs of young people with emotional and behavioural difficulties.* London: Mental Health Foundation.

Connelly, G., Lockhart, E., Wilson, P., Furnivall, J., Bryce, G., Barbour, R., & Phin, L. (2008). Teachers' responses to the emotional needs of children and young people. Results from the Scottish Needs Assessment Programme. *Emotional and Behavioural Difficulties, 13,* (1) pp. 7-19

Cowie, H., Boardman, C., Barnsley, J., & Jennifer, D. (2004). *Emotional health and well being: a practical guide for schools.* London: Paul Chapman Publishers

Conwill, W., L. (2003). Consultation and collaboration: An action research model for the full service school. *Consulting Psychology Journal: Practice and Research 55* (4) pp. 239-248.

Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: Sage Publications Ltd.

Daley, D., Renyard, L., & Sonuga-Burke, E., J., S. (2005). Teachers' emotional expression about disruptive boys. *British Journal of Educational Psychology, 75,* pp.25-35.

Daniels, H., Visser, J., Cole, T., & de Reybekill, N. (1999). *Emotional and behavioural difficulties in Mainstream Schools.* (Research Report RR90). London: DfEE.

Department for Education and Employment (DfEE). (1998). *Excellence in Research on Schools.* London: The Stationary Office.

Department for Education and Skills (DfES). (2001). *Special Educational Needs Code of Practice.* London: The Stationary Office.

Department for Education and Skills (DfES). (2001). *Promoting children's Mental Health within Early Years and School Settings*. London: DfES.

Department for Education and Skills (DfES). (2003). *Every Child Matters, Green Paper*. London: The Stationary Office.

Department for Education and Skills (DfES). (2007). *Social and emotional aspects of learning.* Nottingham: DfES Publications.

Department for Health (DoH) (2004a). National service framework for children and young people and maternity services change for children Every Child Matters. In *The mental health and psychological wellbeing of children and young people* (*3779*) pp.3-48. London: Department for Health and Department for Education and Skills.

Department for Health (DoH) (2004b). *CAMHS Standard, national service framework for children, young people and maternity services:*

*The mental health and psychological well-being of children and young people*. London: DoH Publications.

Department for Health (DH) (2004c). *Mental Health of Children and Young People in Great Britain*. London: HMSO

Department for Health (DoH). (2007). *Attitudes to Mental Illness*. London: DoH.

Department for Children Schools and Families (DCSF). (2007). *The Children's Plan: Building brighter futures*. Nottingham: DSCF Publications.

Department Children Schools and Families (DCSF) (2008). *CAMHS Review Final Report*. Retrieved 4th of March 2009 From http://www.dcsf.gov.uk/CAMHSreview/

Department Children Schools and Families (DCSF) (2008). *Targeted Mental Health Schools Project (TaMHS)*. Nottingham: DCSF Publications.

Draucker, C., B Martsolf, D., S., Ross, R., & Rusk, T., B. (2007). Theoretical Sampling and Category Development in Grounded Theory. *Qualitative Health Research 17* (8) pp. 1137-1148. Retrieved 4th of Match 2011 from

http://qhr.sagepub.com/content/17/8/1137.

Fonagy, P., Target, M., Cottrell, D., Philips, J., & Kurtz, Z. (2005). *What works for whom? A critical review of treatments for children and adolescents.* Hove: The Guildford Press.

Ford, T., & Nikapota A. (2000). Teachers' attitudes towards child mental health services. *Psychiatric Bulletin,* 24, pp. 457-461.

Fox, M. (1997). *Psychological Perspectives in Education*. London: Cassell Educational Ltd.

Fox, M. (2003). Opening Pandora's Box: evidence-based practice for educational psychologists. *Educational Psychology in Practice, 19* (2) pp. 91-102.

Fox, J. C., and Avramidis, E. (2003). An Evaluation of an Outdoor Education Programme for Students with emotional and behavioural difficulties. *Emotional and Behavioural Difficulties, 8* (4) pp. 267-283.

Finch, J. (1987). The Vignette Technique in Survey Research. *Sociology*, 21, pp.105-14.

Fletcher, G., J., O. (1996). Realism versus relativism in psychology. *American Journal of Psychology, 109,* (3) pp.409-29.

Frederickson, N., Miller, A., & Cline, T. (Eds) (2008). *Educational Psychology: Topics in Applied Psychology.* Hodder Education: London.

Frederickson, N., Dunsmuir, S., and Baxter, J. (2009). *Measures of Children's Mental Health and Psychological Wellbeing: Introduction*. pp. 1-17.

Gardner, H. (1983). *Frames of Mind: The Theory of Multiple Intelligence.* New York: Basic Books.

Gardner, H. and Hatch, T. (1989). 'Educational implications of the Theory of Multiple Intelligences' *Educational Researcher 18* (8), pp.4-10.

Geertz, C. (1973). 'Thick description: towards an interpretive theory of culture', in Geertz, C. (ed.) *The Interpretation of Cultures.* New York: Basic Books.

Gergen, K. J. (2001). 'Psychological science in a postmodern context' *American Psychologist,* 56 (10), pp.803-813.

Gersch, I. (2004). 'Educational psychology in an age of uncertainty.'

*The Psychologist 17,* (3) pp. 142-145.

Goulding, C. (1999). Grounded Theory: some reflections on paradigm, procedures and misconceptions. *Working Paper Series June 1999.* Management Research Centre: University of Wolverhampton

Glaser, B.G. (1978). *Theoretical sensitivity*. Mill Valley, CA: The Sociology Press.

Glaser, B.G. (1992). *Basics of grounded theory*. Mill Valley, CA: The Sociology Press.

Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions.* Mill Valley, CA: The Sociology Press.

Glaser, B. G. (2002). Constructivist grounded theory? Forum qualitative Sozialforschung/Forum: *Qualitative Social Research (On-line Journal), 3,* Retrieved at: http://www.qualitative-research.net/fqstexte/3-02/3 02glaser-e htm. August 2010.

Glaser, B. G., & Strauss, A., L. (1965). *Awareness of dying*. Chicago: Aldine.

Glaser, B. G., & Strauss, A., L. (1967). *The discovery of grounded theory.* Chicago: Aldine.

Glaser, B. G., & Strauss, A., L. (1968). *Time for Dying*. Chicago: Aldine.

Glaser, B. G., & Strauss, A., L. (1971). *Status Passage*. Chicago: Aldine.

Goodman, R. (1997). The strengths and difficulties questionnaire: A research note: *Journal of Child and Psychology and Psychiatry,* 38*,* pp.581-586.

Goodman, R., & Scott, S. (1997). *Child Psychiatry*. Oxford: Blackwell Science.

Goffmann *, E. (1959). The Presentation of Self in Everyday Life.* London: Penguin Books

Goleman, D. (1995). *Emotional Intelligence: why it can matter more than IQ.* New York: Bantam Books.

Goleman, D. (1998). *Working With Emotional Intelligence.* New York: Bantam Books.

Hammen, C. (1997). *Depression*. Hove: Psychological Press.

Hart, C. (1998). *Doing a Literature Review. Releasing the Social Science Imagination*. London: Sage

Health Advisory Service (1995). *Together we stand: the commissioning, role and management of child and adolescent mental health services*. London: The Stationary Office.

Heider, F. (1958). *The psychology of interpersonal relations*. New York: Wiley.

Hughes J., A. & Sharrock, W. W. (1997). *The Philosophy of Social Research*. (3rd Ed). UK: Longman

Ibeziako P., I, Omigbodun, O., O., & Bella, T., T. (2008). Assessment of need for a school-based mental health programme in Nigeria: Perspectives of school administrators. *International Review of Psychiatry, 20* (3) pp. 271–280.

Jackson, E. (2002). Mental Health in schools: what about the staff? *Journal of Child Psychotherapy 28* (2) pp.129-146.

Jorm, A., F., & Wright, A. (2008). Influences on young people's stigmatising attitudes towards peers with mental disorders: A national survey of young Australians and their parents. *The British Journal of Psychiatry,* 192, pp. 144-149.

Kazdin, A.E., & Weisz, J. R. (2003). *Evidence-Based Psychotherapies for Children and Adolescents.* New York: The Guildford Press.

Kelly, G. (1955). *The psychology of personal constructs 1* (11). New York: Norton.

Kelly, H. (1972). Attribution in social interaction. In E. Jones, D. Kanouse, H. Kelley, R. Nisbett, S. Valins B. Weiner (Eds). *Attribution: Perceiving the Causes of Behaviour*. Morristown: General Learning Press.

Kovacs, M. (1992). *Children's depression inventory manual.* Toronto, Canada: Multi-Health Systems.

Kvale, S. (1996). *InterViews: An Introduction to Qualitative Research Interviewing.* California: Sage.

Layard, R., (2006). *The Depression Report A new Deal for Depression and Anxiety Disorders.* The Centre for Economic Performance's Mental Health Policy Group: London School of Economics.

Lindley, E. (2009). Gateways to Mental Illness Discourse: Tools for Talking with Teenagers. *International Journal of Mental Health Promotion, 11* (1) pp. 15-22.

London, J., & Evans-Lacko, S., E. (2010). Challenging mental health-related stigma through social contact. *The European Journal of Public Health Advance Access* pp. 1-2. Retrieved from eurpub.oxfordjournals.org at University of East London on March 30, 2011.

Mental Health Foundation (1999). *Bright Futures: Promoting children and young people's mental health*. London: Mental Health Foundation.

Milgram, S. (1963). Behavioral Study of Obedience. Journal *of Abnormal and Social Psychology, 67* (4) pp.371-380.

Mulrow, C. D. (1994). Systematic Reviews: Rationale for systematic reviews. *British Medical Journal*, pp. 309 597. Retrieved from http://www.bmj.com/content/309/6954/597. August 2011.

McMahon, M. (1997). 'Social Constructivism and the World Wide Web -A Paradigm for Learning' *ASCILITE Conference*. Perth, Australia, December 1997.

National Institute for Clinical Excellence (NICE) (2005). *Identification and management in primary, community and secondary care.* In *Depression in children and young people* (Clinical Guidance 28). London: NICE

National Institute for Clinical Excellence (NICE) (2008). *Promoting Children's Social and Emotional Wellbeing in Primary Education.* London: NICE.

National Institute for Clinical Excellence (NICE) (2009). *Promoting young people's Social and Emotional Wellbeing in Secondary Education.* (Clinical Guidance 20). London: NICE.

Newton, C., (1995). Circle of adults. *Educational Psychology in Practice 11* (2) pp.8-14.

Parker, I. (1999). 'Against relativism in psychology, on balance'. *History of the Human Sciences* 12, pp.61-78.

Petticrew, M., & Roberts, H. (2006). *Systematic Reviews in the Social Sciences: A Practical Guide*. Oxford, UK: Blackwell Publishing.

Perry, L., Lennie, C., & Humphrey, N. (2008). Emotional literacy in the primary classroom: teacher perceptions and practices. *Education 3-13, 36* (1) pp. 27-37.

Poulou, M., & Norwich, B. (2000).Teachers' causal attributions, cognitive, emotional and behavioural responses to students with emotional and behavioural difficulties. *British Journal of Educational Psychology, 70,* pp. 559-581.

Pinfold, V. (2003). Awareness in action: changing discriminatory and negative attitudes to mental illness should start at school. *Mental Health Today* July/August pp.24-7.

Rait, S., Monsen, J.J., & Squires, G. (2010). Cognitive Behaviour Therapies and their implications for applied educational psychology practice. *Educational Psychology in Practice, 26,* (2). pp.105-122.

Rachman, S. (1998*)*. *Anxiety*. Hove: Psychological Press.

Reinke, W., M., Stormont, M., Herman, K., C., Puri, R., & Goel, N. (2011). Supporting Children's Mental Health in School: Teacher Perceptions of Needs, Roles, and Barriers. *School Psychology Quarterly 26* (1) pp. 1-13.

Robson, C. (2002). *Real World Research (*2nd ed.*)*. Oxford: Blackwell Publishing.

Roose, G., A & John, A., M. (2003). A focus group investigation into young children's understanding of mental health and their views on appropriate services for their age group. *Child Care, Health and Development, 29* pp. 545-550.

Rose, J. (2009). *The independent review of the primary curriculum: Final report.* Nottingham: DCSF Publications.

Rosenhan, D., L & Seligman, M., E., P. (1995). *Abnormal Psychology* (3rd ed.). USA: W.W. Norton & Company Inc.

Rotter, J., B. (1954). *Social learning and clinical psychology.* NY: Prentice-Hall.

Rothi, D., Leavey, G., Chamba, R., & Best, R. (2005). *Identification and Management of Pupils with Mental Health Difficulties: A Study of UK Teachers' Experience and Views.* Birmingham: NASUWT.

Retrieved from http://www.playfieldinstitute.co.uk/information/pdfs/publ ations/education_schools/Identification_and_Management__Pupils_with_Mental_Health_Difficulties_A%20Study_of_U_Teachers_Experience_and_Views.pdf August 2010.

Rothi, D., Leavey, G., & Best, R. (2008). Recognising and managing pupils with mental health difficulties: teachers' views and experiences on working with educational psychologists in schools. *Pastoral Care in Education, 26,* (3) pp.127-142.

Salovey, P. and Mayer, J. D. (1990). 'Emotional Intelligence' *Imagination, Cognition, and Personality* 9, pp.185-211.

Salovey, P. & Sluyter, D., J. (1997). *Emotional Development and Emotional Intelligence: Educational Implications*. USA: Basic Books.

Sarantakos, S. (1998). Social Research Second Edition. London: Macmillan

Sayce, L. (2003) Beyond good intentions: making anti-stigma discrimination strategies work. *Disability and Society, 18* (5) pp. 625 642.

Secker, J., Armstrong, C., & Hill, M. (1999). Young people's understanding of mental illness. *Health Education Research: Theory and Practice. 14* (6) pp. 729-739.

Seligman, M., E., P & Csikszentmihalyi, M (2000). Positive Psychology: An introduction. *American Psychologist 55* (1) pp.5-14.

Silverman, D. (2001). *Interpreting Qualitative Data Methods for Analysing Talk, text and Interaction* (2nd Ed). London: Sage Publications.

Silverman, D. (2010). *Doing Qualitative Research*. (3rded). London: Sage.

Soanes, C., Spooner, A., & Hawker, S. (Eds). (2002). *The Compact Oxford Dictionary, Thesaurus, and Wordpower Guide.* Oxford, UK: Oxford University Press.

Soles, T., Bloom, E., L., Heath, N., L & Karagiannakis, A. (2008). An exploration of teachers' current perceptions of children with emotional and behavioural difficulties. *Emotional and Behavioural Difficulties, 13*, (4) pp. 275–290

Scholl, C., Korkie, J., & Harper, D. (2010). Challenging teenagers' ideas about mental health. *The Psychologist 23,* (1), Special Issue. pp. 26-27

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* Newbury Park, CA: Sage.

Tuffin, A., & Tuffin, K., (2001). Frontline Talk: Teachers' Linguistic Resources when talking about Mental Health and Illness.

Qualitative Health Research, 11 (4) pp. 477- 490.

Vygotsky, L.S. (1978). *The Collected works of L.S. Vygotsky. Volume 4 The History of the Development of Higher Mental Functions*. In R. W. Weiber (Ed). New York: Plenum Press.

Walter, H., J, Gouze, K., Lim, K., G. (2006). Teachers' beliefs about mental health needs in inner city elementary schools. *Journal of the American Academy of Child & Adolescent Psychiatry, 45* (1) pp. 61-68.

Weare, K. and Gray, G. (2003). '*What Works in Developing Children's Emotional and Social Competence and Wellbeing*?'

University of Southampton Research Report, RR456. Nottingham: DfES Publications.

Weist, M., D & Christodulu, K., V. (2000). Expanded School Mental Health Programmes: Advancing Reform and Closing the Gap Between Research and Practice. *Journal of School Health 70* (5) pp. 195-200.

World Health Organization (2004). Promoting Mental Health: Concepts, emerging evidence, practice. Geneva: WHO.

Wigelsworth, M., Humphrey, N., Kalambouka, A., and Lendrum, A. (2010). A review of key issues in the measurement of children's social and emotional skills. *Educational Psychology in Practice 26* (2). pp.173186.

Willig, C. (2008). *Introducing Qualitative Research in Psychology*. London: McGraw-Hill

Wilson, P. (2004). *Young Minds in Our Schools: A Guide for Teachers and Others Working in Schools.* London: Youngminds.

Whitman, C., V., Aldinger, C., Zhang, X., W & Magner, E. (2008). Strategies to address mental health through schools with examples from China. *International Review of Psychiatry 20* (3) pp.237-249.

Zins, J., E., Travis, L., F and Freppon, P., A. (1997). Linking Research and Educational Programming to Promote Social and Emotional Learning. In P Salovey & D J Sluyter *Emotional Development and Emotional Intelligence*: Educational Implications. USA: Basic Books.

Qualifications and Curriculum Authority (2000). *PSHE and Citizenship at Key Stages 1 and 2, Initial Guidance for Schools.* London: QCA

# Appendix 1: Example of Email Correspondence to Prospective Participants

Hi xxxx,

My name is Hannah Green and I am a Doctoral Trainee Educational Psychologist.

I work for xxxx and I am doing a piece of research looking into teachers' views, beliefs and feelings about mental health in young people and how they feel they manage mental health in the classroom.

I am looking for teachers to interview and your school SENCO gave me your name and said you had expressed an interest in talking with me.

The interview would last approximately 30 minutes and be audio taped. The interview will form part my doctoral thesis.

I am able to be flexible and I can interview you at a time which suits during your school day.

I can do anytime on xxxx of January, xxxx January or xxxx of February

Can you let me know if you are interested in taking part in my research and if so if any of these dates suit?

Please do not hesitate to contact should you want to ask me questions about my research. My contact details are provided at the bottom of this email.

Best Wishes

*Hannah Green*

*Doctoral Trainee Educational Psychologist*

# Appendix 2: Example of Letter to Participants Explaining Nature of Interviews

PURPOSE OF SESSION

This aim of this session is to gain your thoughts and feelings about mental health problems in children and young people.

This session is going to involve an interview with you to elicit your thoughts and feelings about children and young people who may be experiencing behaviours that could indicate a mental health problem.

You will be presented with three vignettes each with an accompanying photograph. You will be asked a set of questions for each vignette. For each vignette you will be given some additional information and asked another set of questions. As we discuss your thoughts and feelings I may ask further questions so that I can fully understand your responses and explore further some of the views you have given me.

This session will be audio taped.

All your responses will be kept confidential and your details will remain anonymous.

The session may highlight concerns you have about children you are currently working with and/or questions or concerns you have regarding mental health problems. If you need to you may raise and discuss a child and/or children you have concerns about during the interview but there will be an opportunity for you to discuss concerns after the interview. If you do raise a concern about a child you must keep details of that child anonymous. All information on a child and/or children will be kept confidential unless you raise an issue which could indicate that a child is at risk of hurting themselves, of being hurt by someone, or is at risk of hurting someone else.

After the interview we will discuss the child and/or children you may have raised and the possibility of a referral to another agency, including the Educational Psychology Service.

After the interview there will be an opportunity for you to gain further knowledge and understanding about mental health problems in children and young people.

At any point and in any part in this session you have the right to withdraw. Your information will then not be used for this piece of research.

I will need to obtain written consent from you to show your agreement to be interviewed and your interview data to be used as part of a Doctoral piece of research.

*Hannah Green*

*Trainee Educational Psychologist*

# Appendix 3: Example Consent Form

CONSENT FORM

I…….agree to being interviewed by Hannah Green, Trainee Educational Psychologist. I understand that this interview will be audio taped.

I……..agree to the information recorded in my interview with Hannah Green, Trainee Educational Psychologist being used as part of a Doctorate piece of research under the supervision and guidance from the University of East London.

I understand that my details will be kept anonymous and all information will be kept confidential.

I understand that the information collected in this interview will be destroyed after completion and submission of this piece of research.

Signed:……..

Dated:…….

*Hannah Green*

*Trainee Educational Psychologist*

# Appendix 4: Example Debrief Letter

DE BRIEF

Thank you for your time today.

Thank you for sharing your thoughts and feeling on the topic of mental health problems in children and young people.

The aim of the session was to gain a better understanding of teacher's thoughts and feelings about children who may be experiencing mental health problems. This information will be used so that professionals, including Educational Psychologists, can provide support to teachers who work with children who may be experiencing mental health problems.

Some of the issues that were discussed in the interview may have caused some distress or discomfort to you. There may be further issues you wish to discuss with me. I will make my details available to you so that you can contact me after this interview to discuss any issues further. I also have details of services that you may want to access. All information will be kept confidential.

Some of the issues that were discussed may have raised concerns for you about children you work with. We can discuss these now and you will need to raise these concerns with your line manager. Also, any concerns raised should also follow School Child Protection procedures. When possible, any concerns that you have raised should be communicated with the child and/or children's parents/carers in the first instance. It will be important to be open and honest with parents/carers about your concerns and we can discuss how you should do that now. The consent of parents/carers is needed if the child needs the support of an outside agency e.g. Social Services.

I may also discuss any issues raised about children with my research supervisor and/or line manager.

Thank you again for your time today.

Hannah Green

Trainee Educational Psychologist

# Appendix 5: Ethical Application to University of East London

**UNIVERSITY OF EAST LONDON**

**APPLICATION FOR THE APPROVAL OF A RESEARCH PROGRAMME INVOLVING HUMAN PARTICIPANTS**

**Please read the Notes for Guidance before completing this form. If necessary, please continue your answers on a separate sheet of paper: indicate clearly which question the continuation sheet relates to and ensure that it is securely fastened to the report form**.

1. **Title of the programme:** Professional Doctorate in Educational and Child Psychology

   **Title of research project (if different from above):**

   Exploring teachers constructs of mental health problems in children and young people

2. **Name of person responsible for the programme (Principal Investigator):** Dr Mark Fox

   **Status: Course Director**

   **Name of supervisor (if different from above):** Dr Laura Cockburn

   **Status:** Academic and Professional Tutor

3. **School:** Psychology **Department/Unit:** Educational and Child Psychology

4. **Level of the programme (delete as Appropriate):**

   (c) Postgraduate (research or Professional Doctorate)

5. **Number of:**

   **(a) researchers (approximately)**: 1

   **(b) participants (approximately):** 6

**6. Name of researcher (s) (including title):**

Miss Hannah Green

Exploring teachers constructs of mental health problems in children and young people

**Nature of researcher (delete as appropriate):**

**(**c) others

**If "others" please give full details:**

Primary and Secondary teachers in a mainstream setting

**7. Nature of participants (general characteristics, e.g. University students, primary school children, etc):**

Primary and Secondary teachers in a mainstream setting

**8. Probable duration of the research:**

**From (starting date):** January 2010 **to (finishing date):** June 2011

**9. Aims of the research including any hypothesis to be tested:**

The overall aims of this research is to conduct a systemic piece of research for the benefit of children and young people and to use this research to inform educational psychology practice with teachers when consulting over children and young people.

The research also aims to contribute to Government Initiatives in Schools, helping promote effective mental health interventions through training and mental health awareness.

The research problem is the social phenomena of mental health and the responses to it by teachers.

The research aims to address the following two questions:

(1) How do teachers' construct mental health in their interactions with children and young people?

(2) How do teachers' respond to children and young people who may have mental health problems?

The researcher aims to identify teacher's constructs of mental health problems in children and young people and understand how these constructs affect their responses feelings towards children and young people with mental health problems.

**10. Description of the procedures to be used (give sufficient detail for the Committee to be clear about what is involved in the research). Please append to the application form copies of any instructional leaflets, letters, questionnaires, forms or other documents which will be issued to the participants:**

The researcher aims to use a qualitative methodology. This will be used to generate a theory to account for teachers constructs and highlight how these constructions effect their interactions with children and young people.

11. Interviews will be conducted with primary and secondary teachers. The researcher aims to conduct 6 or more interviews.

There will be materials used in the interviews which will elicit responses from the interviewees that will invite the interviewees to comment on what could be an actual experience of teaching a child or young person with mental health problems.

These materials will be generated by the researcher. These materials will include vignettes with an accompanying photograph. The participants will then be asked a set of questions about the vignettes.

The participants will then be given some additional information on the child and asked some more questions about what they think now, what would they do and how their views/feelings have changed. (See attached materials for vignettes, photographs and questions)

The questions are intended to be open-ended questions that invite a detailed discussion of the topic of mental health problems.

There will be a pilot study carried out to ensure reliability of the measures before commencement of the above.

All the interviews will be audio taped. The interviews are expected to last 45 minutes to 1 hour depending on how much participants are involved in the process.

The researcher will be using Grounded Theory and adhering to Charmaz (2006) set of principles.

Transcription of the interviews will be carried out. The first three interviews will be transcribed then the researcher will make initial memos raising codes to tentative categories. There will be more data collection (interviews) and focused coding. The researcher will then conduct more advanced memos and refining conceptual categories.

The researcher will conduct theoretical sampling to seek new data to test out the categories the data has highlighted (Charmaz, 2006).

**12. Are there potential hazards to the participant(s) in these procedures?**

NO

**If yes: (a) what is the nature of the hazard(s)?**

**(b) what precautions will be taken?**

**13. Is medical care or after care necessary?**

NO

**If yes, what provision has been made for this?**

**14. May these procedures cause discomfort or distress?**

NO

**If yes, give details including likely duration:**

**15. (a) Will there be administration of drugs (including alcohol)?**

NO

**If yes, give details:**

**(b) Where the procedures involve potential hazards and/or discomfort or distress, please state what previous experience you have had in conducting this type of research:**

**16. (a) How will the participants' consent be obtained?**

By their written consent

**(b) What will the participants be told as to the nature of the research?**

The research will be advertised to participants as an opportunity to ask questions about mental health issues and gain some training and that they will be interviewed about mental health problems in children and young people. The interviews will involve a discussion about mental health and how they would respond to scenarios they may encounter with children and young people. These scenarios will be vignettes.

Participants will also be told that at the end of the interview they will be offered the opportunity to use the time after to ask questions, seek advice and information. This session will aim to be a training session so that participants feel supported with managing mental health problems in children and young people.

**17. (a) Will the participants be paid?**

NO

**(b) If yes, please give the amount: £**

**(c) If yes, please give full details of the reason for the payment and how the amount given in 16 (b) above has been calculated (i.e. what expenses and time lost is it intended to cover):**

**18. Are the services of the University Health Service likely to be required during or after the research?**

NO

**If yes, give details:**

**19. (a) Where will the research take place?**

In Primary and Secondary schools in the London Borough of Merton.

Participants will be interviewed in a private setting on school premises at the end of the school day.

**(b) What equipment (if any) will be used?**

Audio recording equipment.

Materials that contain vignettes with a accompanying photograph.

**(c) If equipment is being used is there any risk of accident or injury?**

NO

**If yes, what precautions are being taken to ensure that should any untoward event happen, adequate aid can be given:**

**20. Are personal data to be obtained from any of the participants?**

YES

**If yes, (a) give details:**

The researcher will know the participants names and the school that they work for.

**(b) state what steps will be taken to protect the confidentiality of the data?**

The audio tapes will remain in the researcher's possession.

The participants will not be asked to give their name or any other identifying information on the audio tape.

In transcribing the information the participants will not be identified by their name or school. They will be issued numbers.

All information will be kept in the researcher's possession and other than university staff will have access to the information.

All information will be kept on an encrypted memory stick.

**(c) state what will happen to the data once the research has been completed and the results written-up. If the data is to be destroyed how will this be done? How will you ensure that the data will be disposed of in such a way that there is no risk of its confidentiality being compromised?**

All audio tapes and transcripts will be given to the university after the research has been conducted and submitted.

**21. Will any part of the research take place in premises outside the University?**

YES

**Will any members of the research team be external to the University?**

**If yes, to either of the questions above please give full details of the extent to which the participating institution will indemnify the researchers against the consequences of any untoward event:**

The researcher is on a training bursary agreement at Merton, Educational Psychology Service. Part of her training agreement is that she is a trainee educational psychologist works with children, parents, teachers and other professionals. She also makes home visits. Therefore, the Local Authority will provide indemnity cover for the research.

**22. Are there any other matters or details which you consider relevant to the consideration of this proposal? If so, please elaborate below:**

**23. If your programme involves contact with children or vulnerable adults, either direct or indirect (including observational), please confirm that you have the relevant clearance from the Criminal Records Bureau prior to the commencement of the study.**

YES

**24. 24. DECLARATION**

**I undertake to abide by accepted ethical principles and appropriate code(s) of practice in carrying out this programme.**

**Personal data will be treated in the strictest confidence and not passed on to others without the written consent of the subject.**

**The nature of the investigation and any possible risks will be fully explained to intending participants, and they will be informed that:**

**(a) they are in no way obliged to volunteer if there is any personal reason (which they are under no obligation to divulge) why they should not participate in the programme; and**

**(b) they may withdraw from the programme at any time, without disadvantage to themselves and without being obliged to give any reason.**

**NAME OF APPLICANT:** **Signed: _____**

**(Person responsible)**

**Hannah Green_____Date:_____08/11/09**

**NAME OF DEAN OF SCHOOL:** **Signed: _____**

**_____ Date: _____**

**Ethics.app**

**[September 2008]**

# Appendix 6: Ethical Approval Letter from University of East London


Laura Cockburn

Psychology School, Stratford

ETH

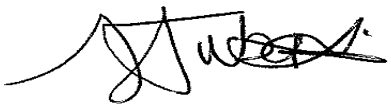
Dear Laura,

**Application to the Research Ethics Committee:**

I advise that Members of the Research Ethics Committee have now approved the above application on the terms previously advised to you. The Research Ethics Committee should be informed of any significant changes that take place after approval has been given. Examples of such changes include any change to the scope, methodology or composition of investigative team. These examples are not exclusive and the person responsible for the programme must exercise proper judgement in determining what should be brought to the attention of the Committee.

In accepting the terms previously advised to you I would be grateful if you could return the declaration form below, duly signed and dated, confirming that you will inform the committee of any changes to your approved programme.

Yours sincerely



Simiso Jubane

Admission and Ethics Officer

s.jubane@uel.ac.uk

02082232976

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**Research Ethics Committee: ETH/12/02**

I hereby agree to inform the Research Ethics Committee of any changes to be made to the above approved programme and any adverse incidents that arise during the conduct of the programme.

Signed:.....Date: .....

Please Print Name:

# Appendix 7: Researcher Interview

**Interviewer: What do you know about mental health?**
**Researcher:** My understanding of mental health is that mental health actually needs a health state of development for children for adults it means a healthy point in their life where they feel good about themselves where they have good self esteem, good self confidence, where their enjoying life and being able to cope with day to day stresses, there may be a few ups and downs but all in all they are on a good track and they have good friends and family around them and a support network which they access. I also know that when you say the term mental health lots of people kind of see as a tem of mental illness and my understanding about these two terms is that mental health is at one end of say a rainbow and mental illness is that the other end and I have worked in a mental health hospital where we did describe the difficulties that they had as mental illness and there definitely is a place where young people, children or adults are at a very unwell place where it is like an illness its like having cancer because it changes the way they interact, they way think the way they feel and it is like a sort of state where they are very unwell but I would use mental health to talk about the rainbow really up until that point where it gets really ill and talking about people that cant function very well that have serious difficulties which needs a bit of intervention and then people that maybe feel sad now and then and maybe just need a cup of tea from a good friend and a chat so I think there is a whole range of difficulties associated with it.
But mental health means a good state for me, when you talk about mental health difficulties or issues I am thinking about people that are struggling and need some kind of intervention.
**Interviewer: Ok very good. Is there anything else that you would like to add with that, any other things that you have thought about?**
**Researcher:** I think when I think about mental health and mental health difficulties that it's a struggle for the person that is suffering from them. Its also a real struggle for the people around them and that's also friends or family and if I'm thinking about, in the context of this research, teachers having to deal with these difficulties because sometimes the person that's suffering from them or the child is very difficult for them to articulate what's going on for them and they show it in many different ways. I think that's the same for adults as well and I think that that's what causes the

misunderstanding and the fear a little bit of these difficulties. I think it's because its not a sudden thing usually with mental difficulties there is a kind of lead up to it. I think it's quite scary for people who aren't experiencing it to watch someone else experience it and thinking "gosh that could be me" and to kind of remove yourself from that experience. I think people will think "it won't happen to me" because those people who suffer from them brought in on themselves. They should have tried such and such….I think that could be something that might go on for teachers and that they might be so overwhelmed with the work they do and then they don't know how to engage with these children, they then almost want to step back from it and want to label it as something else or say someone else has got to deal with this. I think teachers may struggle with thinking about what they can do in the moment, those little things that they do can start to help that child.

**Interviewer: Ok, tell me your thoughts and feelings about the term mental health?**

**Researcher:** Hmmm, the feelings I have when I think mental health is that I do always thing about mental illness and I worked in a mental health unit for two years with some very unwell children. A child that I had worked with recently died a couple of months ago. I had known him for about two years and he had schizophrenia and so when I think about mental health and those feelings is actually quite a lot of sadness and a lot of myself feeling very I think annoyed and irritated, not at the children but at the system around them and the support that was around and also feeling very inadequate in my role on that unit. Trying so hard to engage with the children and all the little steps every day and working towards their reintegration and boosting their self esteem almost maybe going over the top with too much praise I don't know and then feeling really disheartened and thinking what did I do when they came back in the unit. I have met people in my life who have suffered from mental health difficulties and the struggle that they've had and many feelings of trying to help them and then feeling a bit overwhelmed with some their issues and then having that fear in myself of wanting to run the other mile because I can't deal with them and then you feel guilty. I think then when you know that person is suffering and you've kind of backed off and you thing I wish I could have done something else. My thought about mental health is that there still a lot of stigma around I know that from lots of research I've read about the current department of health surveys our young people seem to be very you know against it you know lots of like teasing words, lots of terms get bounded around that aren't very nice and I struggle with that because I said to you on the previous question I think of mental health as something that is a kind of everyday occurrence and there is a continuum so we are all at some

point going to experience periods of time where we don't feel great in ourselves.
**Interviewer: Why do you think there is so much negativism around the term mental health?**
**Researcher:** This comes from previous experience when I worked in the mental health unit and I though I knew about mental health from my psychology background and from doing forensic psychology but actually working day to day on the ground with the children and with the professionals
I really got to understand about what this means for the children and the adults working with them. I worked with and that it was a day to day occurrence going into a locked ward working with these kids its just what it was you know you came in and they had self harmed the night before but it was just kind of normal not to say it wasn't traumatic and I wouldn't think about it and then we would get to the point where the kids would be ready to go back to school or they wanted to have a job go for a job or wanted to go to
college and myself and the teacher that I worked with did a lot of work with the post 16s because they were actually the most vulnerable because they would have left school and you know colleges didn't really want them and jobs didn't really want them and the process was very slow with reintegrating them and that was partly to do with their illness their difficulties they had with getting to that point. I just remember one particular girl incredibly bright girl who sat her GCSEs with us who was capable of doing her a levels she was very clever but she had lots and lots of difficulties. I remember having a conversation with a SENCO at a college and she started giving me this spiel about you know these are A Levels and you know this isn't a course for you know children with special needs you know this is this kind of course and I cant quite remember the wordings that she said but I remember sitting on the phone thinking she thinks that this child, who we have written a reference for, who we've shown has not got learning difficulties because of the mental health problem was being labelled as having special needs. I remember feeling really angry about because I was thinking why is this teacher thinking as she hadn't even met the child. This teacher made these sudden conclusions and was very wary about having this girl she hadn't even met. But we got her into the college and challenged some perceptions. Reflecting on it a lot at the time and talking to my work college about it and from going from anger and from god how can this teacher do this to thinking well actually I have more experience I understand the differences and thinking this teacher is quite fearful and she is labelling it wrong right this means that something else is going on. Thinking about it a lot of our reintegration plans didn't work and that could be for various reasons with the whole mental health system with the child the nature of the difficulties perhaps myself and my colleague didn't work as hard as we could have but I think the children would be settle in ok for the first and second two weeks within the college or school and then it would just blow up within 6 weeks and I just always felt there wasn't enough things that school and the colleges did to try to prevent this happening. I think that's maybe when I talk about the stigma with mental health, about people being fearful. I think my experiences make

me less fearful, perhaps they may have been a bit of fear before I started working with these kids, I don't know, but I have definitely come on a journey.
**Interviewer: So it's very much to do with your own experience is that right?**
**Researcher**: Yes it is from the teaching experience and I suppose from little bits of knowledge that I've gathered during my EP training about teachers and support staff saying what is mental health we don't know what it is we don't know how to recognise it and that's come up in the last year or so.
**Interviewer: How would you describe a young person with mental health difficulties**?
**Researcher:** I think a person with mental health difficulties is it's the little symptoms that start gathering over a period of time and can result it something quite challenging or can always be constant I think that a young person with mental health difficulties is someone that there's been a lot of warning signs and a lot of triggers because I do believe that children in their own ways like adults do will be asking for that help and maybe adults might be better at articulating it than children so there are things there and again I know mental health covers a wide range of types of symptoms and there is very externalising behaviour very internalising behaviour there are lots of different patterns of behaviour that are just not normal of that child or adult. I believe if you are concerned and have a gut feeling something is not right about a child then you should go on that feeling.

# Appendix 8: Photographs That Accompanied Vignettes Used in Research Interviews

## 8.1 Vignette One (Sarah):

## 8.2 Vignette 2: David

## 8.3 Vignette 3: Alison

# Appendix 9: Clustering Diagram (Initial Stages of Data Analysis

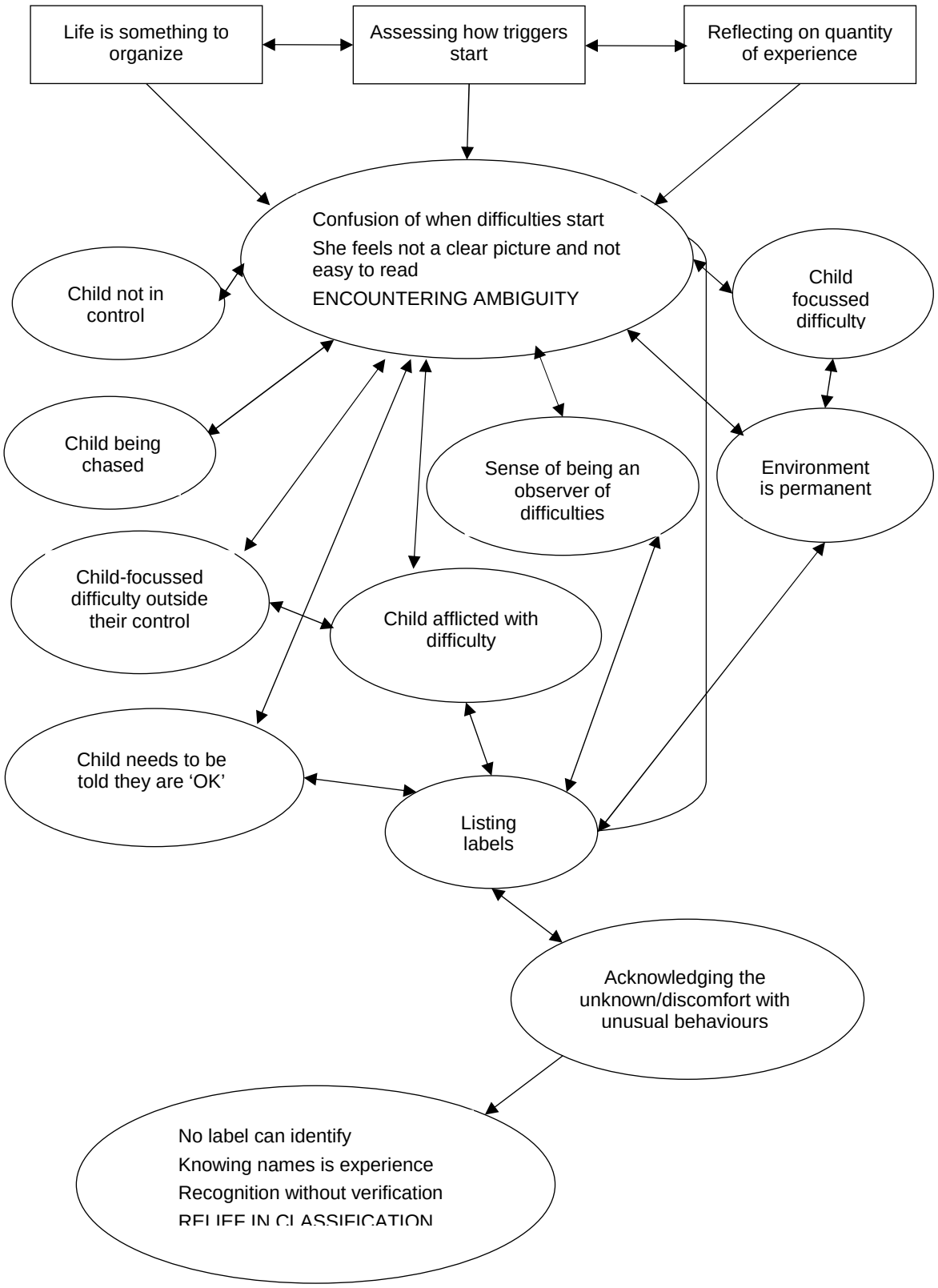



**Figure 9.1: Interview One: Constructs of Mental Health**

# Appendix 10: Clustering Diagram (Initial Stages of Data Analysis

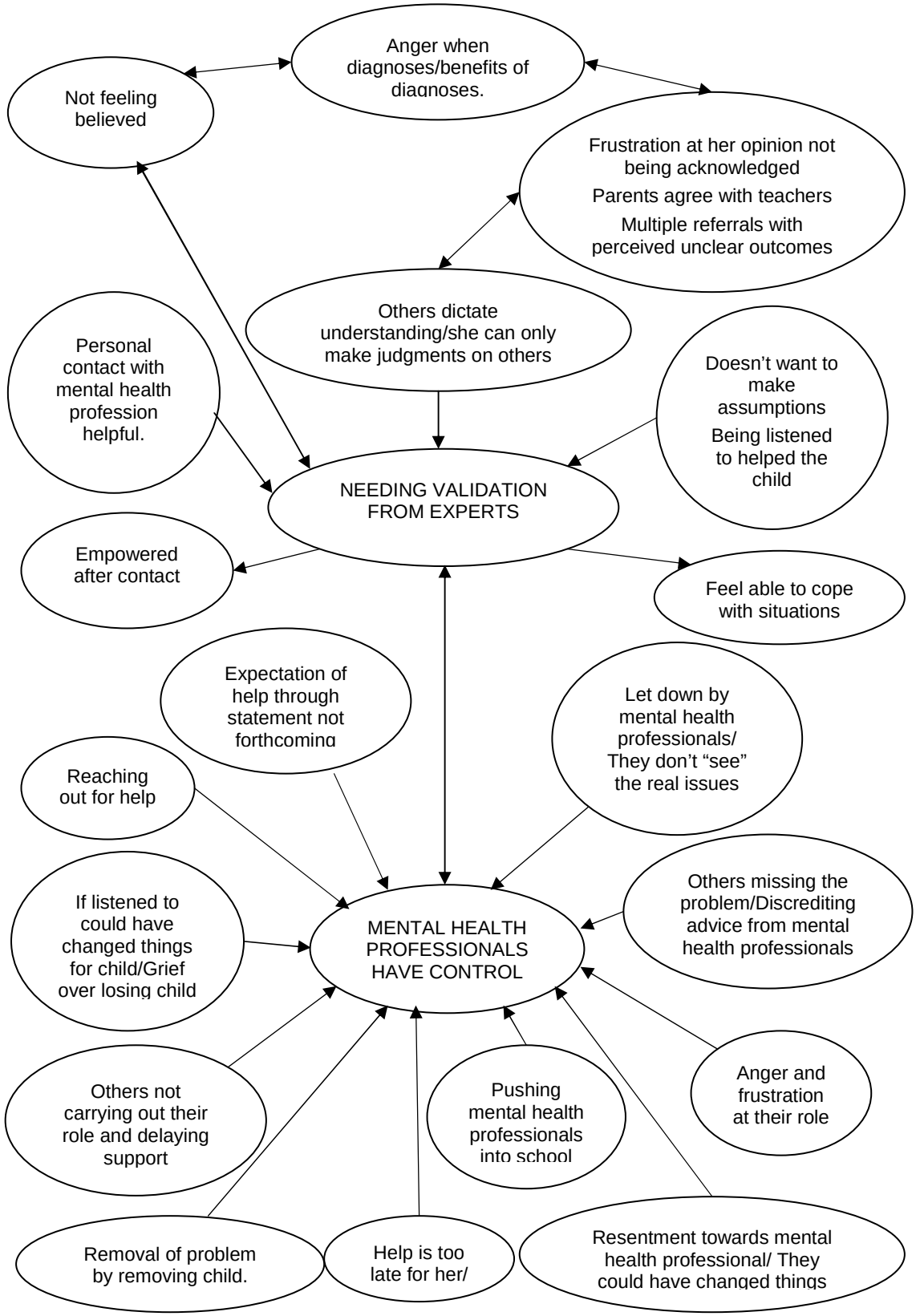



**Figure 10.1: Interview One: Constructs of Mental Health**

# Appendix 11: Clustering Diagram (Initial Stages of Data Analysis)

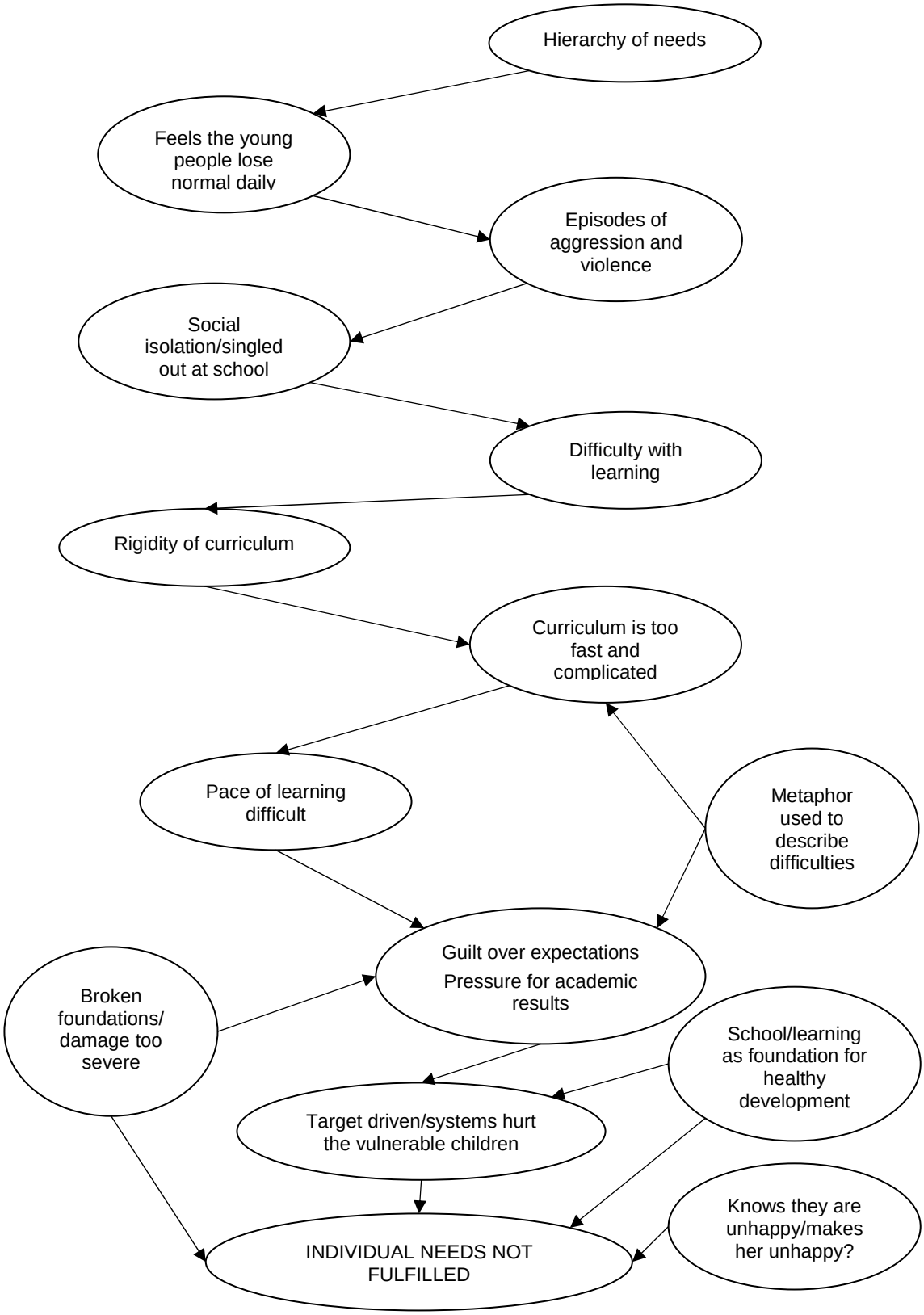



**Figure 11.1: Interview One: Constructs of Mental Health**

# Appendix 12: Clustering Diagram (Initial Stages of Data Analysis)

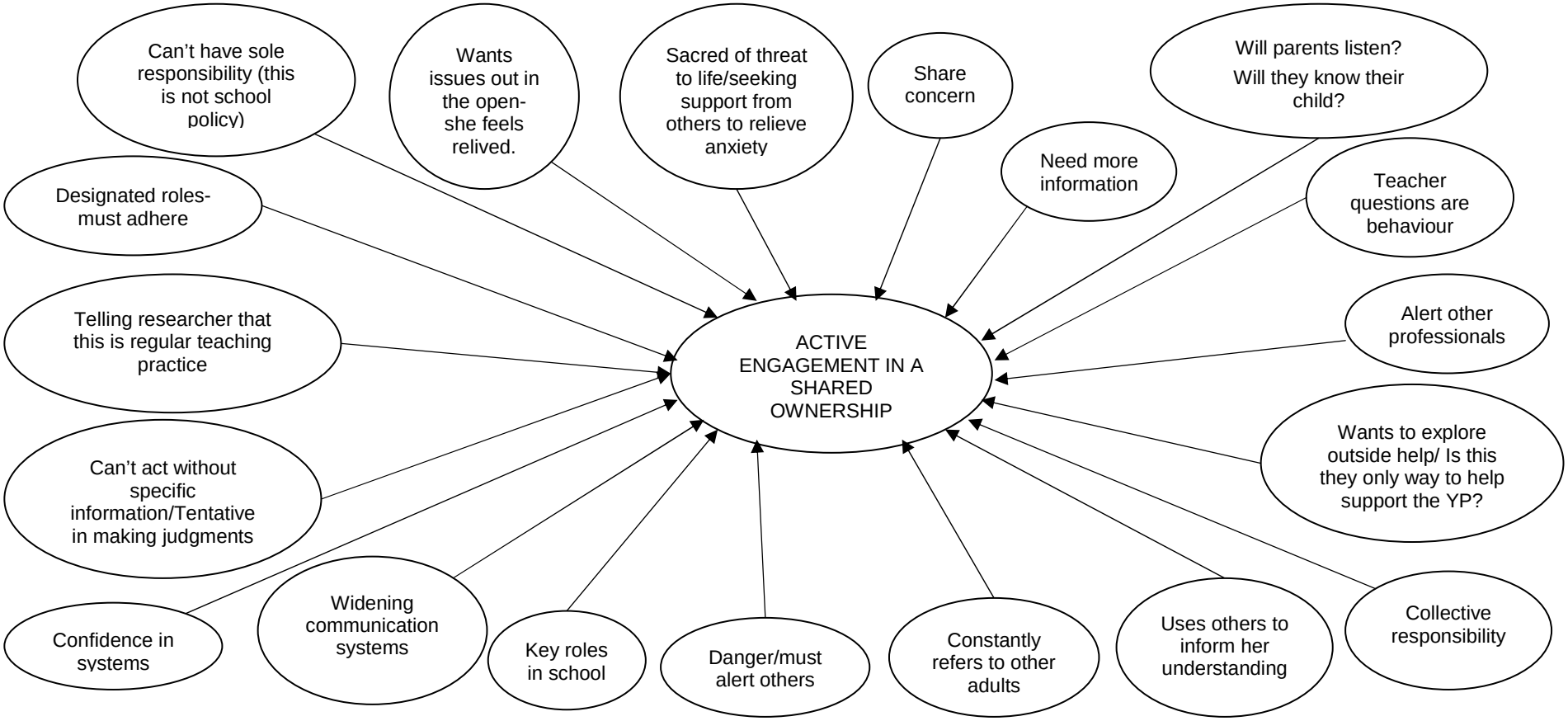



**Figure 12.1: Interview One: Responses to Mental Health**

# Appendix 13: Clustering Diagram (Initial Stages of Data Analysis)

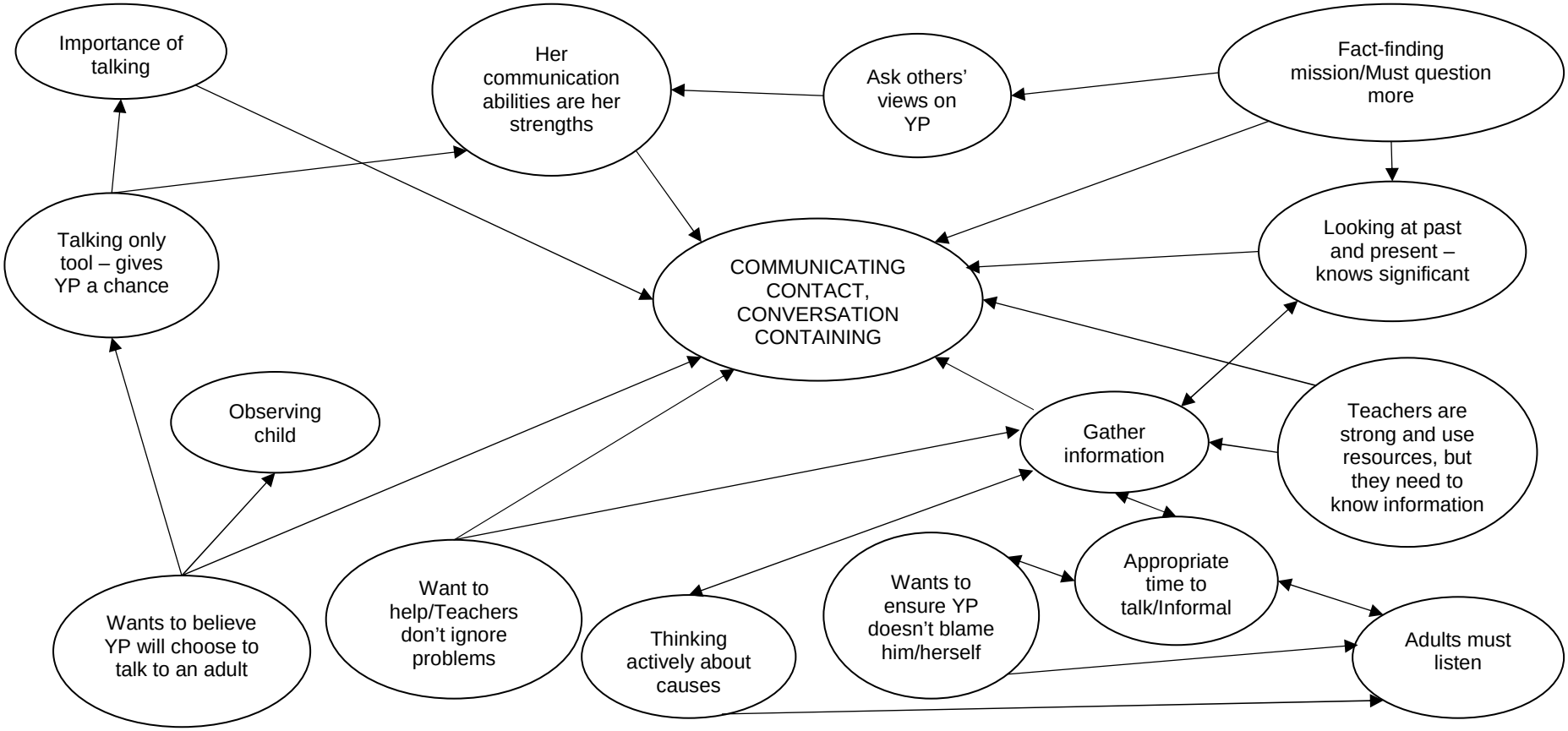



**Figure 13.1: Interview One Responses to Mental Health**

# Appendix 14: Clustering Diagram (Initial Stages of Data Analysis)

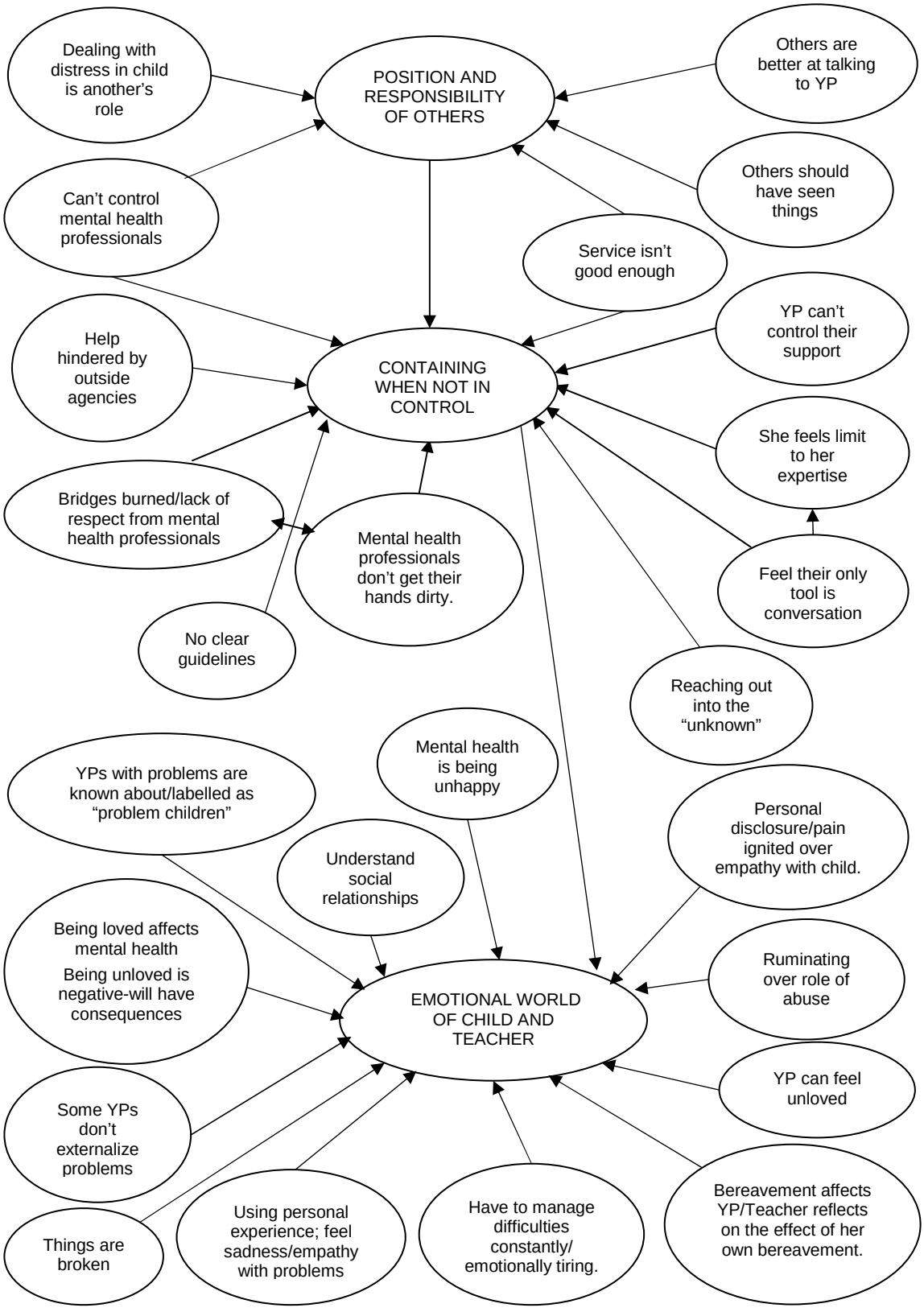



**Figure 14.1: Interview One Responses to Mental Health**

# Appendix 15: Clustering Diagram (Initial Stages of Data Analysis)

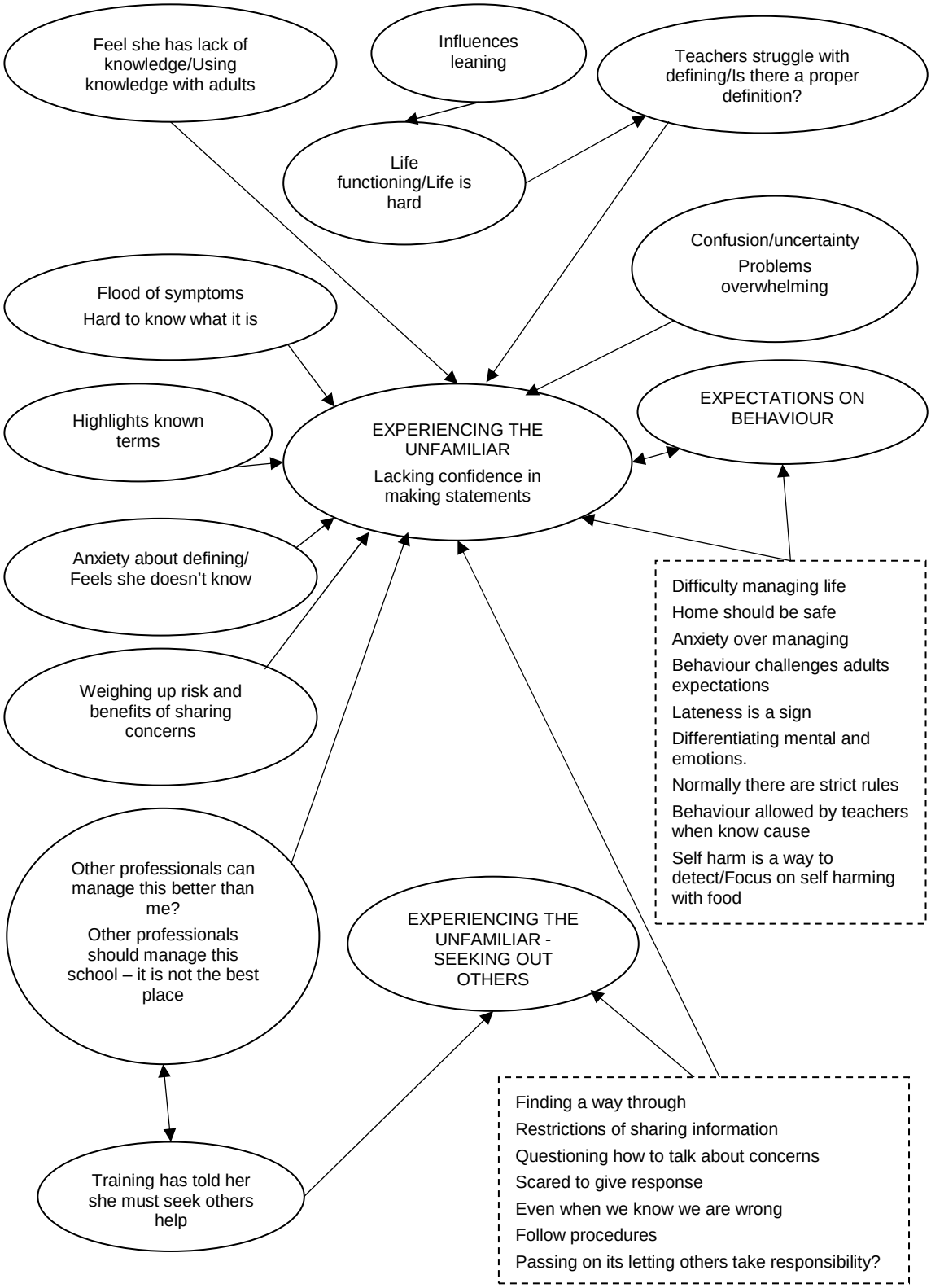



**Figure 15.1: One Example from Interview Two Constructs of Mental Health**

# Appendix 16: Clustering Diagram (Initial Stages of Data Analysis)

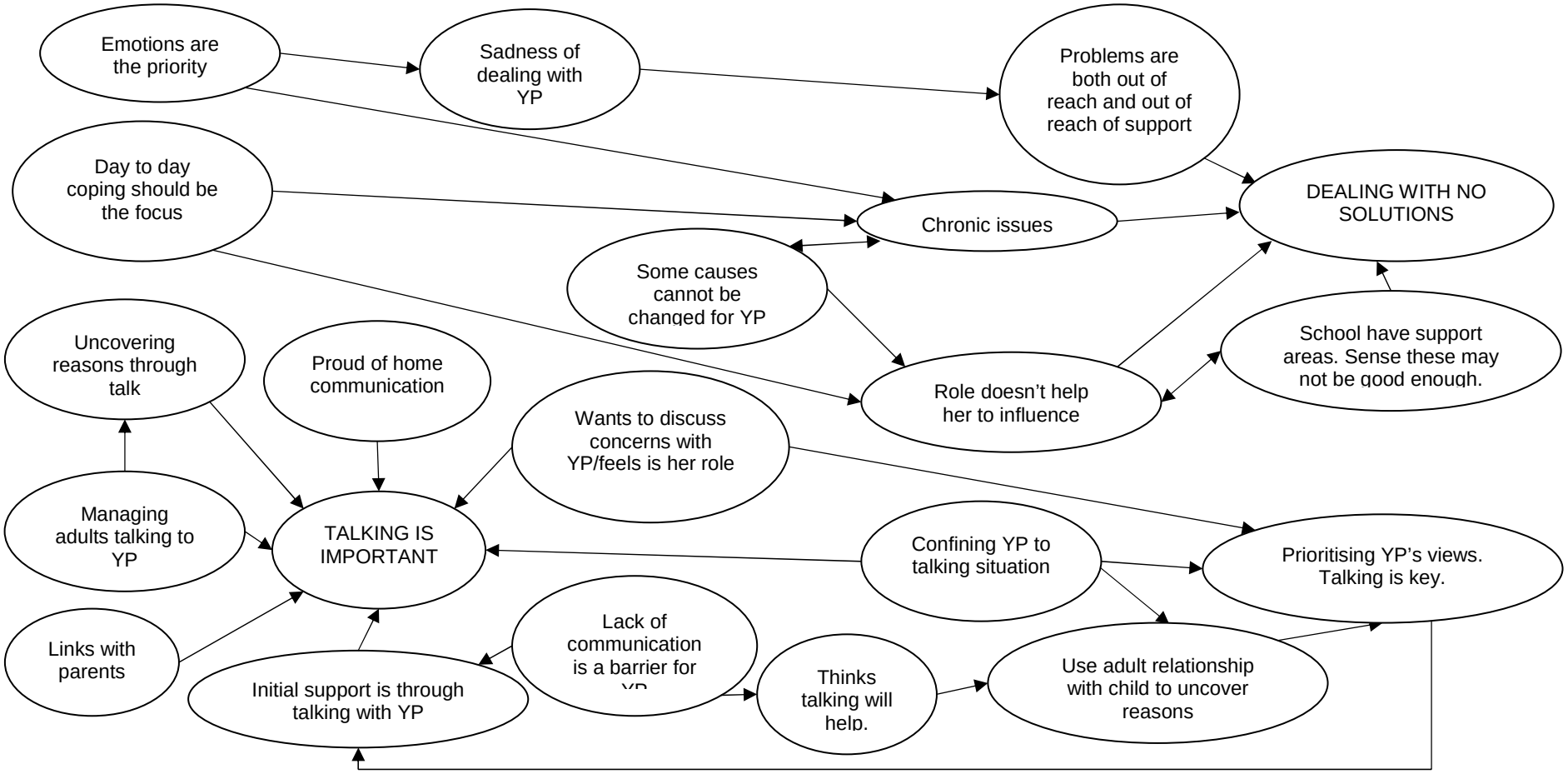



**Figure 16.1: One Example from Interview Two Responses to Mental Health**

# Appendix 17: Clustering Diagram (Stage Two of Data Analysis)

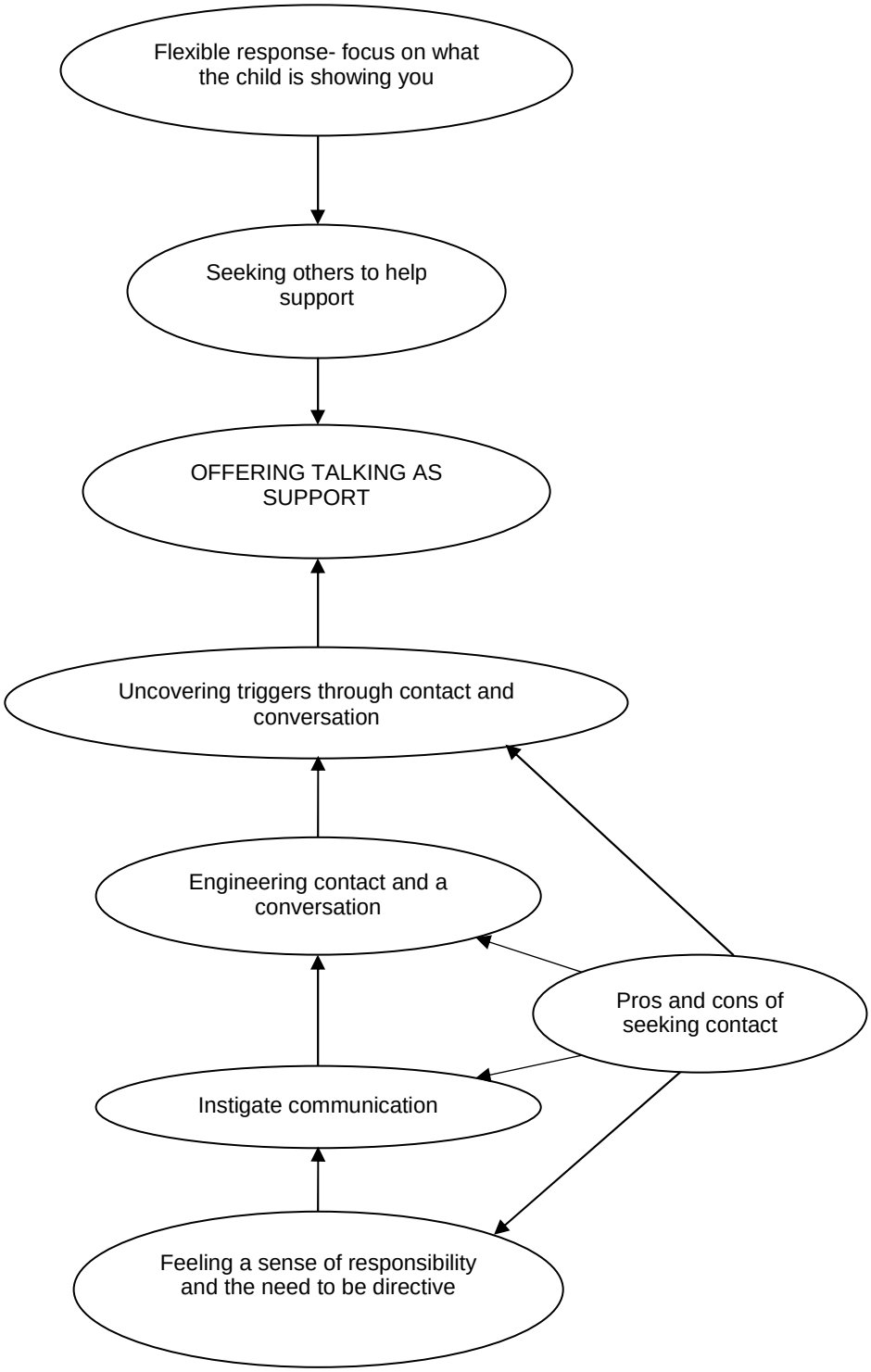



**Figure 17.1: One Example from Interview Three Responses to Mental Health**

# Appendix 18: Clustering Diagram (Stage Two of Data Analysis)

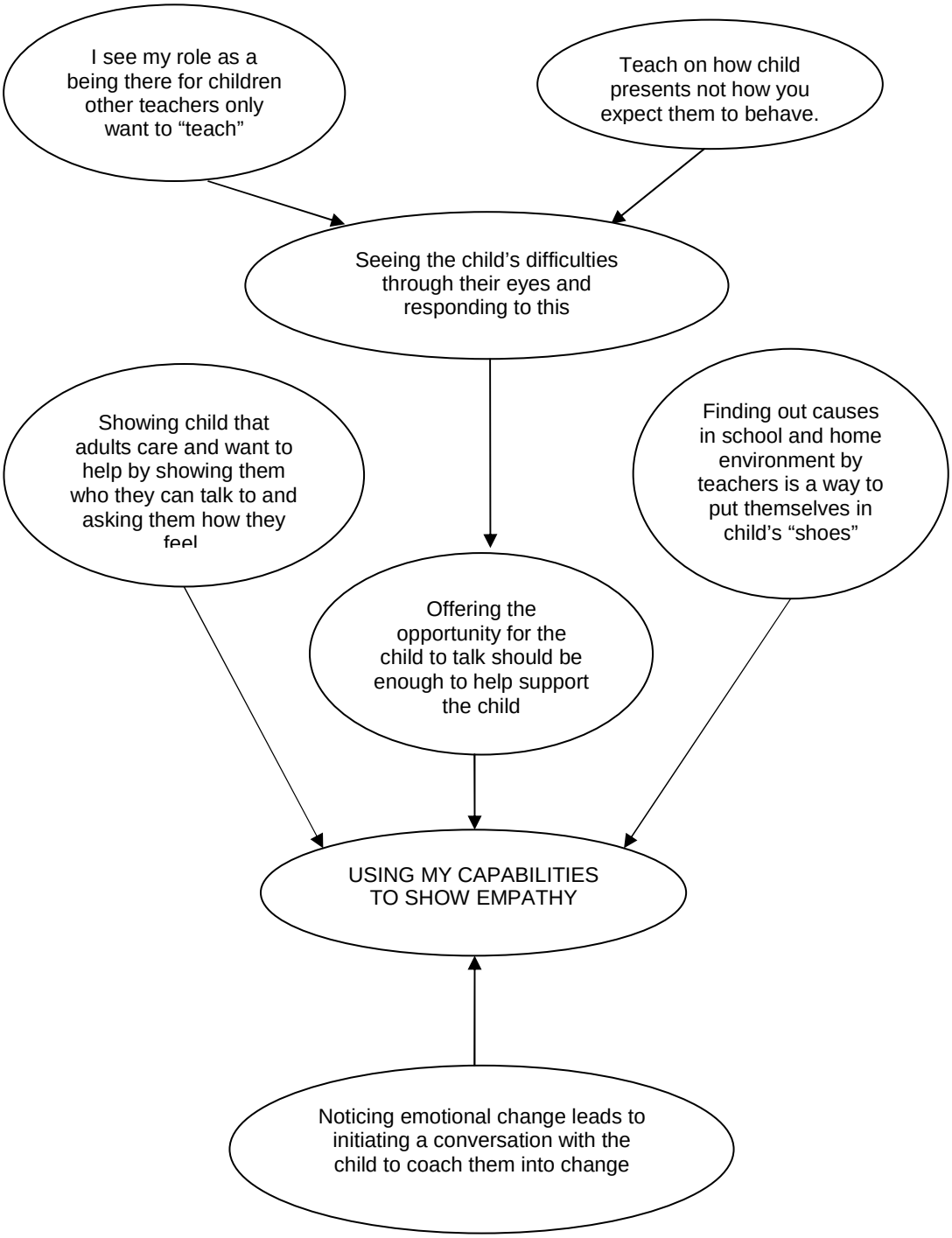



**Figure 18.1: One Example from Interview Four Responses to Mental Health**

# Appendix 19: Clustering Diagram (Stage Two of Data Analysis)

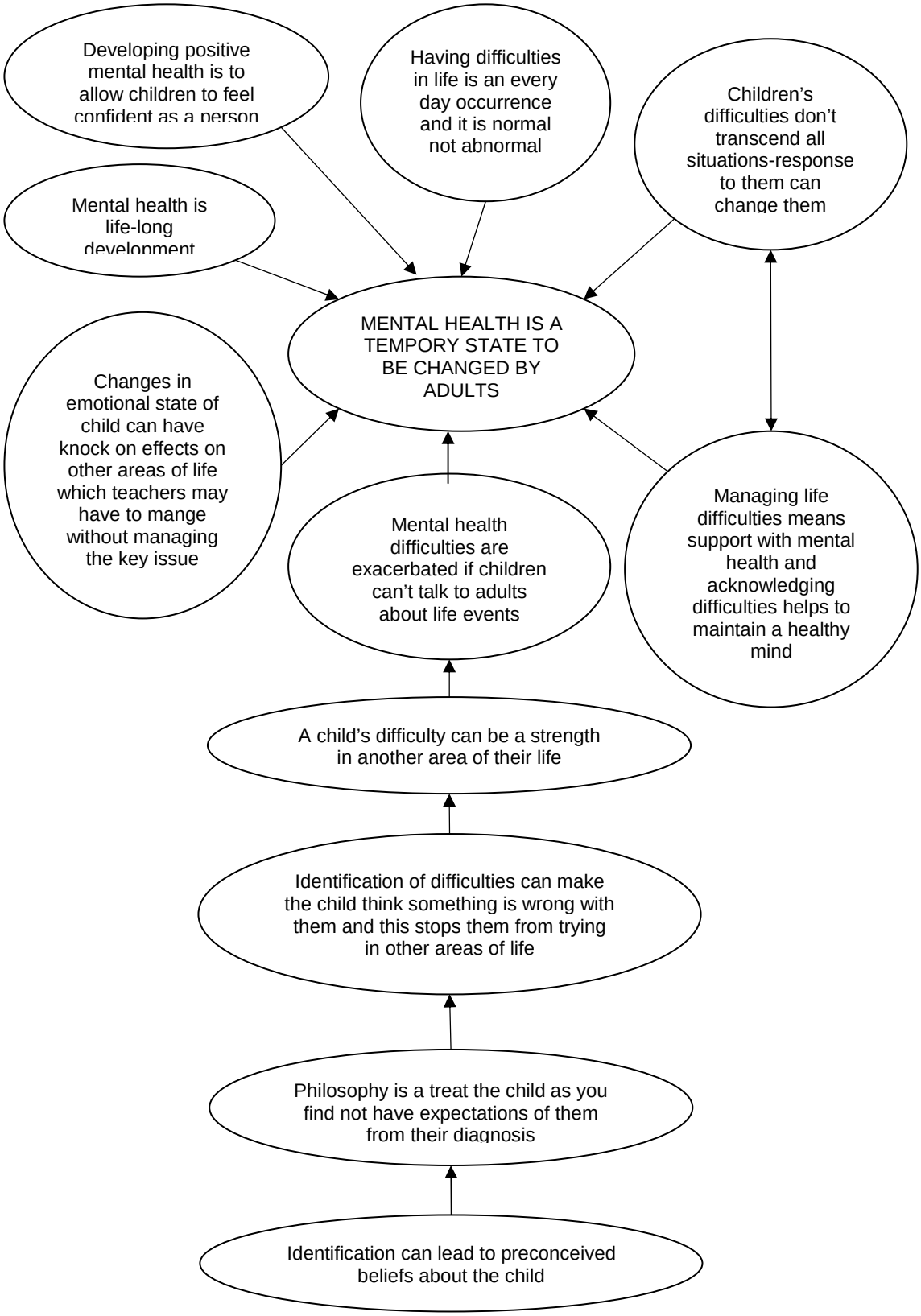



**Figure 19.1: One Example from Interview Four Constructs of Mental Health**

# Appendix 20: Example of Line by Line Coding in Interview Two

1. **R: Hello. Got a few questions for you the first question I have is what do you know about mental health?**

2. Well I know a little bit about mental health in the sense that
3. over the years I have done counselling as well outside the
4. school you know for as well so I'm aware that's it can keep
5. creep up on folk and students can have it you know you
6. can have it any age really and it can impact their education greatly.

Feels she has lack of knowledge of adults
Gradually builds across age
Influences learning

7. **R: Yeah with the counselling that you've done has that been with adults or with children?**

8. Primarily with adults.

Feels adult experience is key

9. **R: Through those experiences and through mainly your teaching, how would you define mental health what sort to words come to mind?**
10. I think its that's quite difficult really I think it's really when
11. because the outpourings of mental health can be different cant it.

Flood of symptoms
Hard to know what it is?

12. **R: Yes**.

13. Because teen disorders can come from mental health so can depression so I think it's very difficult to define I would say its when its kind of it affects your life in such a way you can't cope you cant work in the way you should be able to really

Life functioning/Life is hard
Highlights known terms

14. **R: And when**

15. Or cope in the way you should be able to

16. **R: So it's about functioning in**

17. Yeah
18. **R: When you hear the word mental health mental illness what are your initial feelings and thoughts especially when to do with a child that you have been working with?**

19. Well it's basically how can we support them best through it
20. and a lot of it stems from the home really which is you
21. know kind of difficult to deal with really

22. **R: And what about for you as a teacher how do you feel when you've got some cases like this or your thinking this could be mental health how do you feel about it?**

23. Personally I just think you got to be ever so careful when you deal with that student because they might come to the

24. lesson there might be a whole lot of stuff kicking off and
25. just not able to think straight or do so I think the behaviour
26. might not be as I would expect but given what they're
27. experiencing and or going through mentally or emotionally
28. or whatever that's causing it kind of I'm not saying we are
29. allow it to happen but it gives you good insight into why its
30. happening and then you deal with it differently.

Expectations on behaviour

Finding a way through
Difficulty managing life
Home should be safe

Anxiety over managing

Behaviour challenges adults' expectations
Teachers struggle with defining/is there a proper definition?
Anxiety about defining/
Behaviour allowed by teachers when know cause

31. **R: You said it's sort of about the interfering and the coping mechanisms. How you would describe it what about other teachers' views?**

32. I'm not I wouldn't like to say because I don't I never went
33. and asked them what they think I think sometimes if they

Scared to give response

34. don't understand all the details you've got to be very careful with the data protection as well act what can you
35. share what can you not share and there is an element of
36. that in the school where if staff were aware of things more
37. then they might be able to treat those students slightly
38. differently you know.

Restrictions of sharing information
Questioning how to talk about concerns
Weighing up risk and benefits of sharing concerns

39. **R: Do you think there's an issue with awareness then with teachers? You said it's quite hard to define mental health do you think that's an issue?**

Mental health difficult to define

40. No because I think most of the staff I think most of the staff would be able to well they probably would find it difficult like me to give a clear concise definition but I think there all aware of mental health and things but is not always easy to identify a student that's got it
41. **R: Right ok is that where some of the struggle comes in……**

Changes to personality shows problems

42. I think so and then even if we as teachers think it is it can take months and sometimes its unsatisfactory conclusion

43. **R: How would you describe a young person that you might be working with mental health difficulties?**

44. **R: What would you be looking for? What signals what warning signs would be coming up for you?**

45. I think initially if they start acting out of character often they do act out of character it might be that they suddenly
46. everything starts to be too much they might start self
47. harming not eating there's a whole range of things really.

Self harm is a way to detect/Focus on self harming with food

Even when we know we are unsure

48. **R: Have you had any experiences with those kind of self harming**

49. Yes

Definitive problem teachers deal with

50. **R: Yes and how have you managed that?**

51. Well I think that's probably the two most common in school.

52. **R: Right ok.**
53. You know students are depressed or whatever and often
54. gone to child protection because you know if they are self
55. harming you have to pass that on if you think that they are

Follow procedures

Passing on its letting others take responsibility?

Other professionals can manage this better than me?

56. not eating you've got pass that on as well you know medical professionals involved….. sorry can't remember the questions?

Training has told her she must seek others help

57. **R: I was just thinking about what other areas or what other labels would you attach to a child that had mental health what sort of words would you be using to describe their needs?**

58. I think I don't know really I think staff have got to be aware there is an issue or there is some issues and we have to
59. get other agencies involved 'cause its not something that
60. teachers can just deal with they need outside help.

Confusion/uncertainty
Problems overwhelming
Others professionals should manage this
School is not the best place

61. **R: Ok, that leads me on to the next part. I have some case scenarios where were going to look at. So if you can just read that?**

62. Ok.

63. **R: How would you describe David's difficulties so if a teacher bought this to you what would you be saying?**
64. How long has he been here?

Time is important/Look at behaviour over time.

65. **R: Ok so you would be thinking that yeah**

66. So I would want to know has he just arrived or has he been
67. here for a year has there been change while he's been
68. here or has he been did the change happen on transfer or
69. move possibly ask what's going on that's made him change

YP's history/ her responsibility of finding out why?

Asking questions

70. but it could be you know he's withdrawn obviously hasn't
71. he so that's another thing withdrawing into himself it could
72. be that there are well you know there could be many
73. reasons for it.

Social isolation/ I must ask why?
Too many causes to analyse/makes her unsure of trigger
Scared to make a conclusion about his difficulties.

74. **R: So as a teacher, I think, when you sort of information gathering and those would be a lot of the questions you'd be asking?**

75. Because you need to ask I think for me personally I would
76. be thinking has his parents split up have they moved is that
77. going on at home has he moved from one parent to the
78. other that's another thing that can upset them is he being
79. abused in some way withdrawn doesn't want to talk to
80. anybody and actually try and get a member of staff that
81. maybe is good with students to actually his form tutor head
82. of year or myself or whoever to actually try and get along
83. side him and see if he will explain why he is acting in this manner.

I have a designated role/I am responsible.
Family dynamics and relationships

Hypothesizing reasons
Use adult relationship with child to uncover reasons

Willingness to get involved
Putting yourself in YP's shoes

84. **R: Is that sort of how, if you had a question mark around abuse…. would that be how you would respond?**
85. Well of course with abuse it depends abuse is more tricky isn't it because you are not meant to your not meant to.
86. **R: It's hard in that way……**

Abuse is a barrier to communication/Worried about influencing YP.

87. You're not meant to be words in their mouths but I think you know if a what with child protection and everything
88. nowadays but you would yeah I still I'd try and get some
89. have a generally discussion with him about why he is
90. acting in this manner and is there anything causing it you
91. know what is the barrier in this way and then if abuse is
92. mentioned then you've got to deal with the problem.

Concern about what she says
Rules are you don't talk to YP
Wants to discuss concerns with YP/feels is her role
Lack of communication is a barrier for YP
Face up to issue

93. **R: Ok well I'm going to give you additional information which will probably answer some of your questions about David…**

94. Yep

95. **R: So what do you think now about David's difficulties?**

96. Well he's probably unsure about you know the situation he is in and kids always the questions is guilt isn't it as well
97. you know like am I to blame am I to blame and it can have
98. a profound effect on someone and someone that it
99. happens to regularly, don't get depressed or anything but
100. you know and maybe why his dad left home

Blaming themselves/loss of control/life is made by adults

Some kids are resilient, hard to detect who is?

101. **R: Yeah so you would be asking…**

102. So he would need support now I think from a pastor point of view.

Support from a designated person in school?

103.
104. **R: So as a teacher would that be the first thing once you'd found out this information about him what would be your plan?**

105. We would probably speak to him first put him on some sort
106. of speak to him in the first instance his behaviour maybe a
107. letter his dads recently left home this is why he's behaving
108. like this he might need somebody to talk it through in
109. school not necessarily you know it could be somebody an
110. outsider or somebody.

Prioritising YP's views. Talking is key.
Work with him on identifying reason for behaviour.
Thinks talking will help.
School personnel aren't always best people

**R: Yes that's what so interesting yeah and the different resources in the schools and different ways things are being approached is what I'm finding as well so I'm going to give you a case scenario on Alison so this is the first bit of information.**

Hmmm…….

**R: So what are your thoughts about Alison's difficulties how would you describe her difficulties?**

> Some behaviours are easier to understand and manage.
> Where is this behaviour? Questioning evidence?

Yeah that's actually slightly more difficult than this one as
its more straightforward…she's become slightly more
irritable I mean do you mean generally in the classroom?

**R: Generally in the classroom, you know teachers have noticed things and the playground between breaks you know……..**

> Managing adults talking to YP
> Confining YP to talking situation
> Questioning YP on their behaviours
> Initial support is through talking with YP

Yeah again I think the first the first port of call is maybe
somebody like her form tutor or head of year or whatever to actually you know sit her down she's very bright and
actually have a chat with her and say you've noticed
become you know your behaviours become slightly more
irritable you know what's causing this you
know and try and you know initially do that.
**R: Would there be anything else that you would do with Alison at all?**

> Presuming pre-intervention work. Certain behaviours are dealt with.
> Boundaries on behaviour.
> Strict school polices/Conflict on her of how to manage?

I think probably I think stuff would already have been done
with her if she's assertive and pushy and prerogative with
teachers I think there would be some work around that
already not just at the point where she's becoming slightly
irritable.

130. **R: Can you tell me what that work would look like if you'd sort of noticed that bit first with her being prerogative with teachers…….**

My role is removed form YP.
Strict rules must be applied. This is how to manage difficulties?
Conflict in how to manage? Which is the best way?

131. Yeah well somebody again would probably know
132. talked this through with her because its inappropriate
133. behaviour and really lines should be drawn and you know
134. again a bright girl you know she shouldn't be doing this at
135. school

136. **R: What about links with home how do you think that would be approached at home?**

Proud of home communication
Draw in parents
Steps must be taken
Teachers have to be cautious/a significant sense of responsibility

137. Well we've got quite good links here with home so you
138. know anybody that comes up as a pastoral concern like
139. these there would be phone calls home speak to your
140. parents as well to find out if there is anything going on…as
141. a matter of precaution.

142. **R: So yeah you feel sort of before it got to that stage at the bottom of that paragraph that work would have been done…being irritable would then start the warning signals even more…….**

143. Yeah

144. **R: Ok well here's part two additional information on Alison.**

Hurting herself/This is the cause

145. Oh yeah she's self harming

146. **R: Is that what the first thoughts that would come to mind?**

147. Absolutely

**R: Ok so how would you be describing her difficulties?**

Always a trigger/fact finding mission
Unhappiness demonstrates distress
Risk triggers outside support. Set teacher responsibility
Links with parents
Uncovering reasons through talk
Heath professionals are best in this role

Well there's obviously something going on in her life that's making her very unhappy and that's they way she gets release you would be yeah you would be referring her on because you know self harming had you know have a chat with mum first as well to say you'd noticed this has she noticed anything at home and then maybe refer to school nurse in the first instance to see if you know she'll open up to the school nurse and try to get to the bottom of why she's doing it.

**R: So it would be as a teacher be that link with parents and then the referral to the nurse… would…obviously you've read that you've thought self harm would there be anything else you would think of at all that could be explaining her covering her arms?**

Facts speak for themselves. Doesn't want to dig further

No I don't think so because it's not said she's covering anything else is it

**R: Right ok yeah so you would be thinking I think this could be self harm how do I go about exploring this with her family what about with her?**

Others responsibility. Confident on the role and skills of others in school.
My role is to make referrals and pass on information.

Yeah as I say we would somebody would be talking to her and you know trying to get to the bottom of it and if you don't get anywhere refer her on to the school nurse in the first instance

**R: So would you feel as a school you would try and hold this?**

Response is to complete forms. They are beneficial.

You would have to fill in child protection as well the fact that she's self harming that's an immediate concern.

167. **R: What about with the referrals for other agencies would that be something you would want to do very quickly?**

168. Wait and see what the nurse reports back we have multi
169. agency meetings once a fortnight for each key stage so
170. years 7,8,9 once a fortnight years 10 and 11 once a
171. fortnight it would be discussed there as well both of these
172. yeah would have probably been discussed o you'd actually
173. have lots of you know other not just myself you
174. would have head of year you'd have the attendance
175. officers as well there you know because there might also
176. be a pattern of that's changed their attendance might have
177. changed the school nurse Connexions when they're older
178. because she's what 16 you know what she going to do
179. after school etc locality team there's a whole lot of people
180. come to these meetings you see what I mean and it well I
181. actually one thing I haven't said I would do if it had been
182. done before perhaps fill in a CAF form for these you know
183. the CAF's the common assessment forms to see if there's
184. you know anything because that's a way of if parents are
185. unforthcoming they might have forgot to sign the CAF then
186. you know then that's discussed fully and they can then look
187. in and see if there is anything from the past

188. R: Have you ever dealt with any similar cases of these two natures at all?

189. Oh yeah

Share in open meetings
Look for advice form others before responding.

People with set roles

Procedures shape response

Seek other agencies-they are equipped to help.

Detailing forms and meeting schedules.
Comfort in forms and procedures.

Frustration with parents
Collaborative approach

I have experience

190. **R: Yeah and thinking back on it and reflecting back is there anything that comes to mind about the whole interview process. Anything that you haven't thought about before?**

191. I think sometimes it depends what's causing it and its
192. situations at home that you are unable to change
193. sometimes that doesn't change no matter you know family
194. counselling at Brookside and lots and lots of stuff but
195. sometimes sadly you know the child never.

Some causes cannot be changed for YP
Discussing other professional roles

Sadness of dealing with YP.
Problems are out of reach and out of reach of support

196. **R: And how does that make you feel as a teacher and head of learning?**

197. Quite bad actually quite bad because I think by that time by
198. the time it gets to that stage my secondary concern is how
199. they are coping in lessons it's the emotional state that
200. takes precedence do you know what I mean.

Role doesn't help her to influence
Day to day coping should be the focus

Emotions are the priority

201. **R: I do.**

202. And a lot of the time by that stage it might have gone on for
203. years and they're in their they're taken out of some lessons
204. and they have spent time in the bases.

Chronic issues
Isolation from lessons should have been trigger
School have support areas. Sense these may not be good enough.

205. **R: Right ok you've got two bases…**

206. One for key stage 3 and key stage 4

207. **R: Ok: Is there anything during this interview that has occurred to you or that you hadn't thought about before?**

208. No no, I mean again it's been interesting talking to you.

209. **R: Well thank you for your time today**.

210. That's ok.

211. **R: Ok I'm going to turn off the tape now…..**

# Appendix 21: Example of Focused Coding - Interview Four

**R: Before we get started I wanted to ask you a few questions about your background, your teaching experience.**

I've been a teacher now for I believe about 7 years, I lose track of time. Been really interested in SEN for 4 or 5 years. Coming back to this school I actually came back to this school with the intention of doing supply for 1 day a week and moving back to the area all of a sudden and then actually got asked to stay and this was the school I actually went to school at.

**R: Oh was it, I didn't know that**

so that was actually quite interesting to come back to this school environment and then really got quite passionate because at that time when I first come back I think the local area were not being too kind to the school and not too kind to the students and that sort of made me quite passionate because I thought I came here, I know where these students have come from, their background and the area and have been quite dedicated to the school ever since really. Obviously getting involved with SEN through initially doing the ASDAN programme, teaching that and then running that for a few years. Coming back after maternity leave and finding out they'd cancelled the programme, was quite a shock so when I found out the SENCO was off on long-term sickness and somebody happened to actually say to me would you be interested I jumped at the chance even without any specific SEN background.

**R: With your SEN background, what kind of experience have you had with social, emotional and behavioural difficulties of children?**

the only experience that I've had would have been teaching the ASDAN programme itself, which covered a range of needs. Mostly

BESD students but also pupils with very low literacy skills who had the attachment of the behaviour difficulty in school. So that's my only real specific experience.

**R: You talked about teaching ASDAN, what's you subject? What did you train to teach?**

Humanities, History mainly.

**R: Do you ever get a chance to go back to it in your role?**

not at present, last year I did actually teach while doing the SENCO role which was quite difficult.

**R: Mmmm, I can imagine.**

so this year actually my teaching commitments have been taking off of me to concentrate more on the training behind of the role and I do miss the teaching, miss being in the classroom, but I do feel that this year I have had a lot of hands on work with the students as well, the students still obviously recognise me around the school. A lot of students with special needs who I've also have a lot of contact with and they have felt very comfortable to come and speaking to me about anything, any concerns they've had. So it's still quite nice to have that close contact with the students, but not necessarily in the classroom environment

**R: Yeah, a bit more of the 1:1, small group type of thing that can feel quite rewarding.**

**OK – one of my first questions to you is what do you know about mental health?**

Limiting her experience

I would say not much, obviously with my role last year, dealing with CAMH, was my first experience I've had and that has been quite interesting and so I would like to progress in that.

**R: So if I was to say, ok (xxx) tell me three things about mental health, what would you say to me?**

Child's past experiences and feelings towards school effects mental health

I would just say from my personal experience of mental health, we have a lot of students with anxiety disorders who find coming to school quite a barrier and the programmes in school, for example the PM school has been quite interesting so that's one of the areas that I have had experience in. The other areas, I've had a lot of dealings with social services and the difficulties with students that have had sexualised behaviour in the past. That has been quite interesting to actually look into it and take the child's needs as part of that and look into how we can support them in school, as these have very different needs from a student with learning difficulties.

**R: Can you elaborate on that a bit more?**

We do have children in school who have been sexually abused, either in the past or recently, which as a teacher in the past you wouldn't really think about that, but now as a SENCO and now dealing with social services, social care you now actually thinking about how that affects the mental health of the students.

**R: Do you see mental health as something separate or something that's a day to day part of the child's life?**

It's a day to day part of the child's life.

**R: Ok. Some teachers have talked to me about how it can feel very unfamiliar – is that something you've experienced?**

I wouldn't say so, no. But then I have had last year and this year, really dealing with the child as a whole whereas a teacher sometimes will only see a child for 1 hour a week so it can feel very unfamiliar.

**R: You talked about seeing the child as a whole, does that make you feel that you have a better sense of the child, that you feel confident in I know what's going on for them?**

Absolutely yeah. I think that as a teacher sometimes, you're probably only seeing that child 1 – 2 hours a week, myself, I'm looking at the child as a whole and there needs during the school day but also what's happening at home but also how that is

Proud of contact with outside services who have facilitated her understanding of mental health and how to support it

Specific teaching role has brought an added understanding

Contact with outside services ignites thinking about causes of mental health

Increased contact with child enables teacher to see child as part of school and home community

Emphasis on wider experiences

affecting them when they walk in the school gate.
**R: So with your knowledge of mental health am I right in thinking that it's about the child's needs in all areas of their life, at home as well, so would that be something that you would be talking about, those kinds of words, when you're describing mental health, would you be talking about the child in those different settings?**

If you're seeing the child as a whole you've got to look at all the
different settings that that child is in, and how that affects them. At
school, I think school is, for some of our students, school is
probably the only stable environment they've actually got.

Mental health is the total sum of the child's functioning in school and home

**R: Right ok. What are your thoughts and feelings when I say the words mental health?**
I see mental as something that everybody has. Everybody has
difficulties, some people more than others.

Everyone living with the day to day of mental health

**R: Yeah - Have you got any examples in your teaching experience and you've worked with a child and you've felt that way about them?**
What do you mean, felt that way about them
**R: Well you've said it's like an every day thing, some people have difficulty, some people don't. I'm just trying to unpick, do you feel that way because of the interactions you've had with children and what you've seen of mental health, or is it a personal view of mental health?**

I think I've got some personal experience due to other family
members, relatives having mental health issues and so yes, it's
made me quite open, thinking about it. So yes, I would say my
personal background, actually knowing people with mental health
issues has helped.

Private struggle with family members has challenged her beliefs

**R: What about with the work you have done with young people?**
what has my background actually helped with that?

**R: Yeah.**

I think it's made me much more open to seeing the child as a
whole.
**R: How would you describe a young person with mental health problems to me?**

I would say they're a student that needs people to actually
understand them as a whole and their needs and to actually see them as an individual that
they are going to have different needs
on different days. They' going to come in with different things that
may have happened as they walk in, so people have got to be adaptable.

**R: Which people?**

Anybody that's actually either working with the child or coming
across the child

**R: So it's having a flexible response as a teacher. And you say things can change. How else would you describe a child with mental health difficulties?**

Difficult question, can't even think at the moment.

**R: That's ok, there's no right or wrong answers.**

Um, I think a student with mental health issues, coming into
school, could see the school as a safe environment or they could
see it as a very difficult place to be. It think that they need a lot of
support as do any need but they also need a lot of people to
actually understand their needs.

Managing the children's needs and wants day-to-day

Day-to-day school life effects child's mental health

**R: Ok - with that understanding they're needs is that about understanding where it comes from or why they are acting as they are?**

I think it's both. If you understand where it's come from then you can either understand why they're acting out and create strategies to actually deal with that tailored to that specific student.

Teachers' approach can ameliorate problems

**R: Some teachers have talked to me about feeling quite, when a labels attached, or an identification made, they quite comfortable with that, they find it quite reassuring. Is that something you've experienced?**

I think labelling as such makes people a little bit more comfortable, for parents and teachers, I think for a student it can have the opposite affect, actually having a label. But I think in general I've come across a lot of parents that seem to like putting that label on their child. So, yeah I can see how teachers might feel having that label then gives them a few different strategies that they can put in place, but then every child is an individual, those strategies may not work for a child, but it may work for somebody else who's having the same difficulties or has the same label.

Identification can work if it leads to resolutions

**R: Ok. Yeah. Do you think there's a difference between the labelling, the diagnosis. Do you think there is a difference between them at all?**

I don't know, I think people obviously need to see every student as an individual. It is coming up with the strategies that are specifically tailored for that student. I think when people see a label they just automatically think of certain things?

**R: Ok – what do you think those things are?**

Um, just to give an example in school obviously we have an SEN handbook which lists strategies for different special educational needs and staff feel comfortable, that's the label put on this child, so these strategies MUST work, and I feel that some staff don't seem to realise that actually their just some ideas, they're not absolute answers so I think that's why staff feel comfortable when a label is attached because they think then there's definitely an answer for them and to actually support that child.

Identification is not the solution to supporting mental health

**R: What about you, what do you feel comfortable with working with children with those kind of difficulties?**

What do you mean?

**R: Umm, I'm trying to find out, sort of, other teachers are, yes right, I've got this intervention, I know what to do, I know my role, and you've talked about, correct me if I've got this wrong, to you you don't seem to need that identification, that just looking at the child as a whole, knowing the difficulties, you feel comfortable with that, so I suppose I'm trying to find out a little bit more as to why you feel comfortable?**

it is my personal background, and family relations. There has been an experience that I've had in the past where a relative of mine has actually had a label attached and that has actually affected the relationship between that person and some other members of the family so I can actually for myself see that as a negative impact. Whereas they haven't actually thought about what that person was like before that label was attached and I just think for myself you have to see everybody's needs and not necessarily see the label as the answer and that's it.

Living with the stigma attached to labelling mental health

Identification is a barrier to acknowledging what the child needs

**R: OK. That's really interesting. I'm going to give you some information now. This is Alison – could you read that for me...**

**How would you describe Alison's difficulties to me?**

Umm. I think her difficulties might be more to do with obviously the relationships within the class. It says here to do with male teachers, or staff. I should say that the social skills side, maybe not understanding others needs.

Looking at the child's responses to their environment and what has caused their response

**R: Is there anything else?**

Umm. Her needs obviously at the present time would be to do with what's happened just recently, the more integral she'd become and looking at why that has happened at that specific time and looking at how that's affected the work in class.

**R: So you'd be asking questions about why at that specific time. Other teachers have also talked about how they would always look at past behaviour - is that something that you would be thinking about?**

Yeah because of social skills and relationships within the class you can think about why that has actually come up.

**R: So would it be a process of, asking the questions why at that specific time, how would you answer those two questions?**

What you mean how would you find out why this has happened at that specific time?

**R: Mmmm. Yeah.**

Seeking information to explain child has a product of their past

Umm – it would really be asking, giving her the chance to actually talk to people she was comfortable with. Looking at the home situation, what's happening? There may at this time not be obviously any outside agencies working, but there may have been something in the past that may have happened so it would mean looking the files and see if there is anything that may shed any light on the situation. If this is seen as deteriorating you'd be looking at talking to the family and getting their point of view, whether this was across the board just in school, or whether it was at home as well.

Defining family circumstances and asking them to help uncover reasons

**R: So looking at the child in all areas of their life. As a teacher you've touched on it a little bit, how would you be responding to her difficulties, thinking about in your SENCO role and this child was flagged up to you. How would you be responding to her?**

We have people within the school that could offer support. The learning community always have an additional needs person attached, but we also have xxxx in the health base that for a student we may feel they need someone to talk to see if there is anything going on, xxxx is qualified to do that so we'd be referring her on at this point just given her the opportunity to do that

My role is to get support for the child from skilled teaching staff

**R: Lots of other teachers have talked about that opportunity to talk, that open space. Do you think that's quite important?**

Yeah.

**R: Why do you feel it's important?**

**Because I think with anybod**y, if you dictate or push them then they will go the opposite way.

**R: Right ok. What would dictate or push look like?**

Making sure a relationship with a trusted adult is engineered

if for example I wanted her to really speak to xxxx , and that would be the idea, telling her that you WILL go down and see to xxxx at 10am may not be the right environment for her to actually to either disclose anything or feel comfortable talking to xxx in. If she's given that opportunity, by either someone just saying... what xxxx would normally do is actually just speak to the student, build up that relationship and say oh just pop down at this time if you're free. Giving them a time, telling them I'm free at this time, come on down and come and speak to me and not sort of telling them. So they feel absolutely comfortable when they are on their way there so that when they get there they are in that frame of mind that would facilitate, you know, if there is something that the are worried about, then that can come out.

**R: Ok, so I'm going to give you additional information on Alison, so have a read: how would you describe Alison's difficulties now?**

Helping the child is through working with the adults who have daily contact with the child

umm, emotional difficulties, it would ring alarm bells, at this point if she hadn't already spoken to xxxx we would be looking at who in school who she would feel comfortable talking to. Talking to different staff to see if they'd noticed anything. It would definitely warrant very very close monitoring and contact with the student and making that she's already got that support network in place.

**R: Tell me a bit more about that contact with the student, what would that look like as your role as the SENCO?**

Ideally I would like more contact with the student, if I hadn't have already known that student from the example, which there are students in school that I don't know, for example the year 7's I've had very little contact with. Then I would be introducing myself, even if it is just to go into the academic mentoring group, talking to her academic mentor, introducing myself to the while class so she knows who I am, giving that opportunity. With the structure at the moment, the actual teaching system, it would be more the deputy head of additional needs that would be making close contact and also talking to alto of the staff as well.

**R: Would they be aware of this child's difficulties before you, or would you be signalling it to the deputy head?**

Believes would receive concerns via third-hand news

It would probably have already gone through the deputy head of additional needs before it came to me, so if staff were going to flag up concerns, for example becoming slightly more irritable, that would have been passed onto the learning committee first, the deputy head of additional needs would have then spoken to myself about this, ideally in the weekly SEO meeting.

**R: OK. You talked earlier about close monitoring – what would that look like?**

The close monitoring in school is done through the academic mentor that actually sees the students for the first 20 minutes of every day so they can then see how the student is coming into school, whether they've had any difficulties the night, depending on their mood. Really talking to them so that if they can see that a child is upset coming into school, a bit anxious, they can talk to that child straight away and hopefully have that very close, professional relationship already which would give that student a chance to talk to them, maybe open up. And if then the mentor still thinks there is going to be a problem and the child is still very anxious when they leave them then the deputy head of additional needs can be contacted straight away through email or even xxxx to actually say this child is upset, there is something that I feel is a nagging doubt and then that can be pursued immediately.

Confidence and believing in systems

Children with whom she does not have contact will not go undetected

**R: So with your response, am I right, that there are 3 areas to it? It's making sure that child has the opportunity to talk; it's about that relationship with whomever they talk to. We've also touched a lot on systems and procedures. Is that just as important as the other two?**

I do think having a clear a clear system in place is important because without that students can slip through the net.

**R: Right ok.**

and not be given those opportunities or that monitoring so the systems do need to be very clear and also giving the teachers confidence that if they do have something in the back of their mind that isn't quite right, it's giving them, right this is what you can do next, rather than not giving them nothing because they may then feel oh it'll be ok. Oh they're really anxious this morning, but I'll see them tomorrow morning, it'll be ok. It's giving them a clear process that if they have any concerns it can be passed on and will be doubt with.

It is better to pass on concerns to others which is the safe thing to do rather than making a mistake by not passing on concerns

**R: Just wanted to touch on your comment there about in the back of their mind they had a niggling doubt, and some other teachers have spoken about that niggling doubt of gut feeling, you just know. Is that something your familiar with?**

Yeah, umm, I think any sort of concern, if you don't feel absolutely comfortable with you need to raise it however silly it might seem to someone else, it's best to get it followed up. You do see students that you may know absolutely nothing about but just something, but you think there is something here. It may be nothing, but it is best to be safe, to get it looked at, dealt with through the proper procedures. I think that if you do have those nagging doubts it needs to be raised straight away and I think in school we do have clear processes support that.

Passing on information to other adults means teachers feel safe and that they have done the right thing.

**R: OK – I'm going to give you some more information – this is Sarah.**
**How would you describe Sarah's difficulties?**

Umm, she's obviously having emotional difficulties at this time, the fact that she's withdrawn and sullen. Obviously with the change happening, previously having good quality work, something's happened, what seems like over night or through a short period of time, her organisational skills, with handing work in late. I think it is more emotional here, what's going on.

Difficulties stem from emotional responses to life

**R: Ok, as a teacher how would you be responding here?**

Um, if you've noticed something change all of a sudden, obviously you try and give again that opportunity and then asking questions, if she's handing the work late, you would be asking any student is there any reason for this, trying to find out that. But again it's giving her the opportunity if there is something going on to talk to somebody. The lack of effort, obviously making sure that she does understand the work, giving her the support through that. Talking to her about how she can actually improve the work there and seeing that that's done

Noticing emotional change leads to initiating a conversation with the child to coach them into change

293. **R: Here's the second bit on her. How would you describe Sarah's difficulties now?**

294. Lots of emotional issues that would raise, obviously something like that you
295. would refer straight away and the school would get CAMH
296. involved, a referral would be done that day. Making sure that she's
297. got support in school and again with something like this xxxx would
298. be talking to her and keeping close contact with CAMH as well.

Feeling outside agency is available and relationship ensues joint working

299. **R: So your response would be referral on to other agencies?**

300. Yeah, with something like that, anybody who threatens to hurt
301. themselves or kill themselves it would be an instant referral,
302. straight onto CAMH.

Child signals a risk to their lives results in referral to a mental health service

303. **R: Is there anything else you would be doing with Sarah? How else would you be responding?**

304. We would be making sure that the academic mentor is supported.
305. We wouldn't necessarily be telling all the staff exactly what she has
306. said, but we would be making sure that staff knew she was having
307. difficulties. They would be providing support anyway if they had
308. noticed anything before, and carrying that on.

Keep child safe and information confidential

309. **R: What would that support look like if they had noticed this before?**

310. umm, if they've noticed if there is difficulty handing homework in
311. late, as I've said, maybe even giving her the opportunity to come
312. back and speak to them at lunch time and to speak to her on a 1:1
313. basis. Giving her chances to actually come and catch up on the
314. work, somebody to talk again as it would be very difficult to know
315. who this child would talk to within the school.

Supporting child through a few key adults

**R: How would you find that out, who they would talk to?**
you'd definitely be, if you were talking to the staff about a child with emotional difficulties a member of staff may say she has spoken to me before or she spends a lot of time in my room during break time I'll keep a close eye and have a chat with her. A lot of the time the academic mentor knows in school who that child goes to quite a bit just through their discussions with that student in the first 20 minutes of the morning. But I think every student has someone different they feel more comfortable talking with. xxxx has a lot of the skills and the qualities that enable the students to feel comfortable talking to her anyway but again some students attach themselves to different teachers like someone that has a different quality to xxxx. Some students feel very comfortable with someone who is very bubbly, some people feel very comfortable with people who are very quiet and calming so it is very important that we look at and make sure these students have the right support network.

Teachers rely on system in place in school which provides the opportunity for a child to talk to an adult.

**R: Right ok. How would you know if it was the wrong support network?**

That's very difficult, I don't suppose initially we'd know. We'd be providing the network, through xxx being available and giving her time to talk to this student, talking to the other staff and making sure they know there are difficulties at the moment so that they can make themselves available, but she's still not finding anyone in school that she's comfortable with that would be quite difficult.

Offering the opportunity for the child to talk should be enough to help support the child

**R: So your focus would be on that relationship, who she was taking to and testing it out, seeing who she would talk to and if you did find that she wasn't talking to anyone, where would you go then?**
Well, we obviously keep very close contact with CAMH and talk to them, making sure that we're acting upon professional advice.

Support for child is through liaison with outside agencies and they provide crucial advice and how to treat children

**R: Ok. So you'd be looking at using others advice.**

Feeling familiar and embracing the knowledge of outside agencies

We have close contact with the outside agencies, so other agencies do have different information that can help school and if we're looking at the child as a whole then we need to use that. If their working with a child that has been referred we need to use that advice and different specialism.

**R: Next one – this is David. How would you describe David's difficulties?**

Not a child centred issue

Daily school life may be hurtful to child

Difficulties in settling into a new environmental, the change that he's had. Some students do find that extremely difficult. The social relationship with his peers, coming in to a school where he possibly doesn't know anybody must have been difficult, it must be difficult to make friends with social difficulties. The absence from school would be a concern, obviously if that escalates; he's maybe using that as a route out of his difficulties, using that as an option.

**R: How do you think David's feeling about his world at the moment?**

Environment is not making child happy

Apprehensive, quite scared, he's probably a pupil that probably finds social interactions quite difficult, coming into an environment where there is probably nobody he knows wound be difficult for a lot students, but for some students it's even more difficult if they have social interaction difficulties.

**R: Would thinking about how David feels about his world help you think about the causes behind his behaviour?**

Yeah because then you can work out strategies to support him?

**R: How would you find out those kinds of causes for David?**

Finding out causes in school and home environment

Teachers put themselves in child's "shoes"

Close contact with home, if it's not done, see it's difficult. if he's been absent from school many times this term, it might mean that an attendance officer would maybe make a home visit, with one of the learning communities, which in this case would be pastoral, to look at the family situation, if there's any difficulties at home, talking to parents or carers and to obviously to see the child as a whole and learn the barriers for him, because until we know the barriers we can't break them.

**R: How would you be responding with all this thinking, I'm going to find this out, find out the barriers. How would you be responding to David at the moment?**

What, actually, what we would we be with the specific student?

**R: Yeah.**

Showing child that adults care and want to help by:

- Showing children who they can talk to
- Asking children how they feel.

we would be trying, if he's coming into school, it says he's been absent from school many times, when he is in school, looking at, in the academic mentoring, buddying him up with some other students, encouraging that sort of social skills side in the first 20 minutes of the day. We can't buddy a student up for the whole academic day because they go to different lessons, but we would be making sure that he knows where people are if he needs them, a learning committee base, the names of the learning committee so that he feels comfortable to approach them. It might even be taking him round and introducing him to the teachers just so he knows who they are, he's new to the school, it might be something to do with going from room to room and actually finding this very difficult, so actually taking him round, for example, a whole day, so he can actually see the whole routine, the staff that he's going to see throughout that day and trying there to actually make him feel a bit more comfortable about what he's going to experience that day.

**R: You picked up on comfortable, on his emotions, you'd be viewing it as how can I make this a better place for him. Do feel that that is a sense of responsibility that teacher have in making sure everything's ok for that child?**

Yeah.

**R: Would you make a comment for other staff that you know, do you think that's similar across teachers?**

some teachers see themselves as teaching a particular subject,
and some see themselves as teaching that student, which is
different**.**

I see my role as a being there for children

**R: What's your feeling as a teacher?**

they should be teaching the child as a whole. Not to label anything,
as I don't like that, but I think that older teachers that were trained
rather differently, sometimes see their subject and the student
next.

Other teachers only want to "teach"

**R: Do you think that can have some difficulties for children?**

Yeah.

**R: Ok. I'm going to give you the final part of information on David? How would you describe David's difficulties now to me?**

Well he's obviously had a lot of changes recently in his life, coming
to a new school, obviously that is difficult for most students, and
then obviously this change at home. He's probably finding it very
difficult to cope with his dad leaving home as well as obviously the
change of school so this will be impacting on his mind in school
and then this will be affecting how he is in school.

The child is a product of their past, present and future life events

**R: Ok. You keep mentioning change, so is it a lot about thinking of past behaviour to present, sort of picking out the journey along. Is that your role as a teacher to do that do you feel?**

I think without doing that you wouldn't understand the child as a whole at this particular time. That child is actually a result of the journey that they've been through.

Children are not blank canvasses but a sum of life experiences

**R: You've talked a lot about family, how significant do you feel that is?**

Extremely.

**R: Can you give me a few examples of why you think that?**

I'm the designated teacher for Looked after children, so I see a lot of the Looked after children in school and the difficulties they experiences, obvious be involved with social care as well I've seen how it can affect children at different stages. I do think family is extremely important. A child just can't switch off when they walk through the school gates. So what has happened at home will obvious then influence what happen at school.

Child is part of two worlds which influence each other. The child in school is a child whose personality is affected by home and school

**R: Mmm I can understand that. And as a teacher how does that make you feel, having to manage that?**

I think as a teacher we are teaching that child as a whole, we can't do that to the best of our ability without understanding that child as a whole.

Teach on how child presents not how you expect them to behave.

**R: So that informs a lot of your day to day interaction with the child.**

Teach on how child presents not how you expect them to behave.

And it might be that something works one day but not the next so it means being quite flexible.

**R: Yeah you spoke about that earlier, so it involves having an open mind as well?**

Yeah.

**R: Ok. Is there anything, we've come to the end of the interview. Is there anything that's kind of occurred to you that you've not thought of before through our talking?**

No I don't think so. You said earlier about staff feeling that they weren't quite comfortable and I do get a bit worried and it has brought it to forefront of my mind about how teachers are relying a bit too much on the strategies that they see just written in a book. I think some teachers do come and speak to me where there may be a label attached to learn more about the child and what they feel what might work in their specific classroom, whereas others may just see that label and flick through the SEN book or look on the internet. That does worry me slightly that their not being open minded, because strategies written down in a book are not going to work in everybody's classroom, or in everybody teaching styles. It needs to be personalised to the environment and teaching styles and also the child.

Seeing the child's difficulties through their eyes and responding to this

**R: Do you ever think there's a time when that identification, or label, is beneficial for teachers?**

I think it may make teachers more understanding of that student, if its a, for example, behavioural issues, they may just think that's a naughty child, whereas if there is a label attached they may then have more, not leniency, but may be able to understand that child a bit more, so put strategies in place, whereas before the strategies they may have been using would not have worked and may have escalated the problem.

Assessing the risks of just seeing a label

**R: So about their understanding and that they might change their mindset a little bit, their response to the child. OK. Is there anything that you might like to add?**

I do worry about the labelling from the child's perspective as I think that can change, when the child is given a label and they know about it, we do have one child in school that has a label attached and his parents refuse to talk to him about it. He has no idea that there is this label.

Assessing the risk for the child being labelled

**R: Mmm, that's interesting.**
**Thank you – I'm going to turn off the tape now.**

# Appendix 22: Example of Developing Conceptual Categories through Theoretical Sampling in Interview Six

**R: Thank you for coming to talk to me. As it's the first time we've met, could you tell me a little bit about your teaching experience and your background?**

This is my 5th year at this school, I went there as an NQT, and this is my second career, so I had a previous career

**R: What was that?**

I worked as a salesman for a charitable trust in xxxx, and I worked for a few years as a travelling salesman, and then I worked doing xxxx mainly from an office.

**R: What made you change?**

Before I did that I'd been studying art in xxxx and then I became interested in Buddhism and went off on a holy spiritual quest in xxxx and part of that involved working for this charitable trust which was part of the package and after doing that for 6 years I wanted to go back and explore Art again and so I studied that and at the end of that, I decided, at the time I was teaching adult classes in meditation and I put the two together, teaching and art.

**R: And how are they coming together? Are you enjoying teaching art and design?**

I love it actually, its a privilege in lots of ways and of course it can, on a regular basis it can be challenging and stressful. So I'm quite settled at the school and I find it interesting teaching the students.

**R: Tell me about the types of children that you come into contact with?**

Huge variety, all different in lots of ways. I find them quite diverse, I don't find it easy to talk about the students, which students and when, as each student is different depending on what they find and how they relate to you. They’re people aren't they and a diverse range of personality types.

**R: So what do you know about mental health?**

I know a little bit, I did work for 3 summers for xxxx at the mental health nursing bank there, I've worked on most of the wards at xxxx.

**R: That sounds like quite a lot of experience to me.**

Yeah to some extent, I did consider whether to train as a teacher or do psychiatric nursing. It's mainly based in two day centres, one just off xxxx in xxxx, The xxxx was called, and another just off xxxx which was also a day centre. So what do I know about Mental health, I know a bit I suppose, I've had direct experience with people who've had extreme metal health problems.

**R: Do you want to maybe talk to me a bit about that?**

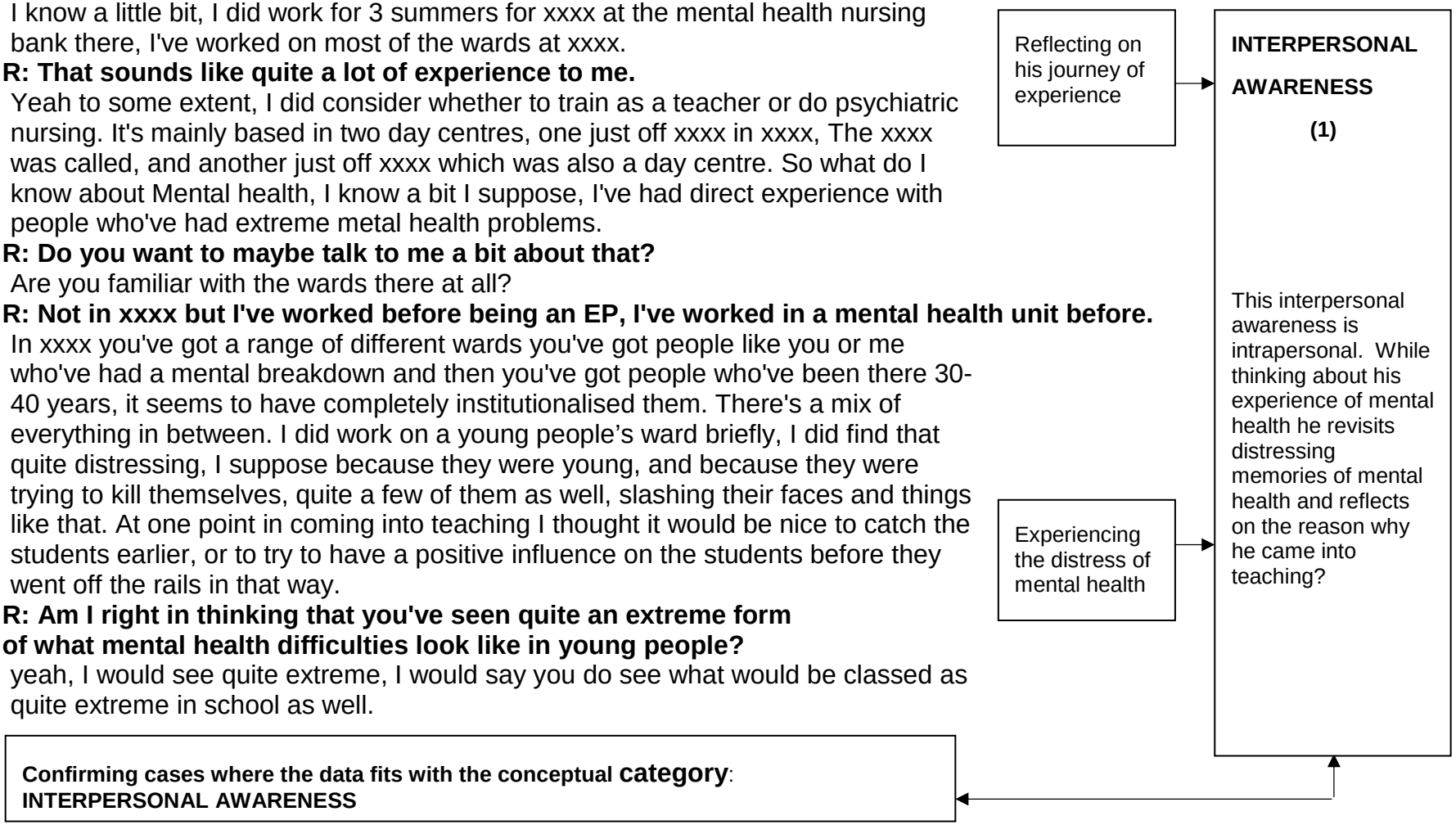
Are you familiar with the wards there at all?

**R: Not in xxxx but I've worked before being an EP, I've worked in a mental health unit before.**

In xxxx you've got a range of different wards you've got people like you or me who've had a mental breakdown and then you've got people who've been there 30-40 years, it seems to have completely institutionalised them. There's a mix of everything in between. I did work on a young people's ward briefly, I did find that quite distressing, I suppose because they were young, and because they were trying to kill themselves, quite a few of them as well, slashing their faces and things like that. At one point in coming into teaching I thought it would be nice to catch the students earlier, or to try to have a positive influence on the students before they went off the rails in that way.

**R: Am I right in thinking that you've seen quite an extreme form of what mental health difficulties look like in young people?**

yeah, I would see quite extreme, I would say you do see what would be classed as quite extreme in school as well.

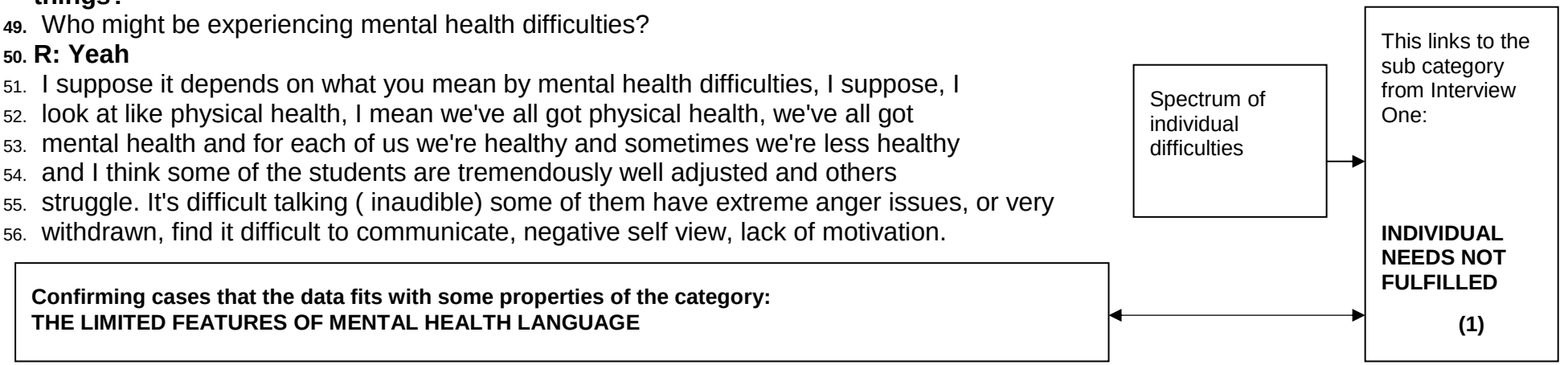


**R: And with that experience and seeing some maybe quite distressing things, when we talk about mental health in your mainstream school, what do you think about that, what are your feelings about young people who are experiencing those things?**

Who might be experiencing mental health difficulties?

**R: Yeah**

I suppose it depends on what you mean by mental health difficulties, I suppose, I look at like physical health, I mean we've all got physical health, we've all got mental health and for each of us we're healthy and sometimes we're less healthy and I think some of the students are tremendously well adjusted and others struggle. It's difficult talking ( inaudible) some of them have extreme anger issues, or very withdrawn, find it difficult to communicate, negative self view, lack of motivation.



**R: I'm interested in how you construct it. I just wondered when mental health mentioned what's your initial feelings on it. I know you talked about the physical, like its a sickness that can get better, can you elaborate a little bit more on that?**

yeah, I think there are certain types of behaviours and ways of thinking that if you do them, their going to run your health down, your mental health down so I think it's erm, one thing that was very pronounced on the young peoples ward that I worked on very briefly is that they would pick up behaviours from each other that some people did and they started copying that. I think that people with different patterns of thinking and behaving, I mean we've all got patterns of thinking and behaving and I think some of them are more useful and others are less useful in terms of allowing us to be happy and healthy or unhappy and increasingly unhealthy, so I think it's learnt behaviours, is my view that people learn ways of thinking and viewing the world, which are either in line with how reality is or they're not and if their not in a particular kind of way then they can be repeatedly creating particular suffering for themselves. Yeah, so I think issues are awareness, being aware.

Learning destructive behaviours

**New case?**

**(1)**

Links to code in Interview Three: "Social repression is a cause of difficulties"

**R: Next question was going to be, if I'm coming in to meet you and if you could describe a person with mental health difficulties, I know that might be an abstract question, but I feel that what you're giving me there is leading on to that?**

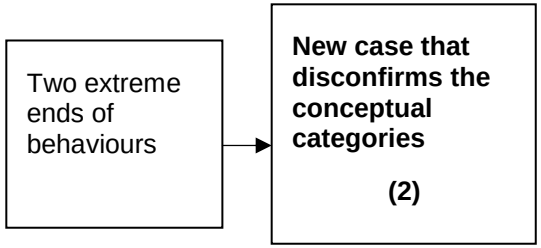
Describe someone?

**R: Yeah, a young person particularly?**

with mental health difficulties?

**R: Yeah**

interesting isn't it, I suppose all I see is behaviours. I would say that, well to give one example, as presumably there are lots of ways it manifest, but one example might be someone who is very withdrawn, doesn't communicate, doesn't mix with others, doesn't eat well or look after themselves properly and seems unhappy and low and lisp and sort of profoundly passive in some sort of way, might be, sort of lack of joy, engagement, hope. I say hope, you'd be concerned with students like that. But the other end is someone who with no awareness, who'd go on a rampage, at war with everyone around them.




**R: Do you see many of these behaviours in the classroom?**

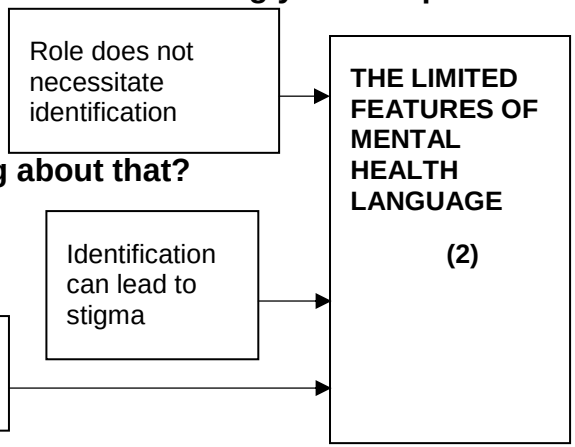
yeah, sometimes.

**R: Some teachers have said to me mental health can seem quite unfamiliar, for example they think like something's wrong but they're not quite too sure, what they see they can't quite put it in a category. Is that something you've experienced?**

difficulty putting behaviour into categories..... yeah I would think so. Yeah we're not trained in how to do that so we might have a sense of something, yeah I would definitely agree that were not in a position to do that.

**R: What's your feeling, obviously lots of young people can get a diagnoses, when they are at school, there might be a definition attached, what's your feeling about that?**

I'm not in favour of that personally, I think it can create a lot of problems, I've no idea, maybe it is a good idea, but my opinion is that it can create problems, and so for the student it can become a huge identity badge, not maybe even what they




**Confirming cases where the data fits with the conceptual category:**
**THE LIMITED FEATURES OF MENTAL HEALTH LANGUAGE**

want, but they've been told by some expert that this is what you are, and so as a consequence it can have a huge impact on they're developing a sense of identity and it can, so they don't feel their responsible for how they act or behave, its this thing that's making them, but not that they're making excuses but they think that I've got his thing, I'm acting in ways, I'm not causing trouble, but I'm x, y, z. So I'm personally not in favour of that, I think it's unfair on the students, who've gave them the label might be right, whoever invented the label might be right, might not be and the student might grow out of the behaviour, so I'm not sure how helpful that can be, it can do some harm.

**R: So you're wondering how helpful it is for the young people, do you think it's helpful for the adults and teachers who work along with the child?**

it depends on what their understanding of it is, for them it could again just be, I think there's pros and cons. So if you've been told that so and so has such and such tendencies, you can take it into account what you do with them, how you relate to them, but I would be possibly concerned about biases and prejudices which could develop a bias towards them, but I can see how it could be beneficial to them. Particularly if your looking for tips or strategies that might help them.

Children can grow out of diagnosis → **THE LIMITED FEATURES OF MENTAL HEALTH LANGUAGE**

**(3)**

Language can aid acceptance and seeking to support → **THE LIMITED FEATURES OF MENTAL HEALTH LANGUAGE**

**(4)**

The language is limiting for children but generates action to support in teachers'?

**Confirming cases where the data fits with the conceptual category:**
**THE LIMITED FEATURES OF MENTAL HEALTH LANGAUGE**

**R: Its when that understanding leads to a positive outcome, so we could try this, that could be effective, that's what you're saying?**

Yeah

**R: I'm going to give you some case scenarios, they're just maybe what you would see in the classroom, so this is David, if you can read that for me....**

**R: How would you describe David's difficulties to me just from having that information there, having him in your class?**

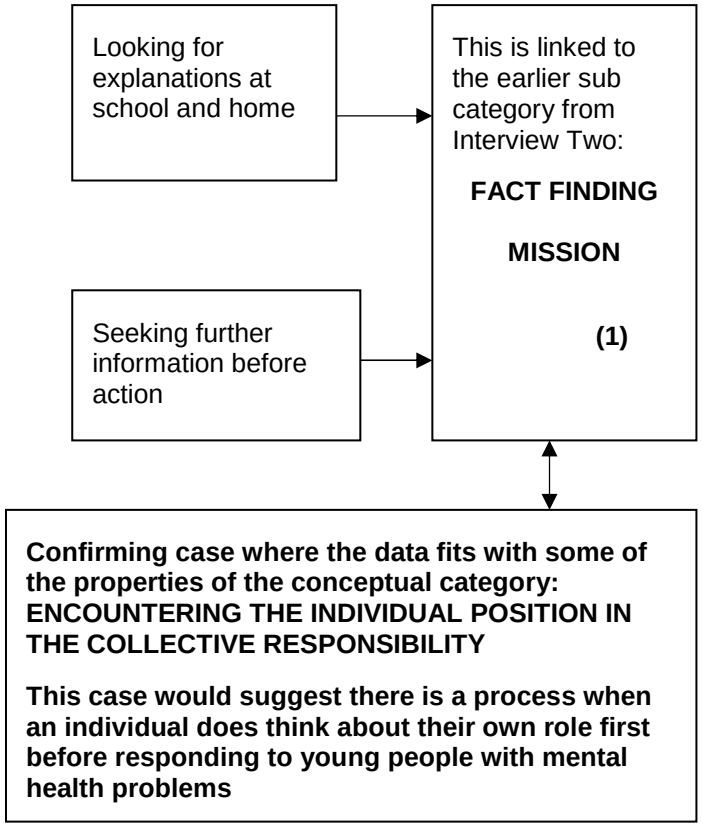
Ummm, well, I don't know, I wonder if he's having trouble settling into the school, I'd be curious as to why he's moved schools, if its something to do with circumstances, maybe his parents have separated. If he had friends, if he was mixing with other students he might feel happier about coming to school. You know, if he had some friends he might feel less likely to be rude and aggressive but it might be that he has some sort of particular bad habits in terms of his behaviour which means people are less likely to make friends with him.

**R: You talked about family, what would you do with this concern if you think family might be affecting David?**

you can ring home, ask the parents because there's usually, you know, quite often there can be a lot going on for them, it can be good to gather more information before jumping to conclusions. I'd be tempted to contact home, ask mum & dad, if he's settled in ok do they think, what's he saying about his new school.

**R: Would that be linked to what you said earlier, wonder what he's like in his old school, so would you be looking about a change in his behaviour from past to present, would that be something you'd be thinking about as regards David?**

so would I be thinking about a change in his behaviour?



**Confirming case where the data fits with some of the properties of the conceptual category:**

**ENCOUNTERING THE INDIVIDUAL POSITION IN THE COLLECTIVE RESPONSIBILITY**

**This case would suggest there is a process when an individual does think about their own role first before responding to young people with mental health problems**

**R: Mmmm**

Ummm, I think if, more so, I'm not sure about in this case, but more so if it was a student I knew who'd been well behaved and suddenly misbehaved I'd be more concerned about what has changed, it may be puberty or something. I think with a student who had just arrived at the school, I can think of one student who arrived from our school who, he'd been asked to leave his previous school for violent behaviour, I think it depends, I was curious as to why he'd moved, was it to do with family circumstances or was it to do with his behaviour in school, this suggests he was doing well.

**R: How would you respond to David having this information about him?**

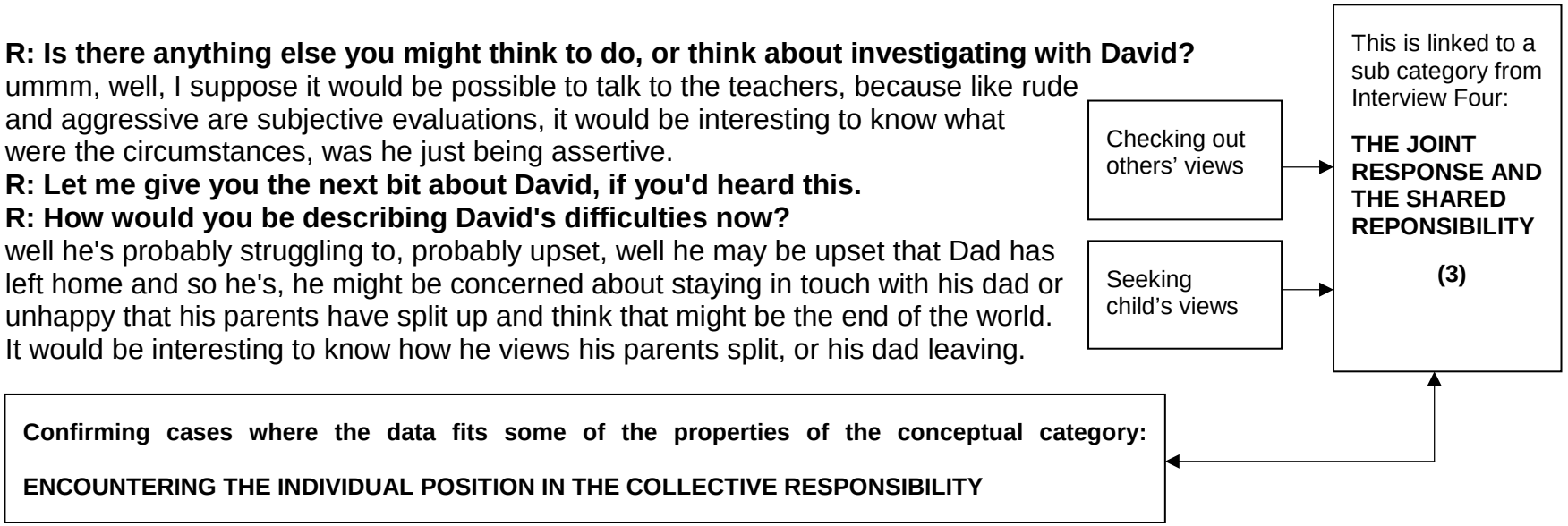
I'd ask him how he was getting on. I suppose if your curious to hear what he thinks, anything that's bothering him, if he's managing to develop some friendships. It may be that maybe there might be a culture shift from his previous school that he's struggling to adapt to.

Hypothesising reasons → This is linked to the earlier sub category from Interview Two: **FACT FINDING MISSION** **(2)**

Using talking to seek reasons → **INTERPERSONAL AWARENESS** **(2)**

**Confirming case where the data fits the conceptual category: INTERPERSONAL AWARENESS**

**R: Is there anything else you might think to do, or think about investigating with David?**
ummm, well, I suppose it would be possible to talk to the teachers, because like rude and aggressive are subjective evaluations, it would be interesting to know what were the circumstances, was he just being assertive.
**R: Let me give you the next bit about David, if you'd heard this.**
**R: How would you be describing David's difficulties now?**
well he's probably struggling to, probably upset, well he may be upset that Dad has left home and so he's, he might be concerned about staying in touch with his dad or unhappy that his parents have split up and think that might be the end of the world. It would be interesting to know how he views his parents split, or his dad leaving.



**R: Would that mean you would talk to him, ask him those questions?**
it depends on time, if you've got the time you can. I mean like today in one lesson, I had one boy who was misbehaving, I had to ask him to stand outside, he started crying, he told me his sister whose in her 20's had just lost her baby and the whole family was upset about it. The other day I had a girl come in, she was, without saying anything, being upset that her dad maybe had cancer. The lesson before that, something else happened, what was that. Anyway, they come in, if you had at the most a minute or two to chat if something comes to the surface and you have 20 or so other children to care for. Oh yeah, it was a boy who came in with a picture of a cat crying, the cat was crying because he was really angry, and I asked him if he ever gets like that and he said yeah, and I asked him if it was often, and he said every day, and I asked him why and he said it was when his dad hits him, so I had to write a note to the nurse to talk to him. So you don't have much time, so you were asking me if I would inquire with David, so yeah, but it wouldn't be for long, it wouldn't have great deal of affect I don't think.
**R: With some of the other examples you said you would send off an email, would you do that with David?**
ummm, it, ideally yes, to his tutor, like, again a few weeks ago a boy hadn't his homework done, coming up with lots of excuses, I wasn't having them, and he burst into tears, ran out of the room, and then he told me that he spent all his time looking after his mum, so I sent an email to his tutor and to the school nurse to go and speak to him and she did, so I tend to rely on her, and the tutors. She's quite effective because she tends to be a bit more free floating, she can chat to the students.
**R: So if it wasn't you that was able to talk to the students you would know which other significant adults could, as in the case of David?**

A snap shot of time with child lessens individual impact

**ENCOUNTERING THE INDIVIDUAL POSITION IN THE COLLECTIVE OWNERSHIP**

**(4)**

Does not want to minimise his role but recognises limitations of it so seeks other teachers support?

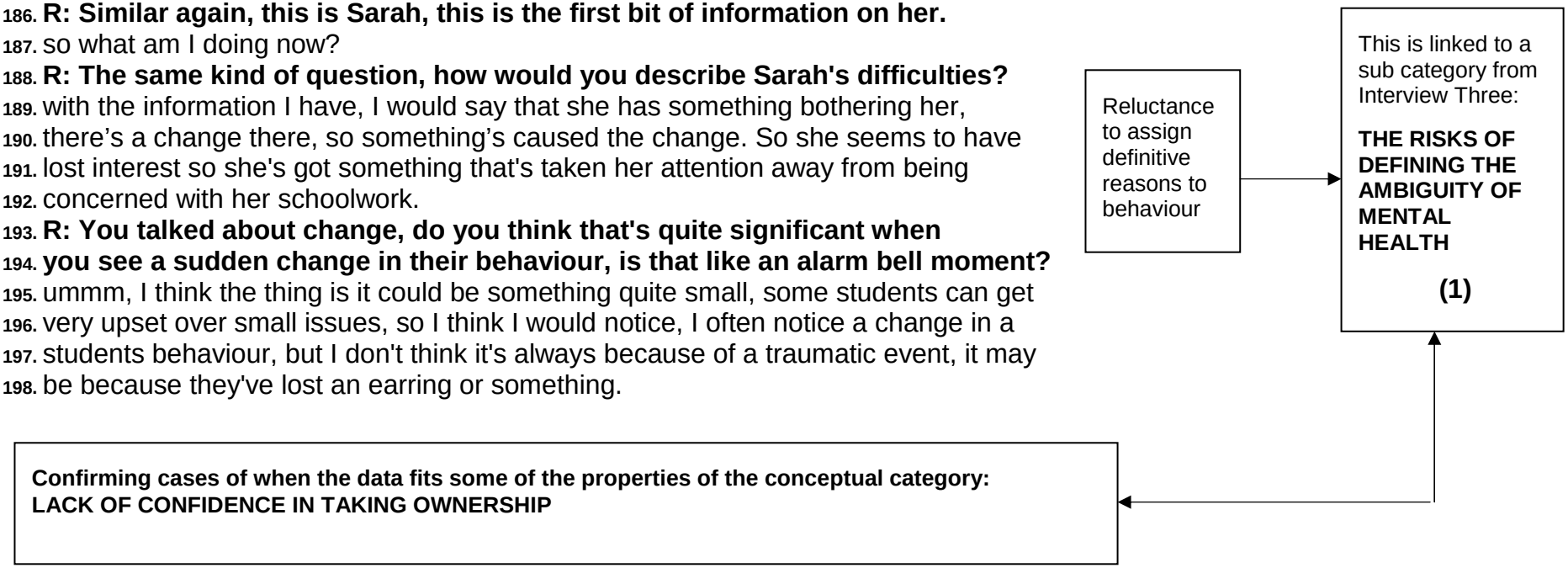
Limitations of role and reliance on others to engage with children

**ENCOUNERING THE INDIVIDUAL POSITION IN THE COLLECTIVE RESPONSIBILITY**

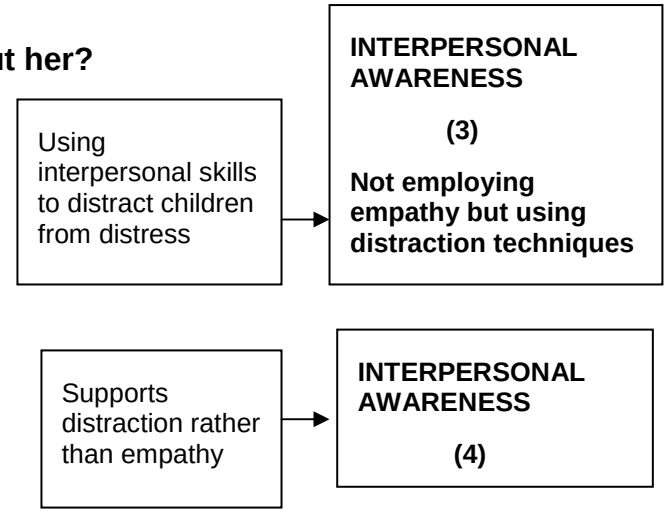
**(5)**

**Confirming cases of when the data fits the conceptual category:**
**ENCOUNERTING THE INDIVIDUAL POSITION IN THE COLLECTIVE RESPONSIBILITY**

In most cases, yeah, and I would feel uncomfortable if you don’t send that email, if you let it slip, it bothers you so then you've just got to get it sorted soon.
**R: Similar again, this is Sarah, this is the first bit of information on her.**
so what am I doing now?
**R: The same kind of question, how would you describe Sarah's difficulties?**
with the information I have, I would say that she has something bothering her, there’s a change there, so something’s caused the change. So she seems to have lost interest so she's got something that's taken her attention away from being concerned with her schoolwork.
**R: You talked about change, do you think that's quite significant when you see a sudden change in their behaviour, is that like an alarm bell moment?**
ummm, I think the thing is it could be something quite small, some students can get very upset over small issues, so I think I would notice, I often notice a change in a students behaviour, but I don't think it's always because of a traumatic event, it may be because they've lost an earring or something.



**R: So what would you do with Sarah, how would you respond to her,**
**she's in your class, and she's showing you a change, this is what you know about her?**
I do tend to focus on the task on hand, I do tend to direct their attention. God, this sounds terrible actually, but umm, I do think, at the back of my mind, if there's something upsetting them, ruminating on it, dwelling on it at the present time isn't necessarily going to help them, but actually just coming into the present moment, focussing their attention to something and applying themselves to it can take their mind off it and give them a bit of breathing space.
**R: So your teaching, thinking let me distract them, give them something else to focus on?**
Yes I think sometimes, yeah, that's it, if they put themselves into their work, it can help... I had a boy, I mean, I don't think allowing them to stand in the corridor, with a friend there, the sort of dramatic empathy thing, sometimes that the girls do tend to do, can be helpful. I was thinking of a boy, a year 7 boy, he got something pocked in his eye, and he was crying and crying so I asked him to stand outside and I said I was going to test his eye so I said to follow, follow it, follow it, and then I put it up my nostril and he laughed and his eye problem was solved as he'd just laughed.

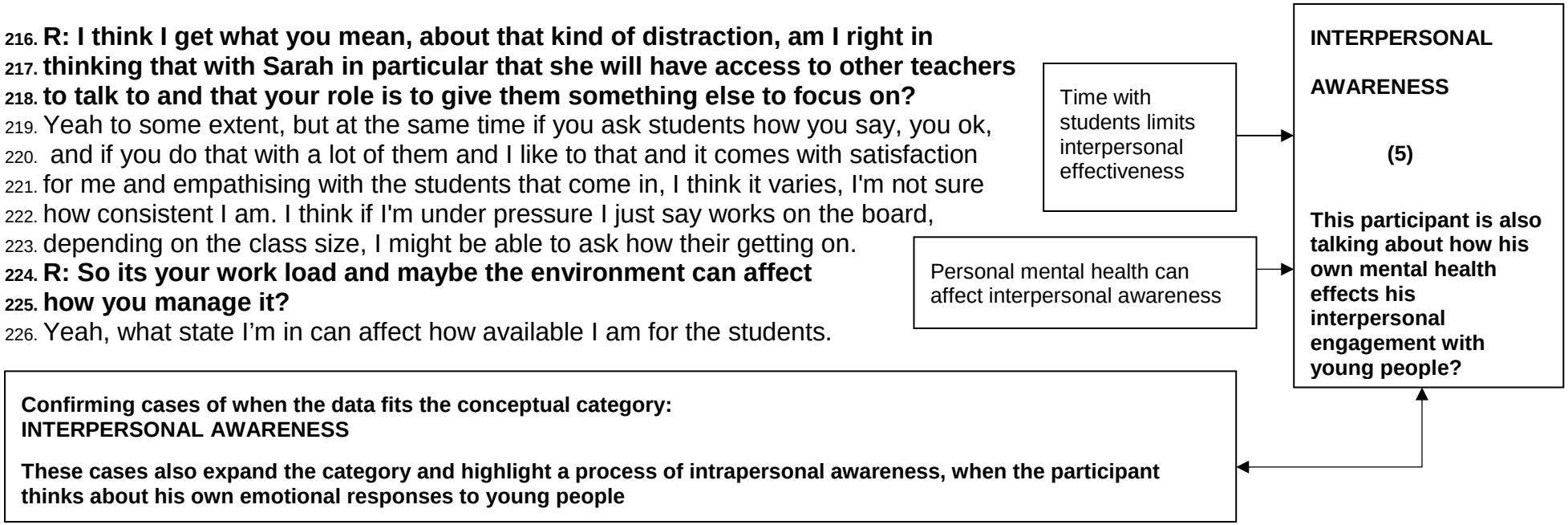


**R: I think I get what you mean, about that kind of distraction, am I right in thinking that with Sarah in particular that she will have access to other teachers to talk to and that your role is to give them something else to focus on?**

Yeah to some extent, but at the same time if you ask students how you say, you ok, and if you do that with a lot of them and I like to that and it comes with satisfaction for me and empathising with the students that come in, I think it varies, I'm not sure how consistent I am. I think if I'm under pressure I just say works on the board, depending on the class size, I might be able to ask how their getting on.

**R: So its your work load and maybe the environment can affect how you manage it?**

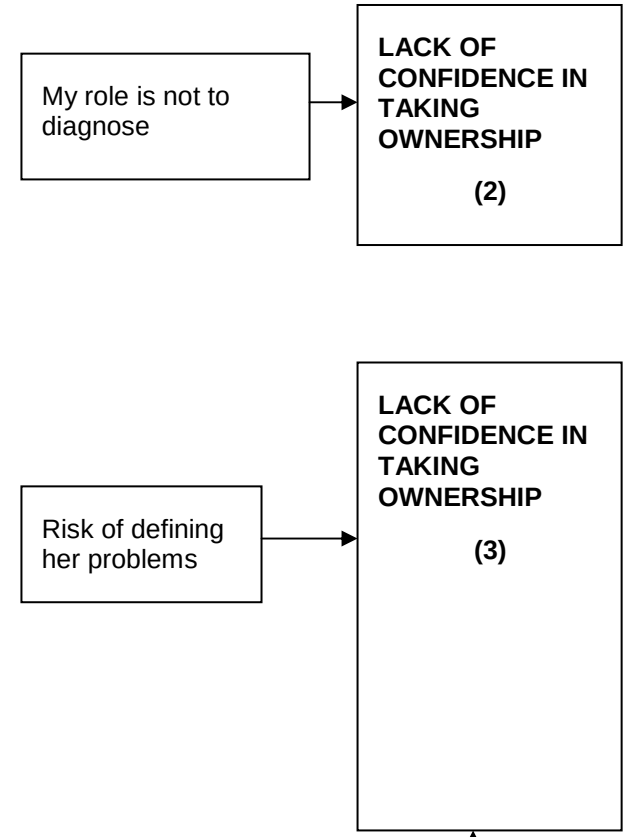
Yeah, what state I'm in can affect how available I am for the students.




**R: I can understand that. Here's the additional information, so as you do art and design, so maybe another teacher might have told you this, how would you describe Sarah's difficulties now?**

Suicidal, umm, how would I describe them?

**R: Yeah.**
Umm how would I describe her difficulties..... I'm just thinking of what needs to happen, so in a way, knowing that I wouldn't personally spend much time, I would...., she needs to be referred onto someone else, I wouldn't personally spend much time trying to do an mature diagnosis of what's gone on with her. I mean, in one aspect of her wanting to try to kill herself, I wouldn't take chances with that, take that lightly.
**R: So part of your responses to Sarah would be there's something concerning here, I'm going to refer this on to get supports from others?**
Yeah, straight away yeah
**R: You talked a lot about that concern, knowing the children, and other teachers have talked about that nagging doubt, knowing that something wrong, is that something you've experienced as a teacher?**
I don't know if I would say, that I'd feel confident saying that there is definitely something wrong, ummm but yeah I suppose I would say I do notice changes in how students are. I'm not sure if I would feel with any certainty that there is something going on there.
**R: I'll give you the last part, this is Alison..... how would you describe her difficulties, how would you describe Alison to me with that information you've got?**
It doesn't sound like there is any great big deal to be honest, if someone becomes a bit more irritable, she might be having some minor difficulties, but you wouldn't ummmm




**Confirming cases when the data fits the conceptual category:**

**LACK OF CONFIDENCE IN TAKING OWNERSHIP**

**R: You think it's hard to know when its adolescent type growing up**
stuff or mental health difficulties, do you think or is there a cut off?
That's a really interesting questions, it would be horrible if someone who was just being a teenage was then described as having mental health problems. I think it possibly is, it depends on how pronounced the behaviour is. I know I've heard teachers say that they're convinced that so and so is, you know, some kind of problem, but then you think the teachers just struggling to manage the class. In that case, I can think of a conversation that I had with parents where I was explaining that the child was very badly behaved in some lessons and was quite good in others, and they were saying that unless he improves they were going to go down the medication route, which I think is pretty odd really. I think it must be difficult to know, especially if someone has become very slightly more irritable, it sounds like she's bright.
**R: What would your response be to Alison at the moment?**
If she was being slightly more irritable?
**R: Just with the information you've got**
I don't know, see what happens...I think maybe, yeah, I can think of a boy, apart from the being provocative thing, it seems, becoming more irritable, but then you meet the parents, you know, very overpowering dads, and you think it would be very difficult being the child of that parent, understand in a way that they might get to a point were they'd get irritable or want to rebel against. With that information there I wouldn't necessarily think there was a mental health problem. I could be wrong it would depend on what they said.

Risks of labelling mental health → **THE LIMITED FEATURES OF MENTAL HEALTH LANGUAGE (5)**

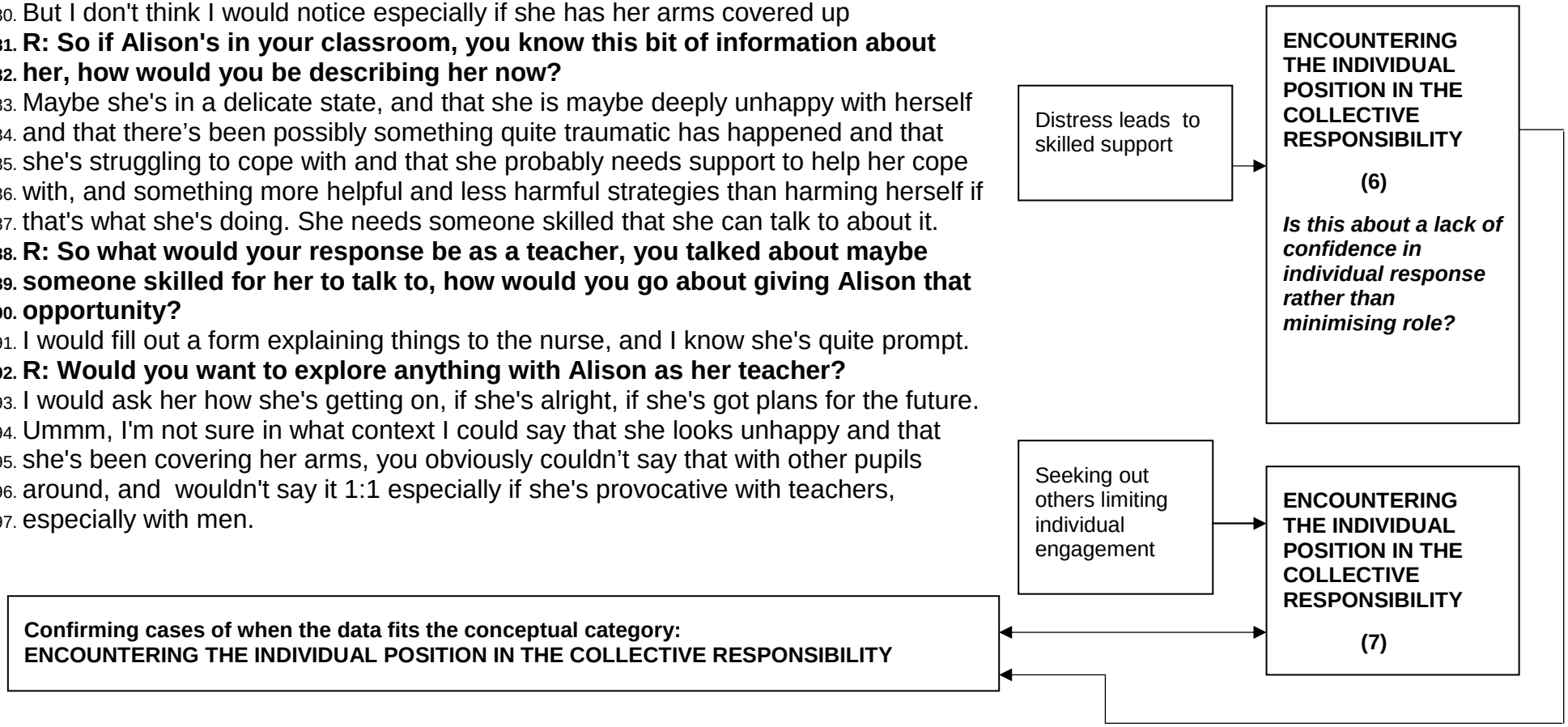
**Previous reference has been made to the limitations of language to a young person not the adults around them?**

Assessing risks of defining → This is linked to a category from Interview Three: **THE RISKS OF DEFINING THE AMBIGUITY OF MENTAL HEALTH (5)**

**Confirming cases of when the data fits the conceptual category: LACK OF CONFIDENCE IN TAKING OWNERSHIP**

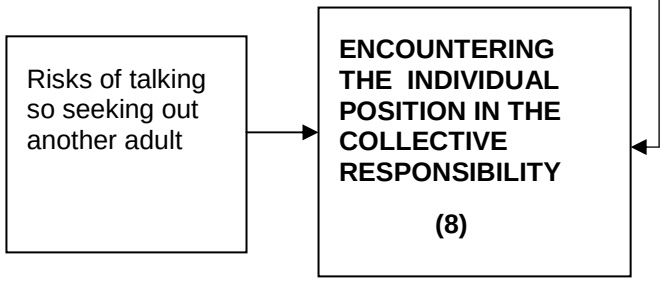
**This case highlights that language affects the young person more than the teachers. The limited features are for young people. Not for adults? Does category needed to be renamed to reflect this?**

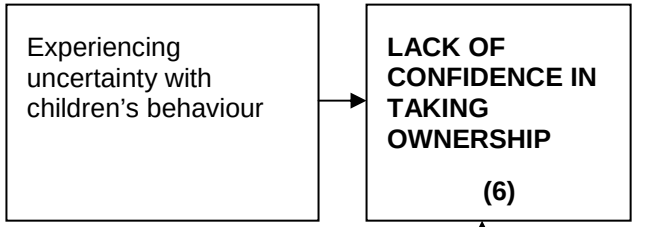
**R**: **Just, again, it's just bits you would hear in school**
Ok, so she could be self harming or something.
**R: Yeah**
But I don't think I would notice especially if she has her arms covered up
**R: So if Alison's in your classroom, you know this bit of information about her, how would you be describing her now?**
Maybe she's in a delicate state, and that she is maybe deeply unhappy with herself and that there's been possibly something quite traumatic has happened and that she's struggling to cope with and that she probably needs support to help her cope with, and something more helpful and less harmful strategies than harming herself if that's what she's doing. She needs someone skilled that she can talk to about it.
**R: So what would your response be as a teacher, you talked about maybe someone skilled for her to talk to, how would you go about giving Alison that opportunity?**
I would fill out a form explaining things to the nurse, and I know she's quite prompt.
**R: Would you want to explore anything with Alison as her teacher?**
I would ask her how she's getting on, if she's alright, if she's got plans for the future.
Ummm, I'm not sure in what context I could say that she looks unhappy and that she's been covering her arms, you obviously couldn't say that with other pupils around, and wouldn't say it 1:1 especially if she's provocative with teachers, especially with men.



**Confirming case when the data fits the conceptual category**
**ENCOUNTERING THE INDIVIDUAL POSITION IN THE COLLECTIVE RESPONSIBILITY**

298. **R: So would there be, you can understand her difficulties, but that you might have caution yourself about exploring it with her individually?**
299. Yeah, I'm not sure when I'd have the opportunity to do that anyway.
300. **R: So you'd be exploring other sources of support for her?**
301. Yeah, I think if a teacher was going to help her it would be better if it was a female
302. teacher and again someone who has some experience with dealing with issues like
303. that. Sometimes I've actually asked if they want to go and speak with their head of
304. year, or they've asked if they can go and speak to them, or on of the pastoral
305. support workers.
306. **R: I was just thinking about lots of the examples that you've given me, there's been a lot about children showing you that there's something wrong, that they've been crying, getting distressed about homework, or the example of a girl asking to go and speak to.... is that quite common that children reach out in that way?**
307. Ummm, I think they give little clues, but like, I suppose sometimes it like the
308. examples where homework hasn't been done, that draws your attention, and then
309. probing a little bit more comes out. I think there must be so many that come in
310. secretly wanting to talk to someone but it doesn't happen, or they're just completely
311. shut off, with students that don't say much it's then very difficult to know the
312. problem, if their quite, introverted, if they're just bored with my teaching, or
313. whatever.



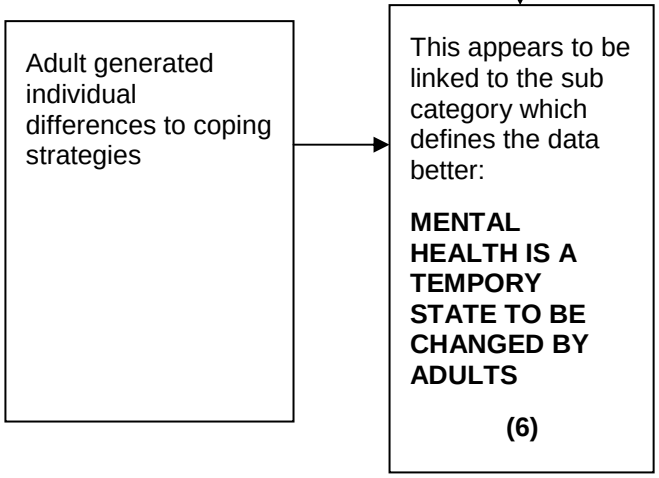

**Confirming case when the data fits the conceptual category: LACK OF CONFIDENCE IN TAKING OWNERSHIP**

**This cases identifies that teachers seem to experience uncertainty when describing mental health**

**One confirming case, which meets some of the properties of the category:**
**THE LIMITING FEATURES OF MENTAL HEALTH LANGUAGE**

**It appears the participant is talking about the responsibility of adults impacting upon young people's mental health. Is he describing a process whereby he thinks they ultimately shape and change it?**

**R: So there can be some uncertainty with how young people present in school if for example they're quiet and not really saying much.**
Yeah, I think the things is, everyone experiences unhappiness and some of the students will be able to cope with the unhappiness they experience, they have friends and family, one of them cope and then for the others who don't have help, know how to go about asking for it, and then there are others who sail unseen.
**R: You talked about everyone experiences unhappiness...**
Yeah as a human being
**R: So do you think that maybe some of the difficulties young people experience is part of life?**
Just ordinary human unhappiness, some of the difficulties they experience are just ordinary human unhappiness, and then so I think there is a problem in that they don't know how to cope with it and then their attempts to cope with it can cause problems.



**R: What do you feel as a teacher, understanding unhappiness is a part of life, and individual responses can change things, how do you see your role as teacher, is it sometimes helping them to understand that life can be a bit, not great.**

I think it is my role to communicate that, I'm not sure how effectively I do that, or how effectively we do it. It sometimes comes down to values that communicate to the kids, the aspirations, they're not going to help.

Critiquing intrapersonal effectiveness

**INTERPERSONAL AWARENESS**

**(6)**

**This participant is reflecting on the effectiveness of their interpersonal relationships with the children?**

**Confirming case when data fits with the conceptual category:**

**INTERPERSONAL AWARENESS**

**R: That's interesting, can you give me an example...**

Yeah, I'm thinking of an example, but just thinking generally, the focus is so on exam results, exam results, exam results, and I don't think it's everything. But one example I can think of, is a little mini assembly that was given where the teacher spoke about how they'd have this pivotal experience in their life where they'd go on work experience and they were sort of stroppy teenager but they met this guy who was really successful and he had this big fancy car and this teacher said they thought one day they'd thought one day I'd have this big fancy car and then I'll know I've made it, and that's what's been driving them since sort materialism and I just thought bit but attempting to inspire the children by telling them that the type of car you have, I've got a Nissan Micra, the type of car you have and how much money you have is going to happy, 'cos I wouldn't be driving a Nissan Micra if I thought it was the type of car you made you happy. What's a human being for, we all know that the job we do is to help the student academically achieve.

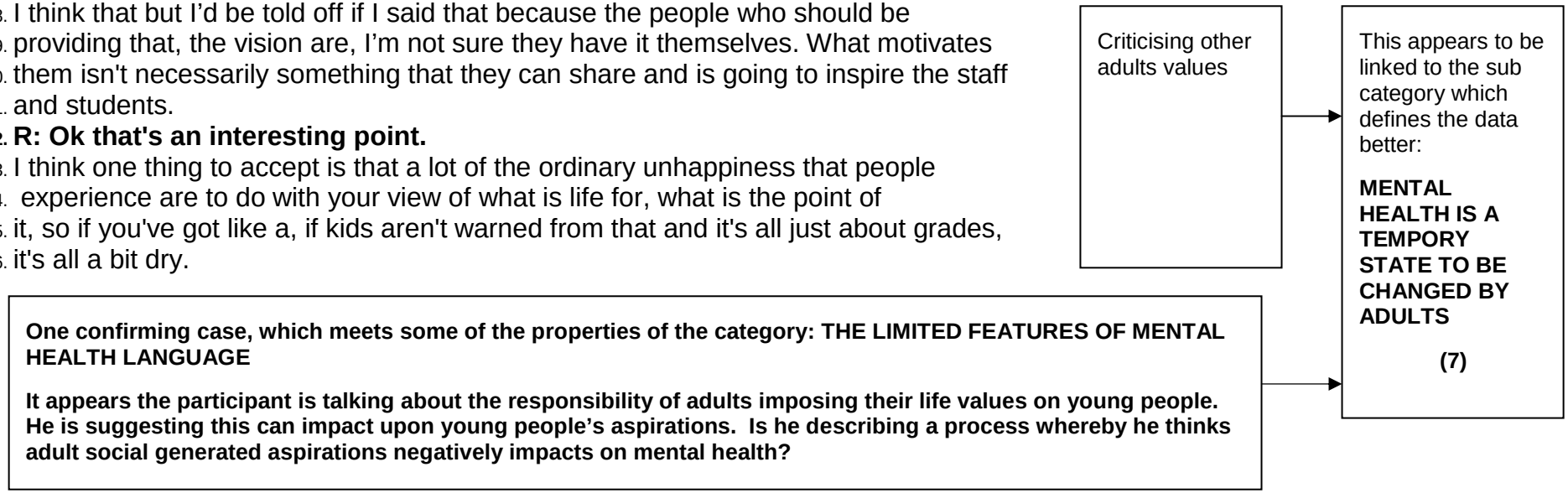
Risks of engineering material substance over personal fulfilment

This appears to be linked to the sub category which defines the data better:

**MENTAL HEALTH IS A TEMPORY STATE TO BE CHANGED BY ADULTS**

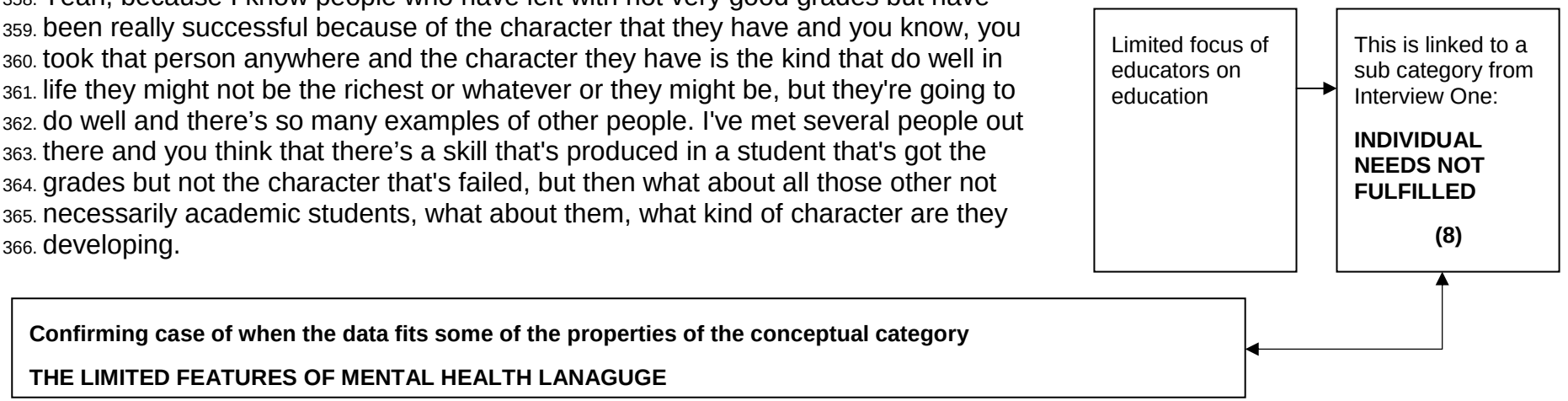
**(6)**

**R: So am I right in thinking that maybe there's not a collective thought on**
**how we inspire our young people, how we move them through life, through they're unhappy stages?**
I think that but I'd be told off if I said that because the people who should be
providing that, the vision are, I'm not sure they have it themselves. What motivates
them isn't necessarily something that they can share and is going to inspire the staff
and students.
**R: Ok that's an interesting point.**
I think one thing to accept is that a lot of the ordinary unhappiness that people
experience are to do with your view of what is life for, what is the point of
it, so if you've got like a, if kids aren't warned from that and it's all just about grades,
it's all a bit dry.



**R: So for our young people today and with the expectations and I know what you mean that there is such a push with grades and do you feel that they see that, that's the message they're getting and some children have experienced difficulties because there's no other focus on developing other areas of their life their happiness?**

Yeah, because I know people who have left with not very good grades but have been really successful because of the character that they have and you know, you took that person anywhere and the character they have is the kind that do well in life they might not be the richest or whatever or they might be, but they're going to do well and there's so many examples of other people. I've met several people out there and you think that there's a skill that's produced in a student that's got the grades but not the character that's failed, but then what about all those other not necessarily academic students, what about them, what kind of character are they developing.

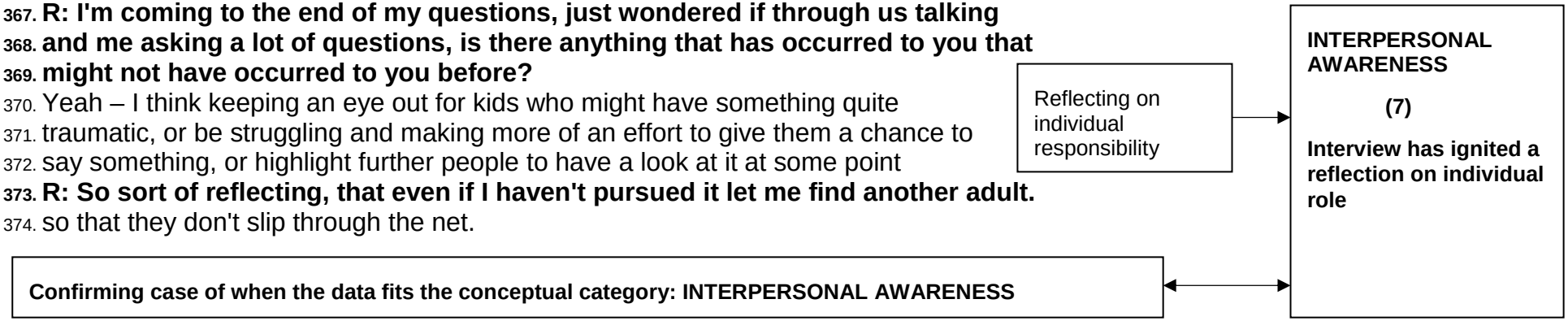



**R: I'm coming to the end of my questions, just wondered if through us talking and me asking a lot of questions, is there anything that has occurred to you that might not have occurred to you before?**

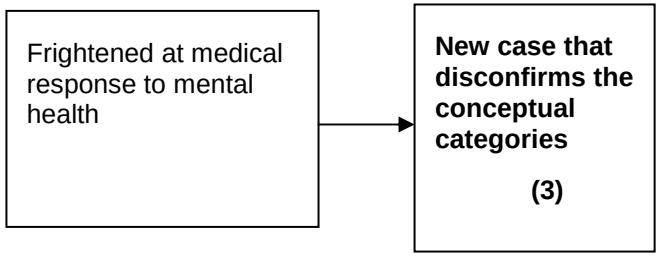
Yeah – I think keeping an eye out for kids who might have something quite traumatic, or be struggling and making more of an effort to give them a chance to say something, or highlight further people to have a look at it at some point

**R: So sort of reflecting, that even if I haven't pursued it let me find another adult.**

so that they don't slip through the net.



**R: Is there anything else that you've thought about?**
Ummm, I suppose it's just , I think I'm not sure how I feel about kids on medication, obviously it must be appropriate in some circumstances, I don't know if it happens but kids who are just naughty or badly behaved, who've picked up behaviour patterns from home and from parents I don't think they should be stuck on medication, so I think what psychologist do is great, but I think what psychiatrist do is scary...
**R: Ok.  Thank you. I'm going to turn off the tape.....**



# Appendix 23: Pilot Study Interview

This Pilot Study was carried out in September 2010.

R: This is interview one with xxxx. Thank you for your time. First of all I want to ask you, what do you know about mental health?

From a personal point of view or a professional one?

**R: Do you want to start with your personal and then we can talk about professional?**

I suppose generally the stigmas around mental health that its much easier to have broken leg then to admit to having mental health difficulties and given the generation I was born into its there and I would personally find it very difficult to admit to but my daughter had some at college all supported was on anti depressants for a while and probably the thing is what's mental health and what's personality yeah I cant give you any clear cut answers because its not easy no clear definition its quite hard to define and what's depression what's mood swings you know are they one of the same things are they personality does that sound a bit ambiguous?

**R: No, because you started off with personal side and some of those experiences that you have highlighted are interesting to me….please continue**

My mother certainly had from what she died when I was 13 but clearly had mental health difficulties I suspect.

**R: Ok.**

Not that I have ever taken any anti depressants or anything like that in my life I just run so I think you manage those areas of your life don't you.

**R: You do.**

You know if I'm stressed I go for a walk I go for a run go to the gym so that's my way of dealing with it.

**R: Running.**

Yes I think it's just so that and mental health partly confused sometimes with the stresses and strains of a busy life so its not clear at all is it unless you have do you have a clear definition of mental health.

**R: We can discuss at the end if you want.**

Ok.

**R: I can talk about what I understand.**

I was just curious.

**R: No we will definitely because I know it's like I'm asking you lots of questions.**

**R: Do you want to now talk about it professionally as well because you touched on it personally?**

Probably not because there are colleagues within the school in the TAMHS project where that is being dealt with and I know within a school environment that serious consideration is been given to those issues in trying to identify the children that we wouldn't pick up through any other say SEN screening who may have mental health problems and then within school that is another project because there probably are a lot of children that will go undiagnosed within the school simply because its potentially an invisible difficulty whereas other assumed ones aren't so from that angle its something that does have to be taken seriously very much in school and I think probably isn't and I think these new projects are important.

**R: Yes you are right. So, what are your thoughts and feelings initially when these projects come into the school?**

I think its very good and as I say interesting enough what we've just been asked to identify any students who we think may fall into that category and that's why I was saying what's a definition everything I do within SEN your looking hard at the objective criteria aren't you your looking at reading spelling number skills which are all within a range which are measurable and therefore you can use that as an indicator but that's why I'm saying bout definitions what are the indicators of a child with mental health difficulties so I'm not helping I'm throwing questions back to you really but anyway that's just as a throw out really I've answered your question really.

**R: Yeah well my next question actually was, thinking about the definition. How would you describe a child with mental health difficulties so if one of your jobs is to….**

And that's a problem I don't know I think I would my biggest concern would be to identify a child who is clearly struggling in school and when you look at it its not around learning its around access its around motivation the child is not engaged not interested not thriving and yet you know with all the other criteria there is no reason why they shouldn't be so then you are looking at issues outside school but whether they're mental health whether they're linked to social emotional difficulties at home its the whole package of the child isn't it but a child with massive mood swings could be mental health it could

be substance abuse this is what I'm saying every time its not clear cut but on the other hand one child whose very a child that's very flat yes if a child is very flat not engage not behaving in a way you would expect a normal inverted comma child to behave and perhaps that would be my concern the child that wants to be invisible very flat that you could miss in a classroom because they don't engage that would be whether that's mental health or not I don't know but that would be my for me that's a child with mental health.

**R: Sounds like you are thinking a lot about it actually and being aware that within SEN there are these very strict categories and then you're faced with mental health and it's a very wide kind of spectrum of behaviours. How does that make you feel as a teacher?**

I think as a teacher you got to think basically you just have to keep an eye on that child and then if you got I mean if you've got a nagging doubt then you go through child protection route you fill in your forms you pass them on because that's the only route we have on the child.

**R: And who would you talk to about this child in terms of resources in the school or outside the school who would you be discussing these concerns with?**

Well I think that's where the terms …. comes from all we are doing at the moment is a starting point if I was really worried bout a child I would talk to my line manager and raise it as a nagging doubt and depending on the child's parents and quite often if it's a child I know I would ring the parents if I've got a role with that child if I haven't then I think its more discuss with colleagues and if they so go down the child protection route if you felt but sometimes it's not a case to answer but you pass it to the appropriate professionals which seems like fobbing it off but you do have to be careful in you know what you assume because the one thing you cant do is make assumptions about a child unless you've got some evidence you could get it badly wrong.

**R: You mentioned about having a role with the child do you think that's important?**

Well if you don't teach them you don't know then I mean a role in the sense of teaching and working with them does that make sense?

**R: Do you think it's important for the young persons going to talk to a teacher to disclose their issues. Do you think it would be easier for them with someone who knows them really well or do you think it would be easier for them to access another service?**

If the child is going to disclose anything it's automatically going to raise concern that would be a child protection issue and there are very very rigid guidelines about child protection the other thing that's a primary mental health aspect is if a child raises concern about their being that sort of thing there you pass that onto another colleague and then they will make the appropriate decisions if its not felt to me that that child is

not felt to be at risk or not child protection issue they are just asking for help then you do have to refer them to the appropriate professionals that will come and see them get the parents in if that's the appropriate step the trouble is is its not black and white.

**R: I think you have highlighted that throughout the interview everything's quite grey is it fair to say that's quite frustrating and quite challenging?**

Yes and the other thing is perhaps because I'm older there is the other element that you know the teacher is responsible for a child for a third of the day you know six hours out of the 24 the and if they appear to be functioning well enough in the classroom how far you know that sounds OK as long as they are behaving in my classroom that's all that matters but there's within a broader teaching remit there is that element to it you see classes coming through you teach them you mark their books unless the things when I've seen a significant change in the child or unusual behaviour then usually I would ring the parents if it's a child I know and when we've had it before if we've had a child that's upset or depressed then but you know they wont talk its either their age or you know suggest GP and that will be something you could do again its knowing the child knowing the family if you don't know that then you have to pass it on to somebody that does mostly what also happens we got to the age of a whole range of professionals working with children I suppose you would expect over a period of time for someone to identify that child.

**R: Onto the next bit. Thank you for those really interesting words. I can feel there's a lot going on and you've reflected a lot on what's going on and what is mental health and how do I help these young people…..**

I'm not sure I have but anyway.

**R: From my perspective you have because your thinking about it and your thinking how do I identity this and the fact that you're thinking about it and identifying children means your already in the process of**

I think it's safe to say there are children with mental health issues.

**R: Yes there are.**

That may manifest themselves in arrogant behaviour or being non-compliant in school that's certainly may well be an indicator of mental health or as you say it may be part of a broader social emotional condition.

**R: The next bit is I have these vignettes and they are case scenarios. So, if you could give again there are no right or wrong answers if you could just read that first……**

Yep

**R: Ok. How would you describe David's difficulties to me?**

I need to know which school he came from his background home life what pastoral information do you have like family what were the circumstances around his move from the other school is it far away parents split up so you cant make a judgment just on this if a child really automatically when I child comes into the school you do base line assessments then clearly think about what might be aggressive behaviours is that he's lonely he's isolated could be a massive change and the absence follow it up why has he been absent and then usually in the school the pastoral system would kick in education officers and some people picking this up so you got so many unknowns there that you need to find the answers to.

**R: So as the teacher……**

Does that make sense?

**R: Yeah it does. So as a teacher, David's in your history class and all of this information is presented to you. How would you respond to him in the classroom what would you be doing with him?**

Oh I see in the classroom then you just got to make sure that "a" you need to know what his attainment levels are so that he knows from a teaching learning point of view what do I know bout him you could spend some time and try take him to one side quietly sit with him to find out you know was his interests are and if he cant read and write then you got to put even though he's got good reports we're assuming a reasonable level of literacy so its making sure that within the context of the hour lesson he's got work that's accessible sit with him and if he's very aggressive then the chances are he was kicked out of his first school they would move him anyway if he opens up fine if he doesn't you can help him elsewhere if it is a new student you wouldn't automatically go down the sanctions and punitive route you do need to know what's going on behind it first you know dealing with a child doesn't meant to say it was tolerated in the classroom you brought him down or sitting beside him show him this is what you do try and focus on the work and then that's coming through then you can have the conversation its no good saying why are you like this you know I'd start by saying right you give me the learning because that's what classroom is for say right what can we do OK you know and then out of that you know you may find out what's the problem as a starting point if not then its something you do a round robin to other colleagues if this is about finding out.

**R: Ok. Here's some additional information on David.**

Yep

**R: So now with that additional information thinking about David's needs. What do you think his difficulties are now?**

Well I suppose you know attachment difficulties he's going to have separation anxiety difficulties from his dad leaving and therefore you have to look at with agencies that are going to be most helpful for him because there are a number of agencies from locality team workers that sort of thing or his dad left home then you do arrange a meeting with mum and also I mean it's massive isn't it you cant say in isolation what you would do depends on the child but certainly this is something you pick up on a fairly regular basis its not unusual its not the first time in teaching so you do have to make reasonable adjustments to allow for that and you quite often with some children you say right you know school is a solid but if his dad's left home and his had to move to a new school then you know its like he's not going to be able to unhappy children don't learn so basically they have to deal with the emotional side of it and look at what agencies may be available to give him support counselling some time whatever they might need.

**R: You said earlier an interesting point that when you first started teaching that maybe some of these cases didn't come up as much?**

Only in the sense that I think we were probably less aware of them that certainly in terms of split families is apparently your looking 30 nearly 40 years so an increase so this is this is something that is not a typical does that make sense

**R: Yes it does.**

But that doesn't make it any easier for David to deal with it doesn't make it any easier for any child to deal with the fact that it's happening but it does mean you probably have more systems in place then you perhaps would have done in terms of you know course support workers and may David he may just be feeling extremely angry and want to kick out at everybody because their lives his has been turned upside down so what the heck do you expect there's that element of it as well you know this is what you have got to work with and there has to be a line so yeah your angry so you got to be able to channel that with him and find an agency that may be able to help and within a classroom I think you have to be patient and say right there's an element around distraction and engagement interestingly enough because what you have still got to do as we all know and I suppose that's a part of life you know there is this element of their worlds fallen apart and you have to rebuild his world the school is an important part of that world and if you feel safe and secure hopefully things will improve for him and quietly given some space make them feel like so it is about anger management as well so it's a grey area.

**R: You said that it's quite important to rebuild children's world. Do you feel that it's quite an important role for you as teacher?**

It is and I suppose because my role is slightly different additional needs if we focus on broader addition needs it is an additional need he has so if you have professionals in the school you know you can do it on a

fairly quiet low key basis initially but then if you feel that a referral is needed or involvement in outside agencies from their expertise then that's what you do there are you know there are a network of systems in place that should be able ask the support the David's of the world but he may just well be very distressed and unhappy young man because his world is falling apart you also need to find out where mum is on this and that what arrangements are made for him to see dad and all those sort of things so there are agencies that you may gradually need to pull in.

**R: Ok. Thank you for that. I'm going to show you the second one is that ok this is Alison this is part one…..**

Yeah

**R: Ok. How would you describe Alison's difficulties?**

I think it depends on how you view the child personally and how much you a lot would depend on how well you know the student and if its one you worked with then you maybe you have to allow a bit of lee way here and that's in is it just this tensions with growing up wanting some freedom wanting to or is it something more serious here so for the last few months she has become slightly irritable well you think pregnant which might be what's happened you know it's a very different picture you see you've got a mature adolescent very capable and again your focus really in school is to get them through not to bomb out of school is what you want and for them to channel that energy and that intelligence in to work which when there's so much else going on is again maybe what happens so it depends on your relationship with the child I mean yep what you plan what you want to do or come one what's the matter there should be somebody in school that can help questions would she be able to raise the child whose been in school for a length of time a year ahead tutors somebody.

**R: As a teacher how would you response to her?**

It depends you can take a fairly firm sanctions route to begin with because you don't have to see the worse case scenario you can say you have two choices your either going to bomb out of school or you need to be able to manage this to get your work up to speed right what to do you need you have a reasonable conversation you don't have a child going through to year 11 without having a relationship there you don't immediately start screaming at them but you do need to be firm and say what's your game plan you need to be completing these subjects you've done this you've done that you look at the positives and say you do have to have the conversation you cant ignore it this is out character for you is there anything we can do or who you most comfortable talking to you know what I mean I think unless I'm really in the case of the young girl all over the place but she had an excellent relationship with her year head but you reach the point where once we knew what the situation was the behaviour was inappropriate and there

is for her feeding on the I don't think this one judging on this picture that sort of feeding on it a bit because she got status and my mum says that and that and I would say yes that's true but and over time she is much much better but this might be something completely different.

**R: Ok. Here is the additional information about her. What are your thoughts and feelings about her difficulties?**

Probably don't mind and therefore if you are again its bit of a blind if your worried then you immediately you fill in form because you know you've got a child whose personality is changing then there are issues and therefore you have to get the professional or alert the professionals

**R: You said self harm. In your mind, are you thinking mental health difficulties?**

Yes because that's a problem I suppose you find there is things self harm yes mental health but again you need to of all those children who commit3ed suicide finals clearly they have issues the other dilemma but you look at sometimes you can have these trends that and children come in with all their arms scratched because its copycat. You might get clusters of it but actually they home in on one child its if your worried then the child then you thinks it copy cat it has to be taken seriously whether you or not it that e behaviours that your addressing and if your worried then it has to be complete doubts because themselves harm under children its mental health but you've got the whole mix of you know emotions and everything else with children and its other sides if you whether its just anxiety based on whets happening you don't know what happening behind the scenes it just be a failed relationship mental health issues perhaps it might be perhaps they're just in this world that a lot has happened maybe a generation sex therefore all the traumas that go with relationships so which is part of a in a broad sense the normal behaviour but you still do have to have your guards to the wealth of that child mental health

**R: Ok, to the last scenario. How would you describe her difficulties?**

Its puberty emotional change these changes transition between the primary and second child be adolescence puberty sort of 13 she is well into that but there is that element are there because this is not unusual in a 13 year old child you see it a lot and then again your starting to think you know you going to get these sort of children particularly girls part and parcel if its consistent and she's clearly disengaged then your going to be worried and something but it's the same thing you cant ignore it you just corner there has to be a conversation what you might do is do a round robbing and see if its just with you your lesson if anybody else has noticed you could raise concern with the year head, bit concerned bout Sarah you know bubbly, anybody else picked this up and then go from then

**R: So as a teacher that would be the things you just said you would be doing. How would you work your conversation with her if you had the relationship with her?**

If I had the conversation with her I might just say what the hells going on you know again it depends on the relationship with the child its one that see rarely you really feel you notice this working with regularly and that you known and that you could be that actually if she's always been it could be that she's finding work too difficult or lack of but if she's withdrawn you know cant be arced with the expression then its something I think we need to be may get from some might work on it might actually work on the opening and then so if you really do get the cold shoulder and its you know full well they are not they child that says wrong from right is often clearly not and therefore……

**R: That's a warning sign?**

It could be and you volunteer but if not then you don't you again it might be passing the buck I think its again about working as a team with all these children sot hey need to feel they are not being in isolation and actually she may have very good relationships with her teachers that she doesn't have with you in itself that can be a factor and again you said that its often attentions but this sounds rather more not being able to I think its obviously not school related, related to something outside

**R: You have some doubts?**

Very much.

**R: What are your thoughts now about her difficulties and what going on for her?**

You put them into very very alarm bells although again it does come with in the mood swings of young people so again if its year its enough to worry you particularly if she's because you know it goes beyond the mood swings that go with time of the month fishes writing it down its because she wants you to read it if its written it she way of saying I want help has to be passed on y you know you depending on her you know buts you must log it you cant ignore it if it really is the same she has written it down

**R: How you would be responding to it as a teacher?**

Might sound very, we have very very strict guidelines as to what we can, again because of child protection issues. We have to be very careful but certainly you got that essay take a few minutes to talk about this and if she written an essay to you then she's expecting you read it and she probably expecting a response.

**R: Ok.**

Final time, quietly talk if she's then pass it on.

**R: Ok.  Thank you.**

**R: Final question.  During this interview what sort to thoughts and ideas have come to your head that are new?**

Only in the sense that the all these case studies and vignettes are children that we know and that as I say and its interesting going back to slightly different slant these children who are visible would pick up where there behaviours obvious enough and different enough pick them up or should be identified with the system and they would be able to certainly be able year heads or pastor or but we have a good and very strong pastoral system so you would expect these students to be identified it’s the ones that yeah these I think you know much quieter and you don’t display such obvious behaviour that we need to expand in education but you do have it could be you do have plans for school

**R: Ok. Thank you.**

# Appendix 24: Follow-up Email to Participants

This appendix shows the follow-up email which contained information regarding

how they can access further mental health support

Mental Health Information Part...

Hi xxxx,

Thank you for your participation in my research. I will hopefully be able to provide you with some feedback from my research findings within the next two months.

As part of my doctoral research, I have ethical obligations to the participants who took part in the study. I have an ethical obligation to follow up on the work we did together. Therefore, I have included in this email and as an attachment, some information should you wish to follow up on some of the issues we discussed.

Also, during some of my interviews, issues were raised which concerned managing mental health, knowing where to seek help if experiencing mental health difficulties and knowing where to seek outside advice for young people.

As well as using your in-school procedures and policies, in addition, to seeking outside support from professional agencies, there are a number of help lines which can provide support for teachers and young people. These are:

**Young Minds**

**020 7336 8445**

**Provides information and advice for anyone with concerns about the mental health of a child or young person.**

**Childline**

**0800 1111**

**Free, national helpline for children and young people in trouble or danger.**

**Rethink Line**

**Telephone: 0845 456 0455  (9am-5pm Monday to Friday)**

**Email: info@rethink.org**

**Provides expert advice and information to people with mental health problems and those who care for them, as well as giving help to health professionals, employers and staff. Rethink also runs Rethink services and groups across England and Northern Ireland.**

I have also attached an additional document which contains a list of other organisations and help lines which you may find helpful.

Best Wishes

*Hannah Green*

**Attached Information**

**If you are experiencing mental health problems or need urgent support, there are lots of places you can go to for help.**

**Samaritans**

**Telephone: 08457 90 90 90** (24 hours a day)

Email: jo@samaritans.org. Provides confidential, non-judgmental emotional support for people experiencing feelings of distress or despair, including those that could lead to suicide. You can phone, email, write a letter or in most cases talk to someone face to face.

**NHS Direct**

**Telephone: 0845 4647**

Health advice 24 hours a day, 365 days a year

**Mind Infoline**

**Telephone: 0845 766 0163** (9am-5pm Monday to Friday)

Email: info@mind.org.uk.  Mind provides confidential mental health information services. With support and understanding, Mind enables people to make informed choices. The Infoline gives information on types of mental distress, where to get help, drug treatments, alternative therapies and advocacy. Mind also has a network of nearly 200 local Mind associations providing local services.

**Saneline**

**Telephone: 0845 767 8000** (6pm-11pm)

Saneline is a national mental health helpline providing information and support to people with mental health problems and those who support them.

**Mental Health Foundation**

**Telephone: 020 7803 1101**

Improving the lives of those with mental health problems or learning difficulties.

**British Association for Counselling and Psychotherapy**

**Telephone: 01455 883300**

Through the BACP you can find out more about counselling services in your area.

**Counselling Directory**

A free, confidential directory of trained, professional counsellors and therapists in the UK.

**Teacher Support Network**

**Telephone: 08000 562 561**

A 24/7 telephone support line which gives teachers access to professional coaches and counsellors 365 days a year. The network also campaigns for change within schools and education policy in order to improve the wellbeing, mental and physical health of teachers.

# Appendix 25: List of Prompts Used in the Interview Schedule

These lists of prompts were referred to in the interviews. Words were omitted and changes on occasions during the interviews. They are not listed in order of use during the interviews.

Examples of introductory questions/summarising introductory questions:

“Right, ok so a lot of that experience with the specialist school has led you to this place in your role as a teacher…?”

“Before we start could you tell me a bit about your teaching experience, your background?”

Examples of paraphrasing techniques/prompts and questions used to elicit constructs of mental health:

“My next question was going to be: If I'm coming in to meet you and would then ask you if you could describe a person with mental health difficulties for me?”

“When I say mental health, children with mental health difficulties, what do you know about what that means for those children?”

“What sort of words would you use to describe mental health?”

“Ok that is interesting to know, yeah”

“Right OK, so they have got the label and you think OK but I am going to see them as an individual is that right?”

“Right. When I say the term mental health are there any other words that come to you at all?

“In education some people call things differently a psychiatrist might say certain words. How would you use it in education setting?”

Examples of questions used with the vignettes:

“Here is David/Sarah/Alison. There are no right or wrong answers”

“Can you elaborate a little bit more on that?”

“We are going to look at some case scenarios. I’m just interested in your views.”

“So after reading that, if you could picture David in your classroom how would you describe his difficulties?”

Examples of rapport building and reassuring statements:

“Right ok, that’s quite interesting”

“So how did you feel about…?”

“Try to talk to them. So it’s about the communication, opening up that channel?”

“That seems to be coming across from you that….”

“That’s a really interesting point I'm just going to take you back a little bit…”

“Thank you”

“Thank you for being honest and open with me”

# Appendix 26: Extracts from Diary Kept During the Research Process

## 26.1 August 2010

"Today, during a literature search I noted how wide ranging the language used regarding mental health was. Having looked at previous research using vignettes, it was clear that in eliciting views on mental health, specific reference in the vignettes was made to medical terminology. Thinking about this, I believe teachers will feel nervous and maybe threatened if I were to use psychiatric language in my vignettes. I was conscious that mental health language can polarise professional disciplines and I predicted that using language that teachers were not used to or language which was not used by them on a daily working basis may make it difficult for them to engage in a discussion with me on mental health issues. As a researcher, I believe that many symptoms of mental health difficulties start for young people in schools and that a difficulty accessing education can be a trigger for young people. I was conscious that my choice not to use medical language with teachers may further remove them from a discussion on such a topic. However, I did not want them to feel they were discussing topic which was alien to them and I reflected that by using just the 'term 'mental health' may make teachers feel less threatened about talking about the topic. When thinking about the vignettes I had constructed, I had used this review of the literature and thinking about my own views to detail the descriptions of young people. The choice I would make not to use specific mental health language in these vignettes I knew may be an issue. However, I felt that by using some language to stimulate a discussion on mental health and advertising the research as a discussion about mental health would be enough to prime participants for a discussion on the topic. I always felt that although I

had experience of mental health language polarising professionals and evoking fear in professionals, I had adequately identified these views during the construction of my vignettes and my literature review had provided evidence of this happening empirically."

## 26.2 September 2010

"The pilot study highlighted how difficult it was for the teacher to talk to a stranger about the topic of mental health. I also noticed that a discussion on mental health brought about a personal disclosure. I thought about my pilot study and felt that I may have 'jumped' in to quickly when asking this teacher questions about mental health. I thought about the different ways I should be developing rapport with my participants. I realised this would need more work from me at the beginning of the interviews. My initial introductory questions I felt were not enough to create that relationship with participants. I realised I needed to spend more time finding out about participants and easing them into the discussions I wanted to engage with them in. I realised that I had focused critically on the use of language in my study around mental health; however, I had not predicted how teachers would view me. I reflected on the fact that they probably view me as an 'expert' because I am a psychologist and obviously because I had chosen this area to research. The interaction between myself and the participants now became important. I knew I needed to use more prompts to reassure participants that I was only interested in their views and there were no right or wrong answers. I also predicted that I would have more participants ask me my opinion on mental health and seek reassurance in their answers. I would have to manage this sensitively as I would not want to discuss this openly with for fear of biasing them. However, I needed to offer

some of my views in helping them construct their reality. I decided to incorporate more paraphrasing statements and reflecting back to participants their answers. I also made a decision to discuss any questions raised during the interview by participants after the interview finished".

## 26.3 October 2010

"I have been thinking about one teacher's anger and frustration at mental health professionals. The first two interviews also highlighted the reluctance the teachers had in wanting to address what mental health meant to them. There were lots of examples of other professionals coming into school and defining mental health and playing a key role in the identification of mental heath. Where is their role in this? I wondered as to how this affected teachers. Did they feel powerless because of the role of mental health professionals? Did the role of 'others' impact on their ability to conceptualise mental health? Perhaps because it is not their role to do this because they only refer cases to them they. This then may make them feel that it is not their role to take a responsibility in identifying mental health problems. Their constructs of mental health seemed to indicate a lack of confidence and belief in their professional skills in knowing what is and isn't mental health. The anger and frustration highlighted about long waiting procedures and not being able to access support from other professionals quickly and efficiently appeared to come through in their discourse. I reflected on how they viewed me as a psychologist and I wondered if they were also trying to tell me that access to my service is long winded and difficult. It appeared that at this early stage of data collection that the teachers felt resentment towards mental health professionals but the teachers also sought them out because when they give a diagnosis this appeared to comfort

them. This then appeared to make them realise that they knew how to respond to a young person with mental health difficulties."

## 26.4 February 2011

"After reading through the second set of interview transcripts I have taken one particular interview transcript to supervision. I was aware that this interview had evoked a significant emotional response in me. I had felt overwhelmed by the details of this teacher's disclosures and I had felt that many of the elements of our interview together had bordered on therapeutic work. After reading through my questions, I felt I hadn't primed these disclosures. It also appeared to me that one of the reasons she came to talk to me on the subject of mental health was probably due to her personal experience and I feel she wanted to use this forum to help her make sense of her own difficulties. I felt that on this occasion I was finding it very difficult and time consuming to code this interview. I had been using my first two interviews to find similar data and the coding form the first two interviews had helped structure the coding for this interview. I talked with my supervisor about my coding for this teacher's discourse where she disclosed her personal experiences of mental health. I discussed how uncertain I felt about my coding and discussed possible other code names for parts of the teacher's discourse. This discussion did help me to take a step back from my coding and I reworded my coding of these areas of the transcript due to the discussion I had with my supervisor."

# Appendix 27:  Appendix 27: CD of Raw Data

Please see attached CD.