

Doctorate in Professional Educational,
Child and Adolescent Psychology

Programme Director: Vivian Hill



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**Doctorate in Professional Educational Child and Adolescent
Psychology**

**This thesis is submitted in partial fulfilment of Doctorate in Educational
Psychology (Professional Educational, Child and Adolescent
Psychology)**

Title: Heir-apparent or Outsiders?
An Exploration into Educational
Psychologists' Sensemaking of their
Role in Mental Health

Student Name: CHARMAINE DAVIES

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STUDENT DECLARATION

I, Charmaine Davies confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signed: Charmaine Davies

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Abstract

Children and young people's (CYP) mental health have been a growing public health concern in the UK (Department of Health & Department for Education, 2017). The aim of this research was to explore educational psychologists' (EP) sensemaking of their role in mental health with a focus on two main questions: 'What are EPs' sensemaking accounts of their role in mental health?' and 'What are some of the key factors influencing EPs' sensemaking of their role in mental health?'

A novel qualitative methodological approach was adopted involving a metaphorical analysis of metaphors elicited in EPs' sensemaking accounts of their role in mental health. Semi-structured interviews were conducted with sixteen participants from four different local authorities (LAs). The metaphors generated were categorised into two main themes: *Heir-apparent* and *Outsider*. The two themes illustrated the paradoxical identity construction of the EP role in mental health. It was also found that EPs' sensemaking accounts were shaped by three critical factors: personal, contextual and mental health discourses. One conclusion from these findings was that the nature of EPs' sensemaking could enhance and/or reduce EPs' self-esteem, self-efficacy and role satisfaction. Additionally, the identity construction of *Heir-apparent* and *Outsider* symbolised a wider dilemma faced by other non-medical mental health professionals.

Impact Statement

In light of the perceived mental health crisis amongst CYP in the UK and the substantive gap in mental health provision to meet this growing need (Campbell, 2018a; Humphrey, 2018), this research explores how EPs are making sense of their role in this current climate. Specifically, this research demonstrates that by bringing greater clarity to the concept of mental health through the use of the dual-factor model of mental health (Suldo & Shaffer, 2008), it facilitates better demarcation of professional boundaries. Refining professional boundaries was found to be a critical issue in the mental health arena because of the interplay between professional boundaries and professional credibility, power and legitimacy.

This research also sheds light on the inherent tensions experienced when there is ambiguity surrounding professional roles. Notably, it illustrated how different sensemaking accounts could enhance and/or undermine EPs' self-concept, sense of efficacy and personal satisfaction with the role played in mental health. The implications of which are that creating reflective spaces for EPs to regularly think about how they are making sense of their role forms a key part of EPs' self-care and EP employer's responsibility for promoting staff wellbeing. Furthermore, without explicit collective action within Educational Psychology Services (EPSs) and even the British Psychological Society (BPS) and the Health and Care Professions Council (HCPC) to develop a shared understanding of the EP's role in mental health, there will continue to be an array of nuanced interpretations of the EP role. Moreover, it illuminated the transient nature of sensemaking which is shaped

by the EP's context and wider mental health discourse. The significance of this finding is that, as expounded by Weick (1995), the search for a professional identity is not static and will be an ongoing process that individual EPs and the wider profession will continually engage in. With the changeability and uncertainty of this current era, as poignantly illustrated by the COVID-19 pandemic, developing resilience is key to an organisation's ability to cope and overcome challenges. Sensemaking and adaptability are considered key aspects of resilience (Coutu, 2017), therefore this research is germane as it highlights how sensemaking can enhance resilience in individuals and organisations and/or diminish it.

In addition to pioneering the sensemaking framework in the field of educational psychology, this research also adopted a novel and creative design, making an important methodological contribution to educational psychology research. Through the elicitation and analysis of metaphors, it provided an interesting and richer insight into the tensions and meanings in EPs' identity construction of their role in mental health. The benefits to the profession would, hopefully be, to provide some insight into the causes and impact of ambiguity in order to work towards greater clarity around how the role in mental health ought to be conceptualised and enacted. This will facilitate clearer sense-giving around the EPs' role in mental health.

Contents

Declaration Statement.....	2
Doctorate in Professional Educational, Child and Adolescent Psychology.....	1
Acknowledgments	3
Abstract.....	4
Impact Statement	5
List of Figures and Tables.....	10
List of Abbreviations	11
Chapter 1: Introduction.....	12
1.1 Introduction.....	12
1.2 The Research Context.....	13
1.3 Research Aims and Questions.....	16
1.4 Rationale for Choice of Research Topic.....	16
1.5 Significance of this Study.....	18
1.6 Organisation of the Thesis.....	19
Chapter 2: Literature Review.....	21
2.1 The Development of the Educational Psychology Profession.....	21
2.2 The Role of the EP	22
2.3 The EP Role in Mental Health	24
2.4 Evaluation of Research into the EP Role in Mental Health.....	32
2.5 Contextual Influences on the EP's Mental Health Role.....	35
2.6 Mental Health Discourses and Mental Health Roles.....	37
2.7 Summary.....	40
Chapter 3: The Conceptual Framework.....	41
3.1 Defining the Concept of Mental Health	41
3.2 Role Ambiguity and Conflict.....	45
3.2.1 Role Ambiguity and Role Conflict	45
3.3 Conflict and Ambiguity: Sociological Ambivalence.....	47
3.3.1. Manifest and Latent Functions of Mental Health Psychological Services	48
3.4 The Sensemaking Perspective.....	51
3.4.1 Weick's Sensemaking Perspective.....	53
3.4.2 Contextual Influences on Sensemaking	57
3.5 Summary.....	59
Chapter 4: Methodology	60
4.1 Research Design	60

4.2 Metaphor-based Research.....	61
4.3 Selection of Participants	65
4.4 Data Collection – Semi-structured Interviews	68
4.5 Pilot of Interview Schedule.....	71
4.6 Data Analysis	73
4.6.1 Metaphor Analysis.....	73
4.7 Research Trustworthiness	74
4.7.1 Ethics.....	74
4.7.2 Validity and Reliability.....	76
4.7.3 Reflexivity	78
4.8 Summary.....	81
5.0 Findings.....	82
5.1 EPs’ Sensemaking of their Role in Mental Health: Heir-apparent and Outsider	83
5.2 Elicited Metaphors Illustrating EPs’ Sensemaking	85
5.2.1 Heir-apparent Metaphors	85
5.2.2 Outsider Metaphors	92
5.3 Differences in Sensemaking Accounts.....	95
5.3.1 The Heir-apparent – Outsider Sensemaking Continuum	96
5.3.2 TEPs and EPs.....	98
5.3.3 Therapeutic and Non-therapeutic Work.....	101
5.3.4 Differences in Sensemaking Between EPSs	103
5.4 Mental Health Discourse	107
5.5 Summary.....	111
Chapter 6: Discussion	112
6.1 RQ1: What are EPs’ sensemaking accounts of their role in mental health? 112	
6.1.1 The Heir-apparent and Outsider Sensemaking Continuum.....	113
6.1.2 Sociological Ambivalence	117
6.2 RQ2: What are some of the key factors influencing EPs’ sensemaking of their role in mental health?	122
6.2.1 Individual Factors	123
6.2.2 Contextual Factors	125
6.2.3 Discourses in Mental Health.....	127
6.3 Summary.....	133
Chapter 7: Conclusion.....	134
7.1 Implications for Policy and Professional Practice.....	134

7.1.1 Implications for Policy.....	134
7.1.2 Implications for Professional Bodies and Doctoral Training Providers.....	134
7.1.3 Implications for EPSs.....	135
7.1.4 Implications for EPs’ Professional Practice	136
7.2 Strengths and Limitations.....	137
7.3 Recommendations for Future Research.....	139
7.4 My Sensemaking on My Research Journey.....	141
7.5 Concluding Thoughts	145
References	147
Appendices.....	172
Appendix A: Ethics Approval.....	173
Appendix B: Pilot Interview Schedule	174
Appendix C: Interview Schedule.....	176
Appendix D: Information Letter	178
Appendix E: Participant’s Consent Form.....	182
Appendix F: Excerpts from Research Journal.....	183
Appendix G: Samples from the Metaphorical Analytical Process.....	188

List of Figures and Tables

Table 1:	Summary of participants by EPS and role	p.68
Table 2:	Table mapping interview questions in final interview schedule onto research questions	p.71
Table 3:	Summary of the stages in the metaphor analysis	p.73
Table 4:	Summary of ethical considerations	p.74
Table 5:	Summary of Heir-apparent themed metaphors	p.84
Table 6:	Summary of Outsider themed metaphors	p.94
Table 7:	Metaphor categories used by EPs in EPSs	p.106
Figure 1:	The dual factor model of mental health (Suldo & Schaffer, 2008)	p.43
Figure 2:	The form and focus of metaphor-based research based on Cornelissen et al. (2008) taken from Wittink (2011)	p.62
Figure 3:	Overview of EPs' sensemaking accounts of their role in mental health	p.81

List of Abbreviations

BESD	Behavioural, Emotional and Social Difficulties
BPS	British Psychological Society
CAMHS	Children and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CMT	Conceptual Metaphor Theory
CYP	Children and Young People
DCP	Division of Clinical Psychology
DfE	Department for Education
DoH	Department of Health
DP	Discursive Psychology
DSM	Diagnostic and Statistical Manual of Mental Disorders
EHCP	Education Health and Care Plan
EP	Educational Psychologist
EPS	Educational Psychology Service
HCPC	Health and Care Professions Council
LA	Local Authority
NHS	National Health Service
SEMHS	Social, Emotional and Mental Health
SEND	Special Educational Needs and Disability
SEP	Senior Educational Psychologist
PEP	Principal Educational Psychologist
TaMHS	Targeted Mental Health in Schools
TEP	Trainee Educational Psychologist
WHO	World Health Organisation

Chapter 1: Introduction

1.1 Introduction

This research is an exploration of educational psychologists' (EPs') sensemaking of their role in mental health. It examines how sixteen EPs and trainee EPs (TEPs) from four different local authorities (LAs) use metaphors to represent their sensemaking of their role in mental health. Weick's (1995) sensemaking framework was used as a conceptual lens to explore the role ambiguities and conflict that EPs experienced as they sought to make sense of their role in the varied and continuously changing LA contexts they were employed in. Alongside Weick's sensemaking framework, the dual-factor model of mental health (Suldo & Shaffer, 2008) was used to bring clarity to EPs' positioning in mental health and Merton's sociological ambivalence (Merton, 1976) was employed to illuminate the possible sources of role ambiguity and conflict experienced by EPs trying to take up a role in mental health. The analysis of the EPs' and TEPs' sensemaking showed how some sensemaking accounts enhanced feelings of satisfaction, self-efficacy and self-consistency, whereas others contributed to feeling devalued, dissonant and disempowered. There were key factors influencing EPs' sensemaking that were also identified through this research.

In this first chapter, I begin by outlining the research context as this provides background for why an exploration into EPs' sensemaking of their mental health role is so timely and pertinent. This is followed by a discussion about the research aims and research questions being investigated in this research. Next I outline the rationale for choosing this research topic and

then explain the significance of this research. Finally, I provide a brief summary of how this thesis will be organised.

1.2 The Research Context

Mental health has dominated public discourse for several years and has maintained a high profile in government policy, the media and public discourse. This is in part because mental illness has been found to be the single largest cause of disability in the UK, with an estimated £100 billion cost to the UK economy (Parkin et al., 2017). At least 50% of all adult mental health problems start before the age of 15 and 75% before the age of 18. This highlights the enduring nature of mental health difficulties without appropriate and timely interventions (House of Commons Library Briefing, 2018). Hence, CYP have been a key group in the government's agenda to tackle the growing mental health crisis in order to reduce the individual, social and economic costs of mental illness on society (Department of Health, 2015). The *'Transforming Children and Young People's Mental Health Provision: a Green Paper'* issued jointly by the Department of Health (DoH) and the Department for Education (DfE) in December 2017, was the government's flagship policy to redress this issue. Schools, because they are distinctively positioned to offer effective and accessible mental health support, were given the responsibility for the prevention and early intervention of mental health difficulties in CYP, as well as the promotion of positive mental health (DfE, 2018; Ford, 2018; Weare, 2015).

However, many schools felt unprepared to shoulder this burden. For example, it was found in a recent survey that 56.9% of schools did not feel

confident in meeting social, emotional and mental health (SEMH) needs of CYP and 70% felt they were unable to fully meet the needs of SEMH CYP (Curtis, 2019). Other sources cite insufficient training, competing demands, lack of capacity, reduced resources, increasing prevalence and growing complexity of CYP mental health needs as other reasons for why schools feel unprepared and ill-equipped to undertake this responsibility for CYP mental health (Campbell, 2018b; DfE/DoH, 2017; Hanley, Winter & Burrell, 2017). Furthermore, the emotional burden of being responsible for CYP mental health has taken a toll on staff mental health and wellbeing, with many staff experiencing high levels of stress, anxiety and burn-out (Kidger et al., 2016). Additionally, there is the lack of specialist mental health support available for CYP and few suitable alternatives, which impacts approximately 75% of CYP experiencing mental health difficulties (Crenna-Jennings & Hutchinson, 2018; Humphrey, 2018; Weeks, Hill & Owen, 2017). This is due to a range of factors including austerity, which led to services being cut or under-funded (Hanley et al., 2017), the stigma around mental health (Gale, 2007) and CYP not reaching the threshold for specialist services (Weeks et al., 2017). Consequently, there is a vacuum in the mental health support available to CYP.

When CYP do gain access to specialist mental health services such as the Children and Adolescents Mental Health Service (CAMHS), there are questions around the effectiveness of this provision. For example, it was found that 30% of CAMHS clinicians did not feel they had the skills or knowledge to work with children with educational needs (Vostanis et al.,

2011) and the DoH (2011) reported that CYP's inability to access CAMHS was in part due to the lack of skills of CAMHS workers in engaging CYP in therapies.

It is in this light that many EPs have been promoting the EP profession as ideally placed to support schools shoulder the government mandated responsibility for CYP mental health.

“In terms of training, they (educational psychologists) are the most generic psychologists with more postgraduate training time devoted to the child and adolescent sphere than for any other branch of psychology. In terms of role, they are the most contextualised, working across the domains of home, school and community. In terms of background, their knowledge of educational settings is unparalleled.” (Mackay, 2011, p.11)

However, it was to the dismay of many in the profession that this role was not acknowledged in the 2017 green paper (O'Hare, 2017), leaving many questioning, 'what is the role of the EP in mental health?' There was a desire for this green paper to recognise the wider role of the EP beyond the traditional educational assessor role (Langton, 2017; Solity, 2017). This wider role has been recognised in other documents, where EPs were heralded as a transformative force in mental health provision (Weare, 2015). In fact, the Mental Health Foundation (1999) recommended that schools and EPs should have a central role in a multi-disciplinary support system to combat CYP mental health problems (Greig et al., 2016). These conflicting perspectives on the EP role is likely to result in uncertainty and an under-confidence in the EP's identity as a profession that can contribute to mental health.

1.3 Research Aims and Questions

In light of the ambiguity surrounding the EP's mental health role, it is timely and pertinent to explore how EPs are making sense of this ambiguity.

Consequently, I wanted to explore how EPs' make sense of the inconsistent messaging around the role of the EP in mental health. I wanted to investigate which sources of information or factors might be more influential on how EPs conceptualised their role. Likewise, I wanted to gain some insight into how EPs manage this ambiguity and whether they are able to formulate a coherent understanding of their role or would their conceptualisations of their role reflect the conflict that is present in the messaging about the role.

Thus, this research sought to investigate EPs' sensemaking of their role in relation to mental health by exploring the following research questions:

1. What are EPs' sensemaking accounts of their role in mental health?
2. What are some of the key factors influencing EPs' sensemaking of their role in mental health?

1.4 Rationale for Choice of Research Topic

From the outset, my choice of research topic had been influenced by my experience as a teacher prior to starting the doctoral course (Foote & Bartell, 2011). As a pastoral leader in a secondary school, I noticed that I was dealing with an increasing number of mental health-related issues involving students as well as colleagues. Witnessing the devastating effect poor

mental health could have on individuals deeply affected me and I felt unsupported and ill-equipped to shoulder this burden. Furthermore, there were significantly less resources available due to the reduction in the school's budget. This led to the loss of services such as the school nurse service and school counselling service. Because of this, I was expected to do more with significantly less resources and I witnessed how an individual's mental health can rapidly deteriorate without timely targeted support. Due to the severity of the mental health needs I dealt with in my pastoral role, I began to have more contact with CAMHS. However, I found that CAMHS involvement was usually short-lived because problems were considered to be resolved through the use of medication or services withdrawn due to a lack of engagement. Supporting the mental health needs of the students and colleagues felt burdensome, especially with the lack of senior leadership support whose priorities lay elsewhere. Consequently, I had to delve deep into the recesses of my psychological knowledge which stoked my love for psychology and concretised my conviction that psychology could be applied to transform lives. Embarking on the educational psychology training was the next logical step in my professional development as it combined my passion for education, pastoral care and psychology. I was keen to learn how I could use my prior knowledge and experience in my new role as a trainee educational psychologist (TEP) to support mental health. I was surprised learning from experienced EPs how variable their views were with regards to the EP role in mental health. It was portrayed as a newly emerging aspect of the role which contributed to the uncertainty. I was intrigued by the difference in the policy rhetoric from the government and

how schools and the educational psychology profession interpreted this rhetoric regarding the EP's role in mental health. This heralded the beginning of my research journey as I sought to uncover how EPs make sense of their role in mental health.

1.5 Significance of this Study

One reason why this research is important is because it uses a novel conceptual framework to explore the EP's role in mental health and expands the use of sensemaking in organisational research. To date, there has not been an exploration of the EP role using sensemaking as a conceptual framework. Hence, this research contributes to bridging educational psychology with the field of organisational research. Additionally, this research is significant due to its potential to have a positive real-world effect; whereby an understanding of how EPs make sense of their role can provide insight into what EPs believe they contribute to mental health and the significance given to this role. This is critical in light of the scale of the problem and the current inadequate mental health provision available for CYP. By using a sensemaking perspective, it can illuminate why some EPs conceptualise mental health as a fundamental part of their role and others view it as a more peripheral aspect of their role. This could be useful for educational psychology service (EPS) managers to encourage staff to be reflective practitioners (Goleman, et al., 2002). From a primal leadership perspective, it could also prompt EPS managers to be more self-aware of their own sensemaking which would facilitate clearer 'sensegiving' on how the role should be enacted within the service (Goleman et al., 2002).

Likewise, the insights gained from this research could be used to tailor an EPS's approach to recruitment to have greater appeal to EPs, which is especially pertinent in light of the current level of staff shortages and high turnover (DfE, 2019).

1.6 Organisation of the Thesis

In this introductory chapter I have outlined the context for my research, set out the aims for this research and posed two key questions that I seek to address by the end of this thesis. I have also explained the rationale for this research and the significance of the study. Now I am going to provide a brief summary of what is entailed in the upcoming chapters. In Chapter 2, I present my review of the literature which includes providing a brief history of the EP role, an outline of the current conceptualisation of the EP role and then a critical review the literature on the EP's role in mental health. I, then, consider how the LA context shapes the EP's role in mental health and finally discuss the dominant discourses that permeate roles in mental health. In Chapter 3, I set out the conceptual framework that underpins this research. Firstly, I engage in a discussion around the conceptualisation of mental health, concluding with the conceptualisation of mental health being adopted in this study. Next, I explore the concepts of role ambiguity and conflict from a role theory perspective and then I relate these terms to the EP role in mental health. I then discuss the concepts of role ambiguity and conflict from a sociological perspective. Finally, I present sensemaking as the primary conceptual framework underpinning this research. Chapter 4 is the methodology section which outlines the research design and methodological approach adopted in this study and the justification for this.

A description of the participants, data collection, research pilot and data analysis are given. The chapter ends with an evaluative discussion around the trustworthiness of this research. In Chapter 5, I present the key findings of this research which includes a summary of the sensemaking accounts of EPs in this study and the metaphors used to represent their sensemaking of their role in mental health. Lastly, it looks at differences in the sensemaking between EPs and EPSs. Chapter 6 is a critical discussion of the findings in light of the research questions. It discusses the sensemaking accounts of EPs and some key factors that shaped EPs' sensemaking accounts. The final chapter presents a summary of the key insights, implications, evaluation and recommendations for future research. It ends with a brief summary of my sensemaking of the EP role from this research journey.

Chapter 2: Literature Review

The aim of this chapter to create a clearer picture of where this research fits in relation to existing knowledge around the EP role in mental health. An initial database search of ProQuest Central, Psycharticles and PsychINFO using the search terms “educational psychologist”, “EP” and “sensemaking” yielded no results. Varied combinations of search terms “educational psychologist”, “EP”, “school psychologist”, “mental health” and/or “role” in the document title was also not an effective way to review literature as it yielded either no results; studies not relevant to this research topic (particularly when the term EP was included); non UK-based studies; or an excessive number of studies to review. Therefore, a bibliographic review was conducted to find relevant literature for this research starting with the most recent copies of two key psychological journals *Educational Psychology in Practice* and *Educational and Child Psychology*.

In this chapter I review the literature to provide a historical account of how the EP profession evolved over time. I critically discuss literature relating to the role of the EP in mental health and then consider how the EPS context and discourses in mental health impact EPs’ ability to enact their mental health role.

2.1 The Development of the Educational Psychology Profession

The educational psychology profession in the UK has been continually shifting over the past 100 years since the appointment of the first EP in the UK, Cyril Burt (Maliphant, 1997). He was appointed to assist with the

assessment of children nominated by headteachers to attend “schools for the mentally defective” (Arnold, 2017, p.26). Burt influenced by his beliefs in innate intelligence developed the EP role to include research, assessments and interventions (Maliphant, 1997; MacKay, 2007). The role of the EP has evolved since then due to a complex interaction of factors such as “social and political change, developments in educational theory, legislation and availability of resources” (Martin, 2017, p.69). The Second World War was a key historical event in the history of educational psychology because it led to the growth of child guidance clinics (Wright, 2012). Child Guidance was “*a form of psychiatric medicine that addressed the emotional and psychological difficulties that any child might experience*” (Stewart, 2009, p.407) and EPs played a key role in these teams. The team consisted of an EP and a psychiatric social worker who were both managed by a psychiatrist (Martin, 2017). Most EPs alongside their work in Child Guidance Clinics also worked in school psychological services which enabled EPs to work directly with schools and this hallmarked their dual role in mental health and education (MacKay, 2007; Maliphant, 1997).

2.2 The Role of the EP

Over the years there has been much debate regarding the EP role which has been described as “an almost perennial obsession” (Boyle & Lauchlan, 2009, p.7). Such frequent questioning of the EP role has been suggested by some EPs to be indicative of an identity crisis (Cameron, 2006; Hill, 2017). Boyle and Lauchlan (2009) speculated that this is an inevitability due to the nature of the profession:

“Educational psychology as a profession seems to be in a position that renders it rather vulnerable and ambiguous and therefore subject to role conflict” (Boyle & Lauchlan, 2009, p.78).

Ashton and Roberts (2006) proposed the following reasons for the ambiguity around the EP role: it was unclear who the client was; there were disparities between what others were looking for and what EPs wanted to offer; the EP's distinctive contribution was unclear in comparison to other professionals due to role overlap; and there was a lack of consensus within the profession regarding the EP role. Hence, the ambiguity stemmed from disparate perspectives within as well as outside of the EP profession (Rothi et al., 2008). Another possible reason for the ambiguity surrounding the role is captured in the debate around whether EPs should work directly with CYP or indirectly by working with key adults in the lives of CYP. There has been a gradual shift towards indirect work because it is deemed a more efficient and effective use of EP time (Farrell & Woods, 2017; Wagner, 2000). Leadbetter (2000) commented on how this shift generated the unspoken dictum that project work was good and individual casework was bad. Boyle and Lauchlan (2009) cautioned against this abandonment of individual casework with CYP because it was, in their view, the bedrock of EP practice and valued highly by those outside of the profession. The research evidence relating to the EP's role seemed to underscore Boyle and Lauchlan's argument. For example, a review of EPSs in England (DfEE, 2000) found that health professionals valued psychometric assessments of CYP completed by EPs because it helped to inform their clinical diagnosis. Similarly, Ashton & Roberts (2006) found that individual assessments and

statutory report writing were valued by SENCOs and were perceived as a distinctive part of the EP role.

Fallon et al. (2010) proposed a utilitarian summary of the EP role, which has been widely accepted throughout the profession (Rumble & Thomas, 2017):

“EPs are fundamentally scientist-practitioners who utilise, for the benefit of children and young people (CYP), psychological skills, knowledge and understanding through the functions of consultation, assessment, intervention, research and training, at organisational, group or individual level across educational, community and care settings, with a variety of role partners”
(Fallon et al., 2010, p.4)

Their definition provides a clear description of the EP’s core functions and ought to have reduced the ambiguity surrounding the EP role. However, despite consensus regarding the core functions of the EP, there is still variability in how these functions are prioritised and performed (J. Boyle & MacKay, 2017). This is particularly poignant when it comes to mental health because this type of work often traverses professional boundaries which can generate uncertainty and confusion (Gaskell & Leadbetter, 2009).

2.3 The EP Role in Mental Health

A commonly recurring theme throughout the literature was that EPs are appropriately skilled and well-placed to provide mental health support to schools (J. Boyle & MacKay, 2017; Greig et al., 2016, 2019; MacKay, 2002). For instance, Atkinson et al. (2013) reasoned that the EP’s peripatetic role makes them more easily accessible to CYP since being based in a school setting is less stigmatising than being based in a clinical setting. There is also growing consensus outside of the profession that EPs have a

key role to play in mental health. For example, the National CAMHS Review Final Report (2008) stated:

“Educational psychologists are traditionally seen as supporting schools and families in identifying and addressing SEN. However, their role is much wider than this and can include therapeutic work, consultation and advice, parent training, staff training, support to schools on organisational issues such as behaviour management and specialist work with those in care and in contact with the youth justice system” (National CAMHS Review Final Report, 2008, p.46)

Likewise, the recent DfE (2019) report about the EP workforce specified:

“A fundamental part of their [EP] role is supporting the social, emotional and mental wellbeing of children and young people, families and teachers, to help address the increase in mental health problems in children and young people” (DfE, 2019, p.9).

This recognition has been welcomed by many in the profession as it is argued that EPs are an ideally placed profession to contribute to mental health:

“There is potentially an educational psychologist attached to every school in the UK, and potentially, therefore, on every doorstep of every family in need... Educational psychologists’...offer an economically viable service in a position to address the problem and contribute to keeping clinical referral thresholds down and at the point of early intervention.” (Greig et al., 2016, p. 7)

Despite growing acknowledgement that EPs have a role to play in mental health, there is little advice or guidance as to what this role might entail (Rothi et al., 2008). For instance, Rothi et al. (2008) reported that there were inconsistencies in the way that EPs assessed CYP with emotional and behavioural difficulties. Furthermore, with EPs being the only profession that can provide statutory educational assessments for CYP (Lee & Woods, 2017), it has been found that much of the EPs’ time is spent engaging in statutory assessments restricting opportunities to engage in other types of work like mental health-related work (Birch et al., 2015; Lyonette et al.,

2019; Rothì et al., 2008). For instance, Atkinson et al. (2011) conducted a study into the use of therapeutic interventions by EPs and TEPs in two different LAs. Therapeutic interventions were defined loosely as any direct intervention of a psychologist with a child or group of children or supporting others who work with children on a daily basis. Despite this broad definition, they found that schools were not always aware that EPs could work therapeutically, schools did not consider therapeutic interventions an effective use of their EP time and EPs reported having limited opportunities to engage in therapeutic work. A different study by Atkinson et al. (2014) reported on the facilitators and barriers to the provision of therapeutic interventions by EPs from a UK-based national survey. One barrier was the perception of mainly health professionals, like CAMHS workers, who did not consider the delivery of therapeutic interventions to be part of the EP role. Also, even when school staff recognised that EPs could provide therapeutic interventions, they would prioritise statutory and educational assessments instead of this type of work. They also found that inadequate training, limited opportunities and time to incorporate therapeutic interventions in their everyday practice were also barriers. Contrastingly, they found that strategic leadership and EPs' personal interests were facilitators to the provision of therapeutic interventions. The research, therefore, suggests that for many outside of the profession and even for some within the profession, mental health is not considered to be central to the EP role.

Despite this, there is a growing number of studies that illustrate how EPs are engaging in broad and varied role in mental health at an individual level,

group and organisational level. For example, EPs were key members of the multidisciplinary teams in the Targeted Mental Health in Schools (TaMHS) project. This was a national project funded by the Department for Children, Schools and Families to transform the way mental health support was delivered to 5 – 13-year olds. Reviews of TaMHS found that EPs played a crucial and transformative role in the mental health provision (Department for Education, 2011; Weare, 2015; Wolpert et al., 2013). Lee (2016), on the other hand, worked with school staff delivering self-harming training. The training led to an increase in the knowledge and understanding of the issue of self-harm, risk factors and strategies to support CYP; in addition to creating a supportive peer group that could embed and sustain the gains from the training. Callaghan & Cunningham (2015) supported school staff to deliver a targeted, group-based Cognitive Behavioural Therapy (CBT) intervention for primary-aged children identified as displaying symptoms of anxiety and depression. The intervention was found to reduce symptoms of anxiety and depression. Warren-Dodd (2009) did therapeutic groupwork with mothers who had experienced domestic abuse and found that it improved their psychological well-being and the parent-child relationship. EPs also provide supervision to school staff and utilise their research skills to evaluate the effectiveness of interventions. For example, EPs supervising Teaching Assistants (TAs) involved in delivering the Emotional Literacy Support Assistant (ELSA) programme which is a school-based initiative to support CYP mental health (Krause et al., 2020).

In addition to these smaller-scale studies, there have been studies involving larger cross-sections of the EP population. For example, Atkinson et al. (2011) conducted a UK-based survey to obtain a wider picture of how EPs were using therapeutic techniques in their direct work with children. They found that 92% of a self-selecting sample of 455 EPs used therapeutic techniques in their practice. The majority of the participants (82.9%) used therapeutic interventions directly with individual children. Other contexts they were widely used in were as part of an assessment (68.7%), consultations (66%), and working through others (60.5%) with the most common therapeutic techniques being solution-focused brief therapy (84.1%), cognitive behavioural therapy (63.4%) and personal construct psychology (62.7%). These findings suggested that therapeutic techniques were being widely used by EPs across the UK and most commonly in individual-based casework. However, the participants were a self-selecting sample who probably had an interest in therapeutic interventions and were, therefore, motivated to incorporate them in their everyday practice. Furthermore, it is unclear how much of the EP's time was being used for therapeutic work or what their interpretations of using each therapeutic technique meant. Hence, this may not be representative of the wider EP population and provides only tentative evidence of extensive use of therapeutic interventions across the profession.

Similarly, Greig et al. (2019) conducted a survey of Scottish EPSs investigating how their service supported CYP with mental health difficulties. 59% of principal psychologists (PEPs) responded and variabilities were

found in how they reported their EPS would respond to CYP's mental health problems. For example, 62% of respondents reported that it would be "very unlikely" or "quite unlikely" that they would provide a mental health assessment, whereas 24% were "in between" and just 14% reported it would be "quite likely". When it came to direct work with pupils, the majority of responses were "in between" or "quite likely" (43% and 38% respectively). There were 57% of participants who reported it would be "very likely" they would provide direct work with school staff and 43% who reported they were "quite likely" to provide indirect work with parents/carers. Correspondingly they found that around 81% were "quite likely" or "very likely" to recommend specialist support either in school or within NHS CAMHS and 43% were "quite unlikely" or "very unlikely" to recommend a specialist EP in their service. Additionally, they found that 57% of the participants thought EPs should have a "variable" role in mental health but 76% of the respondents thought that time and staffing levels would be a "considerable" or "very considerable" barrier to meeting mental health needs. This study highlights some of the variance in how EPs perceive their roles in mental health. It indicates that there is not a consensus as to whether mental health is a core part of the EP role or what that role might entail. However, since the participants were only the PEPs of services and no other team members, like Atkinson et al.'s (2011) study, only tentative conclusions can be drawn due to the lack of a representative sample.

In addition to these quantitative studies, there have also been some qualitative research. These have been conducted to provide further insight

into specific issues relating to the EP's role in mental health. For example, Atkinson et al. (2013) sought to explore the factors that facilitated and hindered the development of therapeutic work as part of the overall EPS service delivery. They found that contracting and promoting; leadership; opportunities to practice; supervision; time and resources; and training were all key factors that could facilitate or constrain EPs working therapeutically. These findings highlighted key considerations for other EPSs seeking to increase their ability to engage in therapeutic work. However, as with the earlier 2011 study, therapeutic work was loosely defined. This meant that it could still give rise to variable interpretations of what constituted therapeutic work. This was where Wade (2016) made a key contribution to the literature around the EP's role in mental health.

She sought to investigate the "taken-for-granted language" (O'Reilly & Lester, 2015) around the terms therapy and therapeutic by exploring EPs' discursive constructions of therapeutic practice. Using focus groups, she explored EPs' views on their therapeutic practice and found there were a range of different interpretations or nuances associated with the use of the term depending on the context. Thus, highlighting the ambiguity in how EPs viewed their roles as therapeutic practitioners, which she attributed to the newly emerging EP identity. There were five main repertoires in the discourse around therapeutic practice of EPs which were "*therapeutic-as-limited*", "*therapeutic-as-emerging*", "*therapeutic-as-threatening*", "*therapeutic-as-skilled*" and "*therapeutic-as-eclectic*". Participants fluctuated between the different discourses indicating ambiguity regarding therapeutic

work, sometimes positioning themselves as “*confused, reluctant and unconfident, as well as valuable, skilled and motivated practitioners*” (p.8).

On one hand, participants engaged in the therapeutic-as-skilled repertoire which related to the more clinical discourse of therapeutic practice, where EPs required specific skills and training in order to deliver specific therapeutic interventions such as CBT. Whilst on the other hand, therapeutic-as-eclectic related to discussions around the less tangible type of therapeutic practice that relied on interpersonal skills, and as such was much harder to define. This type of practice was so unobtrusive that some EPs were reluctant to refer to it as therapeutic.

The findings of Wade’s (2016) study have parallels with Burnham’s research (2013) exploring theoretical and practice issues in relation to the role of EPs. He found tensions between the use of traditional scientific frameworks such as using pre- and post-measures for evaluating work and “unscientific constructionist” frameworks which were perceived as undermining the credibility of the profession. Similar to the discourse relating to therapeutic-as-skilled, scientific frameworks were considered to be a better way of working because they were more easily defined and could produce reliable evidence. However, the majority of EPs in Burnham’s (2013) study believed that scientific methods only made them work more systematically not effectively; and less scientific methods, though questioned in terms of their validity, were considered to produce better outcomes. This highlights the ongoing role ambiguity and conflict experienced by EPs when they

participate in mental health stemming from the incompatibility between the competing aspects of the role.

2.4 Evaluation of Research into the EP Role in Mental Health

Atkinson et al. (2011) and Greig et al.'s (2019) surveys provide tentative support for the notion that EPs have a role to play in mental health whilst illustrating the lack of consensus as to the nature of that role. As quantitative studies, they produce sufficient data to give a general picture of what is happening across the profession. However, they do not provide patterns in responses to enable comparisons between EPSs and EPs. For example, it is unclear in Atkinson et al.'s (2011) research whether EPs in fully or partially traded services had more opportunities to work directly with CYP. In the case of Greig et al.'s (2019) research, they did not consider whether participants that were very likely to recommend specialist support were also very unlikely to provide a mental health assessment. This would have been useful for making predictions about EPs' decision-making when addressing CYP mental health. This is one of the limitations of quantitative research because it does not provide the in-depth analysis of individual perspectives (Schwartz-Shea & Yanow, 2012); a limitation that could be addressed by adopting a qualitative approach.

Additionally, even though large sample sizes tend to be advantageous, the generalisability of the findings is dependent on the representativeness of the sample (Schwartz-Shea & Yanow, 2012). So, in the case of Atkinson et al.'s (2011) study, the findings may not be representative of the national picture

due to the potential bias in the sample, where EPs chose to participate because of their interest in the topic. Similarly, with Greig et al.'s (2019) survey, the participants were solely the PEPs from each service, therefore the data may not have been representative of the service as a whole. Qualitative studies, by contrast, are transparent about the fact that their research is not generalisable because this is not the desired aim (Schwartz-Shea & Yanow, 2012). Qualitative research seeks to gain an in-depth understanding of a particular individual or group, which can be criticised as less 'ambitious' or 'useful', but it does make it more achievable. Therefore, there can be greater credibility in the claim of qualitative research that it is representative of the target population compared to quantitative research. Furthermore, qualitative research assumes that participant's accounts of their experience are true for them and therefore do not require corroboration to establish its 'factuality'.

This was why the qualitative approach used in Wade's (2016) study was best for its aim of understanding EPs' therapeutic practice. It assumed that there are multiple realities, which are socially constructed through the use of language in social interaction. Wade (2016) used Discursive Psychology (DP) to analyse data relating to the EPs' accounts of their therapeutic practice. A discursive approach is guided by the principle that language is the medium through which thoughts and actions are generated. DP is concerned about specific instances of interaction which leads to the construction of knowledge. This supposition made DP an ideal approach for exploring the meaning attributed to the EP role and how that is shaped by

contextual factors. Hence, Wade (2016) rationalised that it was reasonable to use focus groups to create a purposeful opportunity for constructions around therapeutic practice in educational psychology to be achieved. Through this approach she was able to make a significant contribution to the literature by providing insight into EPs' understanding of their role through an examination of the nuanced language used. She argued that focus groups provided an opportunity for EPs to challenge the views of others, as well as reconstruct their identity in the group context. However, Wade's (2016) research does not provide insights into how each EP's understanding and use of terminology might impact how they enact their role. This is a limitation of focus groups; it captures the overarching views of the group of participants rather than individual perspectives (Sim & Waterfield, 2019). The data from focus groups could be potentially skewed by participants that are more opinionated and dominate the discussion (Stewart, 2018). This means that the data may not be representative of the group. Moreover, the variability between individuals is not captured, especially if there are dissenting voices. Consequently, it does not illuminate the possible uniqueness in individual perspectives, which when trying to make sense of the ambiguity around the EP role in mental health could be quite critical. Another limitation of Wade's (2016) research is it narrows the EP's mental health role to just therapeutic interventions, whereas the literature discussed in this chapter highlights that EPs are undertaking broader and more varied roles. Therefore, there needs to be research which examines how individual EP's conceptualise their role in mental health and not just as it relates to therapeutic practice.

2.5 Contextual Influences on the EP's Mental Health Role

Stobie (2002) argued that EPs need to have the ability to adapt and respond flexibly to the continually changing socio-political landscape they work in. It can be deduced from the research that local and individual interpretations of government policy result in vastly diverse ways in which EPs enact roles in mental health. For instance, Atkinson et al. (2013) found that the opportunities to deliver therapeutic interventions was dependent on the EPS, where some services created time for EPs to deliver interventions and in others the onus was on the EP to be strategic in finding time. Similarly, Squires and Dunsmuir (2011) found that the EPS context led to variations in the experiences of TEPs undertaking CBT casework.

The way that services are funded have had a notable influence of the role EPs play in mental health. For instance, EPs played a pivotal role in mental health provision when they formed part of TaMHS teams. However, when the government funding ended, many TaMHS projects discontinued, despite clear evidence of the effectiveness of the TaMHS project (Faulconbridge et al., 2017). In most LAs, this marked the end of this key role EPs played in mental health. Contrastingly, changes to the way EPSs were funded when significant spending cuts were made to LA services enabled some EPSs to establish a role for EPs in mental health (Marsh & Higgins, 2018). Due to the lack of funding, many EPSs reorganised their service delivery model to fully traded or partially traded services (Norwich, 2013). This led to EP services marketing mental health services as part of their income generation strategy. For example, Winward (2015) found that in two partially traded

EPSs trading led to increased opportunities for EPs to do a broader range of work including therapeutic. Similarly, Lee & Woods (2017) found that EPS had the opportunity to promote and advertise a broader range of services to their commissioners (the people/organisations that buy their services) which included mental health services. Contrastingly, some EPSs retained LA funding (non-traded EPSs) and therefore did not need to make changes to their service delivery model. In these contexts, it is likely there are not the same opportunities to market a more diverse role beyond the statutory and core functions of the EP. However, it is possible that EPs in their own everyday practice may create opportunities for a broader and varied role in mental health based on their personal interests (Stobie, 2002).

For all EPSs both traded and non-traded, there is still the demand of statutory work that EPs have a legal responsibility to fulfil. However, with the renaming of the SEN category from Behavioural, Emotional and Social Difficulties (BESD) to 'Social, Emotional and Mental Health (SEMH)' in the 2015 Special Educational Needs and Disability (SEND) Code of Practice (DfE, 2018) it signalled mental health as an integral part of the EP's statutory role. This can be inferred from the views of Elizabeth Truss, the former Education Minister who stated, "...too many young people are unfairly labelled as trouble-makers when in fact they have unmet mental health problems" (DfE, 2014). Consequently, EPs now have a statutory duty to assess and support schools identify possible underlying mental health problems causing emotional or behavioural difficulties (DfE, 2018).

Therefore, it can be concluded from this discussion that the context can be a key determinant in the role EPs can play in mental health.

2.6 Mental Health Discourses and Mental Health Roles

The literature discussed highlights the importance of language and dominant discourses in mental health which shape the roles EPs play (Zeeman & Simons, 2011). The biomedical model assumes that mental health is similar to physical health and is therefore caused by biological abnormalities principally located in the brain, requiring biological treatments like medication (Deacon, 2013). Strong and Sesma-Vazquez's (2015) review of the development of discourses around CYP mental health propose there has been a proliferation in the medicalising of children's behaviour. This view is echoed by the BPS Division of Clinical Psychology (DCP) (Johnstone et al., 2018) which is indicative of the dominance of the biomedical discourse in mental health (Jacob, 2015). Strong and Sesma-Vazquez (2015) assert that the discourse around CYP mental health is muddled with the terms: *wellbeing*, *mental health* and *mental illness* being used interchangeably. They contend that they are distinctly different. Wellbeing, they suggest, is a continually shifting concept that is determined by what adults think is best for CYP. Mental health is still considered in terms of the presence or absence of mental illness. Mental illness is centred around pathology and medication. They conclude that the key to moving forward is through finding ways to bring new understanding and ways of communicating to scientific and political dialogues. However, shifting the mental health discourse is challenging because the biomedical discourse is deeply entrenched within

existing systems (Johnstone et al., 2018). For instance, 'Transforming Mental Health Provision for Children and Young People: a green paper' (DoH/DfE, 2017) places CAMHS as the principal service for organising the delivery of mental health provision which falls under the remit of the National Health Service (NHS). This inadvertently enmeshes mental health within the biomedical discourse. Similarly, psychiatric diagnoses are used to make decisions about eligibility for services and benefits (Johnstone et al., 2018). Hence, the power structures that set the parameters for the mental health discourse contribute to the biomedical discourse being privileged over others (Wade, 2016; Zeeman & Simons, 2011).

The biomedical discourse, however, has been increasingly criticised over the years. One criticism levelled against it has been that it does not include the social, psychological and behavioural aspects of mental health, which can inadvertently disadvantage those given diagnostic labels (Ashcroft & Katwyk, 2016; Carthaigh, 2020). Moreover, the Diagnostic and Statistical Manual for Mental Disorders (DSM), which is supposed to contain objective knowledge to guide practitioners in identifying and treating mental health disorders, has been widely criticised for being created through an arbitrary and subjective process based on insufficient or non-existent evidence (Davies, 2017). Hence, the validity, reliability and usefulness of the DSM as a source of knowledge is now increasingly being questioned (Johnstone et al., 2018). Despite the spuriousness of the DSM, it is still widely used to ascertain mental health difficulties and eligibility for access to services and treatment. Alongside this has been the criticism that the biomedical

approach has failed to explain mental illness, which is why it had been abandoned by some prominent psychiatrists like Freud (Groopman, 2019). Furthermore, the effectiveness of biomedical treatments have also been called into question (Groopman, 2019; Hill & Turner, 2016). For example, Bastiampillai et al. (2019) reported that there was little evidence of the long-term benefits of anti-depressants in treating major depression. Therefore, it can be surmised that the dominance of the biomedical approach is not necessarily due to its effectiveness, but due to an institutionalised belief that it is the best approach (Alvesson, 2001).

EPs adoption of biopsychosocial frameworks is underpinned by the BPS guidance on delivering psychological therapies:

“Working with children and young people should be conceptualised as an ongoing dynamic process, dependent on the complex interaction between environmental and individual factors across contexts, cultures, families and within relationships. Bronfenbrenner’s (2005) bioecological model, and Cicchetti and Lynch’s (1993) refinement of this within the ecological transactional (ET) model of developmental psychopathology, provides a helpful conceptual framework.” (Dunsmuir & Hardy, 2016, p.6)

This makes them equipped to reframe biomedical conceptualisations of mental health. Consequently, the EP role in mental health could be a powerful potential mechanism to effect change in the scientific and political discourses that are framed within the biomedical model. This would need to be followed by modifications in existing systems to proffer legitimacy and normalise alternatives to the biomedical discourse (Gephart et al., 2010; Paap, 1981). However, this would not be an uncontested process as adherents to the biomedical discourse will seek to protect their professional

territory (Sectman & Harty, 1982; Touati et al., 2019). Challengers of the dominant discourse, like the biomedical one, are often marginalised for their dissenting voice (Gephart et al., 2010; Hill & Turner, 2016; Zeeman & Simons, 2011). Therefore, it is worthwhile considering how EPs understand and fulfil their roles in a mental health context dominated by the biomedical discourse.

2.7 Summary

The review of the literature highlights the key role that EPs are considered to play in mental health, which is broad, varied and sculpted by the organisational context. However, there is a lack of consensus in how the role is understood and enacted which fuels the ambiguity and uncertainty around the EP's place in mental health. Hence, it can be surmised from this literature review that there is a gap in the literature relating to the ambiguity surrounding the EP's mental health role and how EPs make sense of this, which is what this research seeks to address.

Chapter 3: The Conceptual Framework

In this chapter I set out the conceptual frameworks that underpin this research. Firstly, I discuss the concept of mental health and the gradual shift in its conceptualisation away from the biomedical model to a dual-factor model of mental health. Next, I examine the concepts role ambiguity and conflict from the perspective of role theory. Then I consider the concepts of ambiguity and conflict from a sociological perspective. Then finally ending with an examination of the sensemaking perspective which is the primary conceptual lens through which the EP role in mental health will be explored.

3.1 Defining the Concept of Mental Health

“There is hardly a term in current psychological thought as vague, elusive and ambiguous as the term “mental health”...many people use it without even attempting to specify the idiosyncratic meaning the term has for them...” (Jahoda, 1958, p. 3)

As the quote above suggests, mental health is a contested concept that “means all things to all people” (Herron & Mortimer, 1999, p. 7). Hence, it is important in research to provide greater clarity around the “taken-for-granted language” that surrounds mental health (O’Reilly & Lester, 2015), because how mental health is conceptualised influences the nature and scope of professional practice and research (Manwell et al., 2015). However, defining the concept of mental health has been a contentious issue that has generated much debate in the field of psychology. Manwell et al. (2015) conducted an international survey with fifty mental health experts from eight different countries to find out how they defined mental health. They found that there was little consensus amongst the professionals in how mental

health was conceptualised, due to the varied theoretical or paradigmatic frames of reference. Historically, the term has been synonymous with psychopathology due its association with the biomedical paradigm (Antaramian et al., 2010). However, the influence of positive psychology has shifted the emphasis away from psychopathology to promoting wellbeing, which is reflected in the World Health Organisation's (WHO) updated definition of mental health:

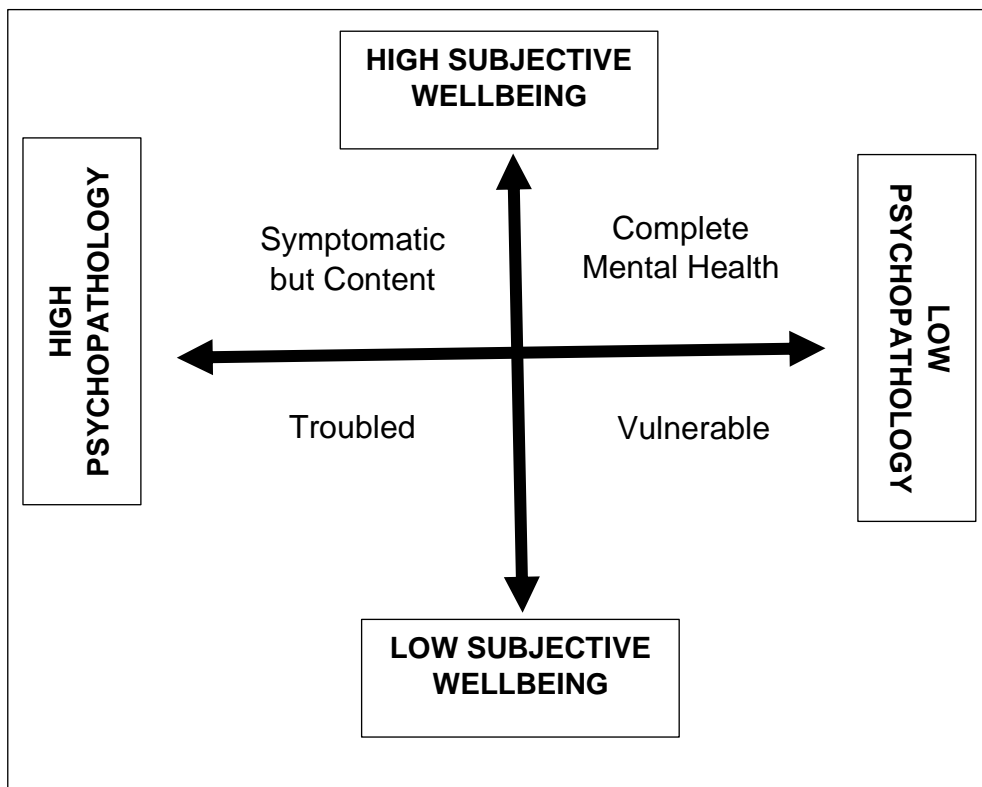
"a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." (WHO, 2014)

Similarly, Roffey (2016) advocates for EPs to adopt a more strengths-based approach to defining mental health so that they consider how to promote protective factors. Such a positive framing of mental health shifts the focus away from diagnosis and treatment of mental illness, which are inherent to the biomedical discourse. However, this notion implies a continuum or a polarity between good and bad mental health, which, for many researchers is no longer an accurate portrayal of people's experience of mental health (Wang et al., 2011). Hence, Westerhof & Keyes (2010) made a case for a dual-continua model posing that mental health is not just about mental illness but also includes a sense of wellbeing. They define mental health as:

"mental illness as well as...positive mental health: feelings of happiness and satisfaction with life (emotional well-being), positive individual functioning in terms of self-realization (psychological well-being), and positive societal functioning in terms of being of social value (social well-being)." (p.110)

Suldo & Shaffer (2008) conducted a study to assess the utility of the dual factor model in classifying CYP mental health. They identified four distinct categories illustrated in Figure 1 below.

Figure 1: The Dual Factor Model of Mental Health (Suldo & Schaffer, 2008)



The *complete mental health* category consisted of CYP who displayed low psychopathological symptoms and high subjective wellbeing. This was the optimal category of mental health, where CYP on average scored best in academic, social and physical health measures. Contrastingly, the *troubled* category was for CYP that had high psychopathological symptoms and low subjective wellbeing. These are CYP that would be easily identified by professionals such as teachers due to the severity of their difficulties. CYP

in this category scored comparably low on all measures in comparison to the all the other categories. The remaining two categories are the ones that emphasize the utility of the dual-factor model. *Symptomatic but content* CYP experienced high psychopathological symptoms as well as high subjective wellbeing; whereas, the *vulnerable* group of CYP displayed low psychopathological symptoms but also low subjective wellbeing. However, the *symptomatic but content* CYP would generally score better across academic, social and physical health measures compared to the *vulnerable* group. The implications of this are that increasing subjective wellbeing could be key to improving academic functioning. This was underscored by Antaramian et al. (2010) who also found that low psychopathological symptoms and high subjective wellbeing were necessary for good school performance and low psychopathological symptoms and low subjective wellbeing increased the risk of academic and behavioural difficulties. Therefore, it can be concluded from this that *vulnerable* CYP are a key group for targeted interventions because they are often overlooked due to their lack of psychopathology. This is a role well-suited for EPs who can support schools in identifying, assessing, implementing and evaluating interventions for vulnerable CYP that would not reach CAMHS thresholds. Hence, drawing upon the dual-factor model as a way to conceptualise mental health is a utilitarian framework for this research.

There are, however, limitations of this model. For instance, it does not capture how the impact of contextual influences or life events might shape psychopathology or subjective wellbeing. Additionally, there is limited

research into concept of subjective wellbeing. Nevertheless, due to its holistic conceptualisation of mental health and applicability to the EP, the dual-factor model as illustrated in Figure 1 is adopted in this research.

3.2 Role Ambiguity and Conflict

3.2.1 Role Ambiguity and Role Conflict

Role theory is described as consisting of three key concepts “patterned and characteristic social behaviours, parts or identities that are assumed by social participants, and scripts or expectations for behaviour that are understood by all and adhered to by performers” (Biddle, 1986, p.68). It is this conceptual framework that has led some researchers to maintain that role theory provides a valuable framework to investigate role perceptions within a given context (Brookes et al., 2007; Wildridge, 2013). For instance, Wildridge (2013) employed role theory to investigate EPs’ views of their role and job satisfaction. She found that there was an increase in role ambiguity due to the diversification of the EP role. Hence, role theory has been adopted as conceptual framework in this research because it offers clearly defined concepts that can frame discussions around any role ambiguity or conflict experienced by EPs and the consequences of this.

Biddle’s (1986) definition of the concepts of role ambiguity and role conflict have been adopted because he is a key proponent of role theory in organisational research. More importantly, he provides clarification on role theory concepts that have had variable meanings to early role theorists such as George Herbert Mead, George Simmel and Ralph Linton. Biddle (1986) defined role ambiguity as “a condition in which expectations are incomplete

or insufficient to guide behaviour” (p. 83) and role conflict as “the concurrent appearance of two or more incompatible expectations for the behaviour of a person” (p. 82). Role conflict can also occur when role-holders are expected to behave in ways that violate their personal values (Papastyliau et al., 2009). These two concepts are important because they conceptualise some of the challenges that occur when working in complex organisations.

Research exploring the potential consequences of role conflict and role ambiguity have found that they are linked to job satisfaction, performance, frustration, burnout, commitment and organisational efficiency (Biddle, 1986; Liu et al., 2014; Wildridge, 2013). There is also research evidence (e.g. Biddle, 1986; Wildridge, 2013) indicating the predictive validity of the consequences of role conflict and ambiguity, which could be used to explain the shortage and high turnover of EPs in some LAs (DfE, 2019). However, role theory assumes that there is an actual ideal role with a set of expected standards and behaviours that is universally agreed (Jackson, 1998). The literature relating to the EP role indicates that there is little consensus regarding the EP role (Ashton & Roberts, 2006; Atkinson et al., 2014; Wildridge, 2013). Moreover, role theory fails to recognise that normative behaviours and expectations associated with roles are typically shaped by dominant or powerful groups and/or institutions (Jackson, 1998). This means that it does not sufficiently account for contextual factors that contribute to role conflict and ambiguity. This is a significant limitation in light of the fact the EP’s socio-political context exerts such a powerful influence on EP practise and are not solely defined by EPs as role holders

(Hill, 2017). In view of this, a sociological analysis of roles might provide a more robust framework for examining the EP role.

3.3 Conflict and Ambiguity: Sociological Ambivalence

Merton (1976), a prominent sociologist, referred to ambiguity and conflict in relation to roles as '*sociological ambivalence*' which means "opposing normative tendencies in the social definition of a role" (Merton, 1976, p.12). He proposed that sociological ambivalence was inherent in professional-client relationships due to the structures and systems professionals worked in; differing expectations of the client to the professional; and discordance between manifest (expressive) and latent (instrumental) functions of an organisation. He described manifest functions as functions that are intended and recognised; whereas latent functions were ones that were unintended and therefore not acknowledged (Brown, 2008). He suggested that sometimes the latent function was at odds with the manifest function which could cause uncertainty and conflict (Giddens, 2009). For instance, the manifest function of EPs is to provide statutory assessments for SEND CYP so that they can get the appropriate support they need. However, the latent function of EPs is to provide assessments to guide LA employer's decision-making as to how best to distribute limited resources. This can be a source of conflict for EPs if they know that a SEND pupil has a specific requirement such as a place in a specialist setting, but the LA has no available places.

3.3.1. Manifest and Latent Functions of Mental Health Psychological Services

Kaswan (1981) conducted an analysis of psychological services using Merton's concepts of manifest and latent functions. The manifest functions of psychological services were designed to reduce human suffering and promote positive mental health which is an "idealized goal" to be achieved through scientific evidence-based means. He postulates that today's society has a firm belief in the power of science to transform lives and solve society's problems, which has inadvertently led to increased specialisations with highly trained experts. This correlates with the evolution of the BPS, which was established with the aim of advancing scientific psychological research and has grown into several different specialised sections (Bunn, 2001). Subsequently, Kaswan (1981) articulated that, psychological services providing mental health support were accorded with three main manifest functions, namely: identification, treatment and prevention.

Identification refers to the clarification of needs through assessment; treatment refers to the therapeutic interventions; and prevention refers to early intervention and mental health promotion to avoid the need for treatment. Latent functions were activities that go generally unnoticed and that appear contrary to normative values. The latent function of psychological services was to provide care and a form of social control, which were a function no longer being carried out primarily by families (Kaswan, 1981). The care services provided refuge, emergency care and friendship and also a social control function of managing social failures, correcting 'deviant' behaviour and giving guidance (Kaswan, 1981).

The crux of Kaswan's analysis was that conflict occurred due to the incompatibility of manifest and latent functions of mental health psychological services. For instance, he explored the incompatibility of the 'cure' versus 'caring and control' function. The manifest function of mental health interventions is to reduce the negative impact of social, emotional or psychological difficulties (cure) so that individuals are better able to cope with everyday life. Similarly, there is the latent function of 'friendship' (care), which includes establishing rapport, developing trust and providing support as they are believed to be key to the success of mental health interventions (Gilburt et al., 2008). However, there is statutory guidance restricting the 'friendship' function (Health and Care Professions Council (HCPC), 2015), which stipulates the termination of the 'friendship' once the individual is 'cured'. Hence, an EP would not continue to see CYP once their mental health work has been completed irrespective of whether the CYP still needs the 'friendship'. This means that there is the dilemma between pursuing a 'cure' and providing 'friendship'.

Similarly, EP services are sought to provide strategies to manage or change certain types of CYP behaviour that the educational setting find challenging. This latent function is at odds with the manifest function of 'treatment' and 'prevention' because many educational settings are more focused on excluding CYP rather than looking at changes in the school systems they could make to 'cure' or 'prevent' the problem (Bagley & Hallam, 2017). For

instance, Rothi et al. (2008) found that teachers viewed EPs as a “firefighting service”, and schools would develop creative ways of excluding CYP so that it would not impact their official figures. According to the DfE (2014), CYP were being negatively labelled and then ultimately excluded because schools failed to recognise CYP’s unmet mental health needs (DfE, 2014). DfE-commissioned research concurred with this view, finding that certain groups such as ethnic minorities and SEND CYP, particularly those with SEMH needs were at greatest risk of exclusion due to schools being ill-equipped to identify and meet the needs of these CYP (Graham et al., 2019).

Another area of incompatibility identified by Kaswan (1981) was successful outcomes versus environmental limitations. This is illustrated in the tensions within the scientist-practitioner role of EPs. EPs are expected to contribute to and apply evidence-based interventions, as well as demonstrate their effectiveness at achieving positive outcomes for CYP (Wade, 2016). However, securing positive outcomes is considered to be dependent on the ability of the systems around the CYP to sustain change (Beaver, 2011). Therefore, an EP’s ability to secure successful outcomes is shaped by environmental influences, such as geographic, economic, social or political factors which are often beyond their control. Hence, this conceptual framework of manifest and latent functions of psychological services, despite being written over 30 years ago, still has resonance with the current EP context because it provides an explanatory framework for understanding some of the sources of role conflict and ambiguity for EPs.

Despite, the robustness of Merton's manifest and latent functions for explaining role conflict and ambiguity in the EP role, it does not consider the role of the individual in influencing their environment. There is evidence to suggest that individuals are not passively influenced by their environment, but there is in fact reciprocity in the relationship (Bronfenbrenner & Morris, 2006). Thus, the complexity surrounding how EPs enact their roles in their varying contexts requires another conceptual lens, which will be discussed next.

3.4 The Sensemaking Perspective

Sensemaking is a term coined by Weick (1995) which refers to the processes of constructing meaning when events are surprising, complex or confusing (Cornelissen, 2012).

“Sensemaking allows people to deal with uncertainty and ambiguity by creating rational accounts of the world that enable action, which is particularly important in dynamic or changing contexts where the need to understand why changes are occurring is critical to sustaining relationships” (Shannahan et al., 2013, p. 265).

Weick (1995) proposed this framework to explain how individuals and organisations make sense of their environment. The recurrent reviews and reformulations of the EP role, stemming from the shifting socio-political landscape, through a sensemaking lens could be framed as examples of sensemaking. For instance, some EPs have sought to make sense of the disparity between the perceived and actual role of EPs (Cameron, 2006; Gregory, 2003; MacKay, 2007), whereas others seek to make sense of their roles in light of contextual changes such as legislative or policy reforms

(Baxter & Frederickson, 2005; Billinge, 1992) or organisational reforms (Fallon et al., 2010; Lee & Woods, 2017). These ongoing attempts to make sense of the EP role have been viewed by some within the profession as problematic. For instance, Boyle & Lauchlan (2009) refer to it as an “almost perennial obsession” (p.71) and Fallon et al. (2010) conclude it is indicative of an “under-confidence about professional identity” (p. 2). However, a sensemaking perspective provides a more constructive view of this ongoing reviewing of the EP role. Sensemaking postulates that any profession that exists in a socio-political context that is in a continual state of flux will always be reviewing and reflecting on the role - “sensemaking is never-ending” (Mills et al., 2010, p. 183). The role ambiguity and conflict surrounding the EP role in mental health has left EPs feeling under threat and questioning their identity (Love, 2009), which creates the ideal conditions for sensemaking (Hasinoff & Mandzuk, 2018).

The use of sensemaking is commonly associated with the field of organisational studies and management, with research on this topic growing considerably over the years (Sandberg & Tsoukas, 2015). It has typically been used to explain crisis situations (Weick, 1993; 2010) and organisational change (Gioia & Chittipeddi, 1991; Warwick-Giles et al., 2017) where sensemaking is under pressure. It has been applied in varied contexts such as businesses/corporations (Cornelissen, 2012; Brown et al., 2015; Jordan & Mitterhofer, 2010), education (Schechter et al., 2018; Shaked & Schechter, 2018) and health and social care (Hendy et al., 2015; Warwick-Giles & Checkland, 2018).

Sensemaking can be viewed as an individual-based cognitive process (Klein et al., 2006), where individuals seek to understand novel, unexpected, or confusing events which then determines future behaviour (Brown et al., 2015; Hasinoff & Mandzuk, 2018). However, Weick (1995) contests that it is both an individual and social activity. This is a more plausible explanation because individuals are embedded in a range of contexts, which will have a subsequent effect on their sensemaking (Eriksson et al., 2018; Weber & Glynn, 2006). For instance, changes in government policies such as the 1981 and 1993 Education Act, which introduced the statutory assessment process, concretised the EP role in LA statutory assessments for SEND CYP (Lee & Woods, 2017; Solity, 2017). Likewise, the restructuring of Children's Services to facilitate more collaborative working with other professionals in the LA provided more opportunities for EPs to work in more diverse ways and contexts (Fallon et al., 2010). These examples highlight why Weick's view of sensemaking being a social activity might be more fitting than viewing it as a purely individual act. Furthermore, Brown et al.'s (2015) review of sensemaking research concluded that Weick's sensemaking was the centripetal force that bound sensemaking research together. Therefore, Weick's sensemaking will be the framework adopted in this research.

3.4.1 Weick's Sensemaking Perspective

Weick (1995) identifies seven characteristics of sensemaking which are:

grounded in identity construction which illustrates the notion that who we are

is continually changing as a result of our experiences and interactions with others; it is *retrospective* in that past experiences are used to interpret things in the present; *enactive of sensible environments* which suggests that sensemaking occurs within a particular context, which can constrain or trigger sensemaking; *social* relates to sensemaking being dependent on the actual or implied presence of others; *ongoing* as sensemaking is a continual process; *focused on and by extracted cues* which involves attending to certain types of information to the exclusion of others; and *driven by plausibility* rather than accuracy which refers to the fact that sensemaking is not about being correct but about finding a reasonable explanation. He asserts that these characteristics help to illuminate what sensemaking is, how it works and where it may fail.

Identity construction takes primary position amongst all the other characteristics because it is “a core preoccupation in sensemaking” (Weick, 1995, p.20). Identities are shaped by an individual’s personal history, values, beliefs, interactions with others and experiences, which influence what we do and how we see the world (Brown et al., 2008; Shaked & Schechter, 2018). Weick et al. (2005) suggest that identity construction should be central to any discussion of sensemaking because it determines how all the other properties of sensemaking are understood. The continual engagement in defining and redefining the self is driven by three main needs: a) the need for self-enhancement which refers to having a positive self-concept and feeling good about oneself; b) the need for self-efficacy; and c) the need for self-consistency (Mills, 2003). In the case of the EP

profession and the search for a distinctive professional identity in mental health, satisfying these needs is evident in some of literature debating the EP role. Solity's (2017) call for EPs to resist having their role defined by others in the educational sector, so that they are more than "*glorified SENCOs*" is an illustrative example of how the need for self-enhancement leads to identity construction. Squires' (2010) rationalisation for why EPs have the competency to deliver CBT as a therapeutic intervention provides an example of how the need for self-efficacy links to identity construction. Finally, MacKay's (2007) account of the fall and rise in the use of therapeutic interventions illustrates how the need for self-consistency leads to reflection on the EPs' professional identity. So sensemaking can play an important role in stabilising a person's sense of self.

Another key part of sensemaking is that it "...involves the ongoing retrospective development of plausible images that rationalize what people are doing" (Weick et al., 2005, p. 409). In other words, people reflect on what they have done and come up with stories to justify their actions in that context. For example, an EP may decide not to offer a therapeutic intervention to a child with very complex needs, rationalising their actions by claiming that this is the role of specialist CAMHS professionals. Past experiences are significant in this retrospective aspect of sensemaking because they are used to make sense of current events. People use existing cognitive frames or schemas to interpret their experiences which can restrict a person's ability to adapt their sensemaking to the current situation (Cornelissen et al., 2014). Weick's (1993) study of the Mann Gulch Fire

provides an illustrative example of this. The smokejumpers arrived at the scene expecting to find a fire they could extinguish relatively easily, which shaped their expectations and informed their predictions of what might happen. However, they failed to pay attention or give credence to the cues that suggested the fire was more serious than they initially thought, which in this instance, cost 15 people their lives. Contrastingly, those firefighters that adapted their cognitive frame were able to respond differently, thus surviving the disaster. Though an extreme case, it highlights how sensemaking can lead to variable thoughts and actions due to discrepancies in the information individuals pay attention to and how this is assimilated and accommodated in their existing cognitive frames.

Weick (1995) postulates that every organisation has its own language and symbols which also impact on how individuals make sense of situations. This relates to the social aspect of sensemaking, whereby the organisational context shapes an individual's sensemaking. Weick has been challenged for not going far enough to explain the contextual influences on sensemaking. For example, Mills et al. (2010) considers how "organisational power and dominant assumptions privilege some identities over others and create them as meaningful for individual" (Mills et al., 2010, p.188). Therefore, when examining sensemaking accounts it is important to consider the interconnectedness between EPs and their environment because there is a recursive relationship between EPs and their environment (Oppong, 2014). For instance, an EP may choose not to pursue additional training in therapeutic interventions because schools are reluctant

to use their EP time for this. This subsequently reduces the EP's feelings of competence and confidence in delivering therapeutic interventions, which leads to schools seeking specialist support elsewhere.

Additionally, the way the role has been enacted in the past and the organisational history also influences sensemaking. This was evident in a study by Coleman et al. (2010) who found that the interpretation and implementation of the practice-based commissioning policy in the NHS was shaped by local histories and past reorganisations of the NHS. Similarly, Warwick-Giles et al. (2017) found that individual and collective organisational histories and wider relationships were influential in the way clinical commissioning groups understood health inequalities and how they tried to address them. Therefore, any application of sensemaking to research needs to consider carefully the environmental contexts in which these sensemaking accounts are being generated.

3.4.2 Contextual Influences on Sensemaking

Sensemaking occurs when individuals develop a common understanding of a shared experience they have had (Kramer, 2016). Organisational contexts play a key role in scaffolding sensemaking because they have cognitive frames which form the basis for beliefs, policies and procedure and enable individuals to predict and control their environment (Hill & Levenhagen, 1995). Moreover, individual sensemaking is constrained by the power exerted by authoritative actors like governmental agencies, mass media, NGOs, and lobbyists who shape the norms, values and rules in the

organisational and wider context (Weick et al., 2005). For instance, when EPs worked in child guidance clinics, CYP mental health was understood from a biomedical perspective. This meant that any childhood difficulties were understood and explained through a diagnostic lens with the aim of treating the 'abnormality'. Thus, terms such as "feeble-minded", "dull", "backward" and "maladjusted" were used to make sense of CYP's special needs, which in today's context would be deemed offensive and unacceptable (Martin, 2017). This highlights the importance of considering the wider context in which EPs' sensemaking is occurring.

Despite the significant influence of the organisational context on sensemaking, it does not automatically lead to unitary sensemaking between individuals (Brown et al., 2008). It is, in fact, the similarity and overlap in individual sensemaking that is believed to enable coordinated and collective action between organisational members (Kramer, 2016). Thus, disparity in the views of organisational members is considered by some researchers to be an inevitability because organisations are characterised by ambiguity (Alvesson, 2001) and sensemaking is typically a response to ambiguity (Shannahan et al., 2013). The evidence suggests that organisational members need to work together to develop a unitary sensemaking account, otherwise sensemaking accounts between organisational members becomes fragmented (Sandberg & Tsoukas, 2015). Achieving a consensus in sensemaking is not intuitively achieved through socialisation within the organisational context but instead requires active collaborative effort (Merkus et al., 2017).

There are times, however, when organisational leaders do not wish to gain a consensus and utilise a technique Merkus et al. (2017) refer to as 'strategic ambiguity'. Strategic ambiguity is where organisational leaders encourage multiple interpretations of events or situations as a means to facilitate collective action (Merkus et al., 2017). For instance, an EPS may choose to loosely define the role they believe EPs should play in mental health so that EPs have the freedom to develop their own identities regarding their role, creating room for creativity and innovation. This approach attempts to minimise the constraints the organisational context can have on sensemaking.

3.5 Summary

In this chapter I have outlined and provided justifications for the conceptual frameworks that underpin this study. I have made the argument for the dual-factor model of mental health being the way that mental health is conceptualised in this research because it provides an evidence-based holistic account of mental health. I have outlined the utility of concepts role ambiguity and role conflict from a role theory (Biddle, 1986) and sociological perspective (Merton, 1976; Kaswan, 1981). Finally, I have outlined Weick's (1995) sensemaking perspective and justified my use of this perspective as the central conceptual lens underpinning this research.

Chapter 4: Methodology

This chapter provides an overview of the methodological approach taken in this study. I begin by providing a justification for the design of the study and describe where it is positioned in relation to other metaphor-based research. Next I give a brief description of the participants, method of data collection, method of data analysis, piloting my interview schedule and key considerations to maintain the trustworthiness of the research.

4.1 Research Design

Qualitative research seeks “to understand...meaning and the ways people make meaning rather than prove a theory or determine relationships between factors” (Braun & Clarke, 2013, p. 35). More specifically, interpretative research is distinct to other forms of qualitative research because it seeks to understand how meaning has been generated rather than just offer descriptive accounts of people’s experiences (Willig & Stainton-Rogers, 2008). Interpretivist research is based on the premise that there are multiple intersubjective realities which will lead to different accounts of the same experience, which makes identifying links between the individual and their context crucial (Schwartz-Shea & Yanow, 2012). This concurs with the supposition underpinning this research that EPs within the same context will have different interpretations of their role in mental health. This research seeks to explore how EPs make sense of the ambiguity and conflict surrounding their role in mental health and how this leads to their own unique interpretation of how the role should be enacted within their EPS. Consequently, a qualitative-interpretive approach was deemed most appropriate for this research because it enables the exploration of EPs meaning-making within their specific contexts. This approach would

generate an in-depth understanding of EPs' beliefs and values and how these are reflected in their practice (Silverman, 2005).

The epistemological position of qualitative research is to understand experiences from the perspective of the research participant (Joseph et al., 2009) and ontologically this is discovered through the analysis of language (Schwartz-Shea & Yanow, 2012). Hence, there is a focus on examining the language used by EPs to describe their role in mental health, more specifically their use of metaphors and the meanings they convey for each individual (Cassell & Bishop, 2014; Schwartz-Shea & Yanow, 2012).

Metaphors have increasingly become the analytical focus in sensemaking research because they are considered to be ubiquitous in sensemaking (Cornelissen, 2012).

4.2 Metaphor-based Research

According to Leary (1990), human language and thought is fundamentally metaphorical, whereby we seek to make sense of an experience by likening it to an experience we are already familiar with. Metaphors are used when people try to make sense of an unfamiliar situation by creating links between the familiar and unfamiliar experiences (Sandberg & Tsoukas, 2015). They help to develop shared meaning because they are intended to generate understanding without the need for direct experience of what has been described (Jordan & Mitterhofer, 2010). Leary (1990) expounds on the widespread use of metaphorical language throughout the history of

psychology, such as the ‘mind is like an iceberg’ or the mind is like a computer’. When it comes to mental health, the use of metaphors is pervasive and is deemed inevitable because it is a complex concept to define (Wittink, 2011). Researching the use of metaphors is advantageous because:

“[metaphors]...account for our perspectives of the world, how we make sense of our realities, how we frame the problems, and which are the possible paths to resolve these difficulties (Schön, 1993), thus developing a deeper understanding of our reality within the specific social context” (Schechter et al., 2018, p.4).

Therefore, metaphors have been used in this research because they are a novel way of eliciting how EPs make sense of the ambiguity and conflict surrounding their role in mental health within their local authority context (Schechter et al., 2018).

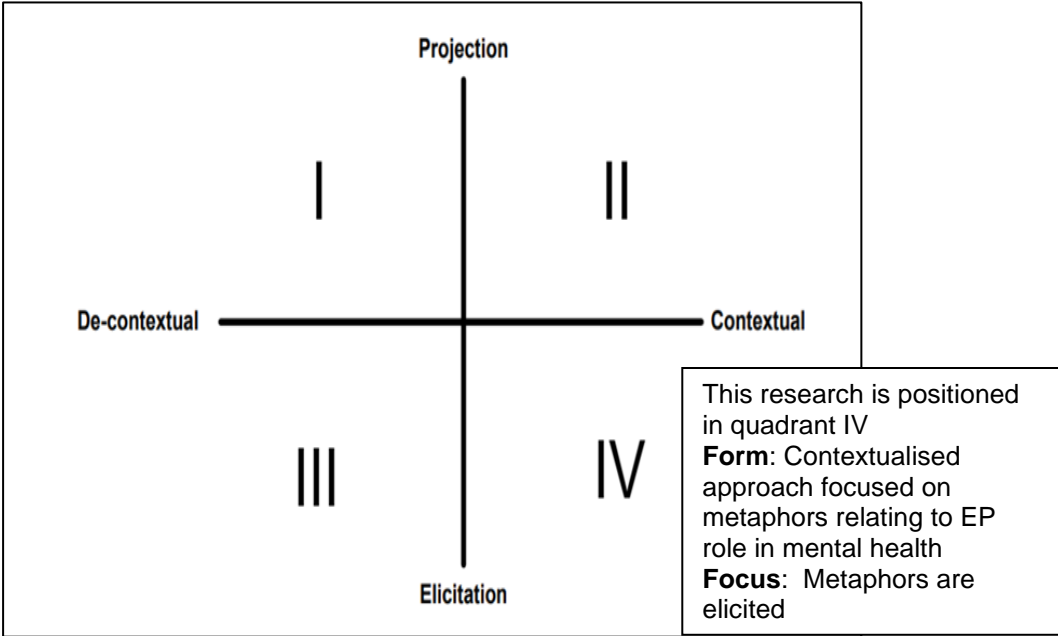


Figure 2: The form and focus of metaphor-based research based on Cornelissen et al. (2008) taken from Wittink (2011, p.3)

Cornelissen et al. (2008) in a review mapped the methodological approaches of previous metaphor-based research in organisational psychology into four domains: projection versus elicitation and de-contextualised versus contextualised (see Figure 2 above). Projection is considered an inductive approach because it contributes to theory development. It is described as a largely intuitive process where the researcher projects theoretical constructs onto an organisational context. For example, Palmer and Dunford's (1996) classification of metaphors of organizational change processes which can be utilised when investigating organisational change (Cornelissen et al., 2008). This provides a good starting point for analysis but tends to lack reliability and validity because there is no systematic process guiding the researcher's selection of metaphors, thus making it an arbitrary process (Wittink, 2011).

Elicitation of metaphors involves the analysis of metaphors occurring in the participant's language gathered through the data collection process.

Metaphors are elicited either through direct questioning or extracted from the data by the researcher (Cassell & Bishop, 2014). For example, Burrell et al. (1992) asked their participants to produce metaphors to describe everyday conflict situations. This had the advantage of generating more accurate representations of the participants' metaphorical language even though it can be more time-consuming compared to projection (Wittink, 2011). This limitation was addressed by adopting an approach similar to Cassell & Bishop (2014) by incorporating a metaphor elicitation question in the

interview schedule (see appendix C) rather than searching the transcripts for spontaneously occurring metaphors generated during the interview process. Therefore, an inductive approach was adopted in this research because in order to understand participants' sensemaking, it was important to maintain the integrity of participants' views.

A de-contextualised approach to metaphor-based research seeks to examine the use of metaphors across speakers and contexts of language use and is most widely associated with Lakoff & Johnson's Conceptual Metaphor Theory (CMT) (Cornelissen et al., 2008). Lakoff and Johnson (2001) propose that our conceptual systems which are predominantly metaphorical, shape our understanding of everyday experiences. This is illustrated in everyday speech through the use of "*conceptual metaphors*" such as "argument is war" or "time is money". Using the example of "argument is war", they explain how people tend to use phrases such as 'attack a point of view' or 'pose a killer argument' which represents not only a shared way of thinking, but also guides how people will behave in an argument. CMT stems from the cognitive linguistic perspective which focuses on how metaphors are widely used across contexts and speakers, which is why it is considered a de-contextualised approach (Cornelissen et al., 2008). However, it could be argued that metaphors and discourse are inextricably linked and therefore should be analysed in light of the context in which the metaphors were generated (Gibbs & Lonergan, 2015). This is referred to as a contextualised approach. A contextualised approach is

beneficial because in order to identify influences on sensemaking accounts, an understanding of the context within which these sensemaking accounts are being formed is required (Cornelissen, 2012). For instance, on one hand in an LA context, 'the EP's role in mental health is like a puzzle' might symbolise that it is a mystery due to the lack of clarity from their managers regarding their role. On the other hand, in a different LA context, 'the EP's role in mental health is like a puzzle' might signify that the role is a challenge because of the complexities of working in diverse contexts with a broad range of professionals. Furthermore, an EP could use the puzzle metaphor to mean a problem to be solved when discussing their generic EP role; and use the same puzzle metaphor to mean a mystery when it comes to their role in mental health. This is why a contextualised approach is valuable because it enables the researcher to explore the use and meanings of metaphors in relation to the context it was generated. Thus, capturing the participant's meanings better than a de-contextualised approach. Consequently, this research adopted a contextualised approach to metaphor analysis.

4.3 Selection of Participants

EPSs were selected to obtain a comparable group of participants in order to examine the individual, professional and organisational influences on their sensemaking (Cornelissen, 2012). Purposive sampling through professional contacts was used to recruit participants from four different LAs from different parts of the UK with varying organisational structures. I had been on placement in three of the EPSs and therefore had some insider knowledge of the organisational structure. The fourth EPS was recruited

using TEP contacts on the doctoral course who provided information regarding the EPS. This variability was necessary for making comparisons between the sensemaking accounts, as it could provide insight into the contextual influences on sensemaking (Schwartz-Shea & Yanow, 2012).

I sent an introductory email to the PEPs of each EPS regarding my research to request permission to contact the rest of the EPS team regarding my research. Once consent was obtained, I emailed the information letter and consent form to the PEP of two EPSs who disseminated this to their team. In the other two EPSs, I emailed the teams members directly. Initially, interest was shown by five participants and after three weeks a subsequent follow-up email was sent to recruit more participants. A further eleven participants agreed to participate in the research. Interviews ranged from 38 - 111 minutes and were conducted over a two-month period across all four services at a time and place convenient to the participants.

Pseudonyms for participants and their EPSs were used throughout this research to maintain anonymity and confidentiality. Similarly, only basic information was provided about each EPS to balance the need for a comparative analysis whilst protecting each EPS's identity. Below is a basic description of each EPS.

Northshire EPS

A non-traded service located outside of London with an organisational structure that enables collaborative working with other teams to meet the

needs of SEND CYP. Mental health work is primarily through core and statutory services.

Southshire EPS

A partially traded service located outside of London which offers a range of mental health services delivered by EPs such as Cognitive Behavioural Therapy (CBT), systemic family work, Video Interactive Guidance (VIG) and play therapy. EPs delivering these therapeutic interventions have additional specialist training.

Westshire EPS

A partially traded London-based service with a multi-disciplinary Wellbeing Service attached to the EPS, which offers a range of therapeutic interventions including CBT. EP involvement in the Wellbeing Service is optional and does not necessarily require specialist training.

Eastshire EPS

A London-borough partially traded service whose mental health services are provided predominantly by TEPs and Assistant EPs. Mental health work includes group CBT sessions and supporting the development of whole-school approaches to mental health.

Table 1: Summary of Participants by EPS and Role

	NORTHSHIRE	SOUTHSHIRE	WESTSHIRE	EASTSHIRE	Total
SEPs	1	2	2	0	5
EPs	0	2	4	1	7
TEPs	2	0	1	1	4
Total	3	4	7	2	16

A total of sixteen participants were recruited from the four EPSs, however, the numbers were not equally distributed across each EPS. The participants included Team Managers/Senior EPs (SEPs) (5), Main grade EPs (7) and TEPs (4). Main grade EPs ranged in experience from 3 – 25 years and all TEPs were in the latter stages of Year 2 of the doctoral course (see Table 1 above). This range in the participants was essential as it provided comparable groups to analyse similarities and differences in sensemaking accounts (Schwartz-Shea & Yanow, 2012). All participants are referred to as EPs except when analysing the possible influence years of experience or role has on sensemaking are distinctions made between TEPs, SEPs (Team Managers & SEPs) and EPs.

4.4 Data Collection – Semi-structured Interviews

It is important to link theory, method and choice of analytical strategy in order to improve the coherence of research (Tudge et al., 2009). Therefore, the methods being employed in this study correspond with a qualitative research design. This type of research focuses on an individual's

interpretation of events and processes (Jordan & Mitterhofer, 2010). This requires a method that enables participants the opportunity to talk about their experiences in their own words. Research into roles have often utilised research methods such as interviews because they enable participants to report their views of their roles (Biddle, 1986). Moreover, interviews can be an enriching experience for participants as it provides an opportunity to reflect and gain new insights into their lived experiences (Kvale, 1996). Hence, qualitative interviews were used in this research as it allowed participants to express themselves freely whilst eliciting how they understood the EP role and made meaning of their experiences (Kvale, 1996).

Individual interviews rather than focus groups were conducted to enable EPs to feel more confident in talking openly about their role (Qu & Dumay, 2011). “A focus group is a type of qualitative research that takes the form of a group discussion about a topic under the guidance of a trained group moderator” (Stewart, 2018, p. 688). Focus groups are a quicker way compared to individual interviews to generate rich data from a group of participants (Qu & Dumay, 2011). Additionally, participants can build on other participants’ responses, providing greater depth and insight than might have been elicited from individual interviews (Stewart, 2018). However, focus groups also have significant limitations. For instance, there is the potential for individuals to dominate the discussion which could skew the data (Stewart, 2018). Similarly, if group interviews were conducted with EPs belonging to the same service, this could have been problematic. For instance, participants

had varying levels of experience and were at various levels in the hierarchical structure. This could have made less experienced EPs or ones further down the hierarchy defer to their more experienced or senior colleagues' points of view. Likewise, participants may be more reticent expressing their views candidly in a group situation if they thought it might impact their future working relationships, especially when it comes to sensitive topics (Qu & Dumay, 2011). Whereas individual interviews allow for individual voices to be heard without being concerned about the presence of the 'other'. It, therefore, provides a space for participants to give their individual perspective without being influenced by the group (Stewart, 2018). Furthermore, the researcher can probe to extend or deepen a participant's response which can increase the richness of the information gathered (Qu & Dumay, 2011). More importantly, it reduces the risk of ethical standards of confidentiality, anonymity and right to withdraw being compromised (Sim & Waterfield, 2019). This is why individual interviews rather than focus groups were deemed more appropriate for this research to explore these nuances in EPs' understanding of their role.

Semi-structured rather than unstructured interviews were used because it would allow for a deeper analysis of related themes which would improve the consistency of the interpretation (Morse, 2015). Structured interviews, contrastingly, would have been too restrictive due to the inflexibility of the structure, cancelling out opportunities to ask follow-up questions or probes that might generate a clearer, more detailed understanding of the participant's perspective (Qu & Dumay, 2011).

4.5 Pilot of Interview Schedule

An interview schedule was developed based on the review of literature into the role of the EP and sensemaking (see appendix B). The interview schedule consisted of 13 open-ended questions and was expected to last no longer than one hour. Open-ended questions were used to enable EPs to talk freely about their own interests and what was important to them, as this has been recommended as a good way to demonstrate sensitivity in qualitative research (Yardley, 2003). Using personal contacts from the doctoral course a Year 2 TEP was recruited to pilot the interview. The data was transcribed and analysed using metaphorical analysis adapted from Cassell & Bishop (2014) (see section 4.6.1). The interview schedule (see appendix C) was updated after this initial pilot and this updated version was critically reviewed by my research supervisor who is also an experienced EP. Table 2 below outlined which interview questions address each research question.

Table 2: Table mapping interview questions in final interview schedule onto research questions

Research Question 1 What are EPs' sensemaking accounts of their role in mental health?	Research Question 2 What are some of the key factors influencing EPs' sensemaking of their role in mental health?
1. What would you say are the key aspects of your role?	2. What would you say are the key aspects of your role?
3. What is your understanding of the term mental health?	6. What are the most significant factors or influences that contributed to your understanding of your role in mental health?
4. What metaphor would you use to describe the EP's role in mental health? Are there	7. What are the opportunities for and challenges to doing any mental health related work in your service?

any other metaphors you can think of to describe the role?	
5. What if any do you think your role is in relation to mental health?	8. Can you briefly describe an anonymised example of work that you have done in mental health?
8. Can you briefly describe an anonymised example of work that you have done in mental health?	9. When doing mental health related work, how do you see your role in multi-disciplinary teams?

There were a number of key insights gained from the pilot interview which led to changes to the interview schedule (See appendix F for initial reflections recorded in research journal). Firstly, the use of the words “process” and “approach” were considered to be vague terms that could be interpreted broadly and therefore needed further explanation. The two questions with this wording were removed. Secondly, questions relating to differences in practice based on age/stage/context were removed because it is expected that EPs will adapt their practice depending on the service user or context. Thirdly, the ordering of the questions was amended to achieve a more coherent and logical flow. There were also a few additional questions relating to the service context that were included to provide richer data relating to contextual factors that may influence EP sensemaking. Some of the positive feedback obtained from the two pilots were that the interview schedule mapped well onto the research questions and conceptual frameworks being used in the study. Also, the questions that remained were clear and easily understood irrespective of experience or work context. Likewise, the questions were sufficiently open-ended with appropriate probing questions to allow participants the freedom to respond how they choose.

4.6 Data Analysis

4.6.1 Metaphor Analysis

Sensemaking research has increasingly adopted the use of metaphor analysis to analyse sensemaking accounts (Maitlis & Christianson, 2014). Cornelissen et al. (2008) contend that the method used for any metaphor analysis needs to be outlined explicitly, since a more systematic approach increases the reliability and the integrity of the research (Wittink, 2011). A metaphor was identified as any word or phrase that used the source domain (e.g. vitamins, priest or drone) to describe the target domain (the EP's role in mental health). For example, "I think EPs are kind of like a ghost in mental health." I adapted the methodological approach used by Cassell & Bishop (2014) by eliciting metaphors directly from the participants through the interview process (see appendix B). The metaphor analysis used in this research is outlined in table 3 below.

Table 3: Summary of the Stages in the Metaphor Analysis

Stages	Description	Page Number of Sample in Appendices
1	Familiarisation with data by transcribing audio recording into a word document, then listening to the audio whilst re-checking the transcript for accuracy.	193 – 4
2	Reading through printed copies of the transcripts and highlighting key points relating to their role in mental health to gain an overview of each participant's sensemaking of their role. The re-reading transcripts and making brief notes relating to examples of sensemaking.	195
3	Producing a written summary of the key points from each transcript to get a broad overview of each participants views and context. The summaries were written under the following headings: journey, EP role, mental health definition, metaphor, role in mental	196

	health, influences, opportunities / challenges and multi-disciplinary (role).	
4	Reading through transcripts again and creating a list of all the metaphors elicited from question 4 of the interview schedule: what metaphor would you use to describe the EP's role in mental health? Are there any other metaphors you can think of to describe the role?	197
5	Colour coding metaphors into groups with similar meanings around the source domain (Agbaria, 2011). For example, EPs are like vitamins, EPs are like a soothing balm, EPs are a top-up of mental health glass were all grouped together. Then each group of metaphors was given a name that was deemed representative of the data.	197
6	Reviewing the metaphorical categories and then grouping into two overarching themes – Heir-apparent and Outsider. The Heir-apparent theme was based around the positive contribution EPs made to mental health and Outsider theme was based around the more negative experiences of the mental health role. Cassell & Bishop (2014) cite Vaara et al. (2003, p.447) stating that “metaphors are ‘messy constructs’ because of the constant possibility for reinterpretation” making the categorisation of the data a subjective process. Therefore, categorisations were peer reviewed once by a lecturer and TEPs on the course during the initial stage of the refinement process, then twice by experienced researchers in the latter stage to maintain the integrity of the data.	198 - 202
7	The final stage involved creating a table summarising the metaphorical categories, individual metaphors in each category and extracts from the transcripts which is reported in Chapter 5. The data extracts were included to maintain the integrity of the data.	203 - 208

4.7 Research Trustworthiness

4.7.1 Ethics

Ethical rigour is deemed important to the trustworthiness of research (Ryan et al., 2007). This research was conducted in accordance with BPS ethical guidelines and adhered to the four main principles of respect for the autonomy, privacy and dignity of individuals and communities, scientific

integrity, social responsibility and maximising benefit and minimising harm (BPS, 2014). There were a range of ethical considerations that arose both in the process and the outcome of this qualitative research (Brinkmann & Kvale, 2017) and a brief summary is outlined in Table 4 below.

Table 4: Summary of Ethical Considerations

Ethical Standard	Brief Description of Actions Taken to Meet Standard
Risk	<p>This research was low risk, nevertheless various steps were taken to minimise any potentially harmful effects to participants:</p> <ul style="list-style-type: none"> • Participants were given an information letter before seeking their consent to enable them to make an informed choice regarding research participation. This letter included information regarding potential risks (see appendix D). • The information outlined key ethical considerations such as right to withdraw, informed consent and confidentiality (see appendix D) • Interviews were arranged independently of senior management and information relating to the EPS generated from the interviews was not shared with other team members to avoid the risk of adverse effects on their employment/placement. • All data was anonymised and stored securely on password protected electronic devices.
Valid Consent	<ul style="list-style-type: none"> • Consent forms complied with BPS, UCL and GDPR guidelines (see appendix E). • Gatekeeper consent obtained from PEPs. • Participants were all qualified EPs or TEPs. The HCPC Practitioner Guidelines states that practitioner psychologists must: <i>“be aware of the principles and applications of scientific enquiry, including the evaluation of the effectiveness of interventions and the research process”</i> (HCPC, 2015, p.13). Therefore, EPs are expected to be

	<p>competent in research, which gave me confidence in their ability to provide informed consent.</p> <ul style="list-style-type: none"> • All participants signed a consent form confirming they had understood the information letter and wanted to proceed with the interview. • Prior to the start of the interview participants were reminded of their rights as participants such as the right to withdraw, confidentiality and anonymity at the start of the interview (see appendix C).
Confidentiality	<ul style="list-style-type: none"> • Confidentiality and anonymity were maintained by using pseudonyms for participants, training providers and EPSs. • Room bookings for interviews were made in my name where possible. • Only minimal relevant information about each participant and their EPS was included in the reporting of the data to reduce the possibility of EPs or their services being identifiable • Data collected was anonymised and accessible to only me. • Individual interviews were not discussed with other participants, colleagues or research supervisors.
Giving Advice and Deception	<ul style="list-style-type: none"> • There were no instances requiring advice to be given during this research. • The design of the research did not entail any deception.
Debriefing	<ul style="list-style-type: none"> • Every participant was informed in the information letter that they would receive a summary report of the findings from this research (see appendix D). • The dissemination of this research will maintain the confidentiality and anonymity of EPSs and participants.

4.7.2 Validity and Reliability

Schwartz-Shea and Yanow (2012) dispute the use of the terms: validity, reliability and replicability which are measures typically used to judge the

trustworthiness of research. They argue that these terms are based on positivistic assumptions that the social world is an objective stable entity. They debunk the use of the terms because they maintain that there is no real meaning “out there” to be uncovered to verify the validity of a claim; nor is there a stable unchanging social context to guarantee the replication or reproduction of data to ascertain reliability or replicability. However, Robson & McCartan (2016) counters this view that these terms have no applicability to qualitative research and instead suggests that the terms need to be redefined to fit a qualitative framework. Validity and reliability are understood as maintaining the integrity of the research. There have been a number of steps taken to maintain the integrity of this research, for instance, enabling participants to explain their metaphors in their own words and using verbatim quotes in theme generation and reporting of the findings (see appendix G). When participants struggled to spontaneously think of a metaphor, they were encouraged to talk descriptively about their views of the EP role in mental health which for most participants enabled them to eventually produce a metaphor. There were two participants that were unable to generate a metaphor, and in those instances, I gave examples from previous participants and made suggestions of possible metaphors that I thought might illustrate their descriptions. The participants accepted metaphors they thought were appropriate illustrations of their view and rejected suggested metaphors that did not suitably illustrate their conceptualisation of the role. Additionally, I had experienced researchers review my metaphorical analysis and development of categories, which enabled me to assess the reliability of the data analysis process.

Schwartz-Shea & Yanow (2012) emphasize the importance of reflexivity as a means of improving the trustworthiness of research. *“Reflexivity is a form of critical thinking which aims to articulate the contexts that shape the processes of doing research and subsequently the knowledge produced”* (Lazard & McAvoy, 2017, p. 2). It is considered to be essential in qualitative research because the researcher is the instrument tool through which the data is gathered and is therefore inextricably linked to the research process (Schwartz-Shea & Yanow, 2012). Reflexivity requires researcher transparency about their “partial, positioned and affective perspectives” which will move them beyond their own “taken-for-granted” assumptions (Lazard & McAvoy, 2017).

4.7.3 Reflexivity

Examining how my role as researcher may have influenced the research process is essential for methodological rigour because I am the research instrument (Ritchie et al., 2009). The term ‘insider researcher’ is used when the researcher is part of the social group they are studying, whereas an ‘outsider researcher’ is one that is not a member (Moore, 2012). However, it has been argued that defining insider and outsider research in this way is too simplistic (Fleming, 2018). Instead, Ritchie et al. (2009) adopt the view that there can be fluidity between the two, a view echoed by Mercer (2007) who argues there is a false dichotomy between the two. This was my experience, where my positioning as insider or outsider was changeable throughout the interviews. Being the research instrument meant that an

exploration of my researcher identity and positioning whilst conducting this research was essential because it impacts the entire research process and is essential for methodological rigour (Ritchie et al., 2009). This created complexity in understanding my researcher identity and over the course of the research, I had multiple identities that fluctuated throughout the research. For instance, when conducting the literature review, I was not only a researcher but also a trainee seeking to learn more about the profession engaged in a process of professional development.

Like Moore (2012), I found that my sampling was shaped by my perceptions of the ease of access. Hence, when I did my follow-up email to recruit more participants, I pursued participants I anticipated were more likely to say yes. This insider knowledge made recruitment easier and less time consuming. Other benefits of being an insider was there was easier access to participants for data collection; it was easier establishing rapport; and having 'insider' knowledge of the contexts the participants worked in meant I could listen in "*an empathic collegial way*" (Burns et al., 2012, p. 54). This, I believe, did not lead to a biased sample because participants were not approached because of their interest in the research topic. Furthermore, I was mindful not to assume our experiences or understanding was the same (Moore, 2012). Therefore, I made a conscious effort to maintain a neutral stance and remain curious. This was advantageous because it challenged assumptions I had made about some participants and uncovered new information. For instance, a TEP who I assumed would be an advocate for EPs delivering therapeutic interventions revealed that she would not deliver

therapeutic interventions once she qualified. It also challenged assumptions I had made as an 'insider' about the organisation. For example, one EP shared that even though she was part of the EPS's mental health service team she did not view it as a team because everyone worked separately. I had assumed that there was an established team identity where people worked collaboratively.

Similarly, due to the variations in the closeness of the relationships I had with colleagues, that also influenced my interactions during interviews with participants. For some colleagues it felt more like a formal interview, whereas for others it was more conversational. On reflection, interviews with some SEPs or more experienced colleagues tended to be more formal interviews, whereas TEP interviews were more conversational. It has been suggested that more conversational interviews generate more extensive data (Mercer, 2007) and I felt this approach was more appropriate for TEPs because they were feeling unsure about whether they knew enough to make any meaningful contribution to my research. The more conversational approach helped to put them at ease and facilitated the interview process. Whereas for more senior/experienced EPs it was felt that this would not be necessary. Another factor that led me to maintain a more formal interview style with SEPs and more experienced colleagues was the power dynamic that I unconsciously imposed onto the interaction. In spite of this, I tried to preserve an objective researcher identity for all interviews by conducting them at the EPS office and adhered to my interview schedule to increase the formality and consistency of the interviews.

Similarly, I was mindful that the participants who chose to participate in my research were doing so for their own personal reasons which may be dissimilar to my own. Some participants viewed the research as an opportunity to showcase some of the innovative work they were doing and for others it was almost a cathartic process where they could vent their frustrations of how unclear and restricted the EP role is. However, I tried to remain neutral and curious as I sought to gain an understanding of each participant's sensemaking perspective.

4.8 Summary

In this chapter I have provided an overview of the methodology adopted to conduct this research and the steps taken to maintain the integrity of the research process. I argued that a qualitative-interpretive research design was well suited for my research topic because it enables an exploration of participant's meaning-making. I also outlined where my research is positioned in comparison to other metaphor-based research.

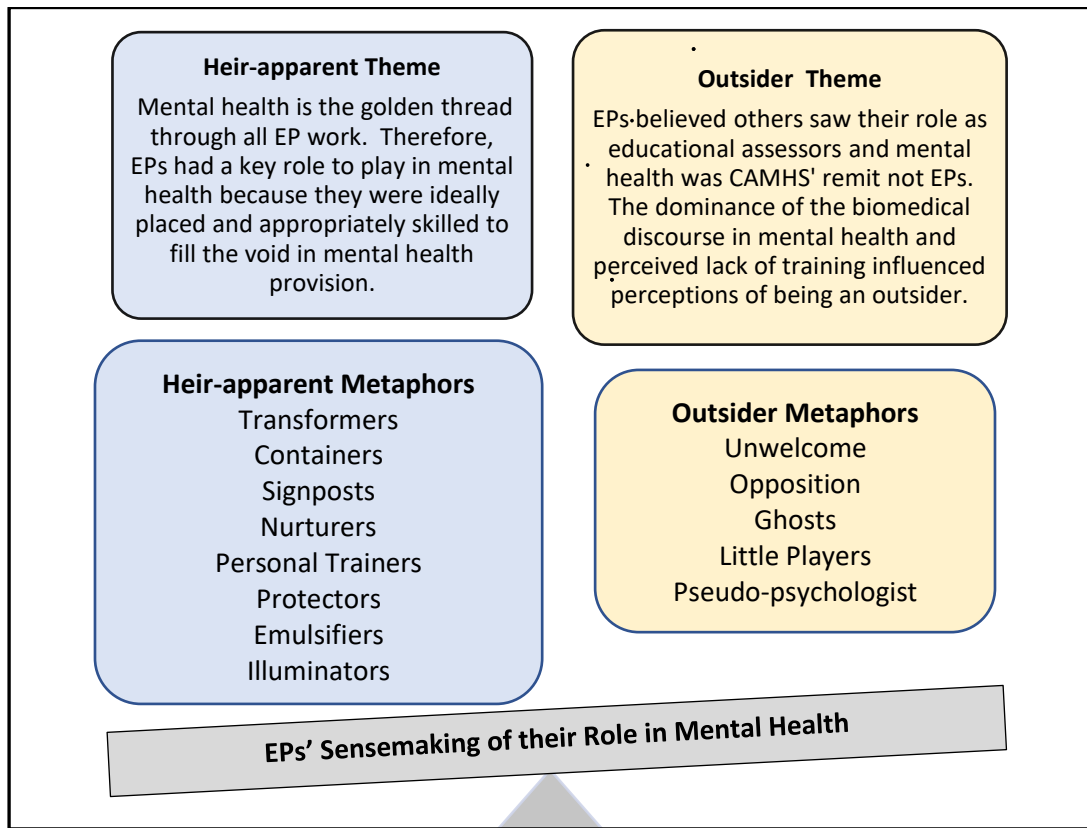
5.0 Findings

As stated in Chapter 1, this research sought to answer two main research questions:

1. What are EPs' sensemaking accounts of their role in mental health?
2. What are some of the key factors influencing EPs' sensemaking of their role in mental health?

This chapter outlines my findings from the analysis of 16 sixteen transcripts generated from the EP interviews. Firstly, I reported on EPs' sensemaking accounts of their role in mental health which addresses research question one. This generated two overarching themes capturing the paradoxical nature of EPs' identity construction as what I named Heir-apparent and Outsider. Next I reported on the metaphors elicited and categorise them under the two overarching themes of Heir-apparent and Outsider (see figure 3 below). I, then, examined some of the differences between EPs' sensemaking accounts followed by outlining the mental health discourses EPs were engaged in which related to research question two. Finally, I summarised the main findings of this research. These findings are then discussed in relation to the research questions above in the next chapter.

Figure 3: Overview of EPs' Sensemaking Accounts of their Role in Mental Health



5.1 EPs' Sensemaking of their Role in Mental Health: Heir-apparent and Outsider

From the analysis of EPs' sensemaking accounts I categorised the sensemaking accounts into two broad themes: Heir-apparent and Outsider. The heir-apparent theme represented sensemaking that understood the EP role in mental health to be an integral part of the EP's identity and due to their established relationships with schools, psychological expertise, extensive knowledge of child development and inter-personal skills were the ideal profession to take up the mantle for school-based mental health. This was illustrated succinctly by Marley:

"I think we're just very well-placed...we understand schools, how they work... seeing children that wouldn't be flagged up to other kind of more specialist services, like CAMHS... we have a way of trying to make parents feel more at ease, less judged."

EPs felt that through their everyday practice working with CYP, their families, schools and other services they contributed to early intervention, prevention and mental health promotion as exemplified by these excerpts:

- Tanya: "...it's a thread that runs through everything we do...we have a key part to play..."
- Rita: "...the risk factors for suicide...the total flip side is resilience. So, all of those things I'm talking about, like your sense of connectedness, your sense of success, your sense of problem-solving skills. So, these, this is what EPs do every day. And that's when it really clicked for me..."
- Lunar: "I think of mental health, mental wellbeing as the heart of my role as an EP...I can't think of anything I do that isn't linked with that."

This was indicative of a perceived symbiotic relationship between the EP and mental health. However, some EPs felt unable to take up this pivotal role in mental health. This was due to perceptions that people outside of the EP profession considered mental health to be synonymous with CAMHS, as illustrated by the following excerpts:

- Ama: "...mental health, oh, we'll just refer to CAMHS."
- Saschia: "...their knee jerk reaction would be to refer it to CAMHS..."
- Verity: "...people tend to turn to health...because I guess EPs are seen as education and like the learning difficulties and things that are wrong than the mental health side of things."

This was the second broad theme in the sensemaking accounts, where mental health was not considered to be part of the EP role, which I named Outsider. EPs reported that others had a very narrow interpretation of their role, where EPs were seen primarily as assessors.

Cherry: "...somebody just thinks you're going to do an assessment...nobody understands really what we do."
 Judy: "...some people think, oh EPs are just...assessors..."

Consequently, there was a paradoxical dualized identity construction presented in the sensemaking accounts of Heir-apparent and Outsider. That is EPs believed mental health was a core part of their role whilst acknowledging that this was not a widely recognised role.

5.2 Elicited Metaphors Illustrating EPs' Sensemaking

The metaphorical analysis generated a capacious range of metaphors used by EPs to describe their role in mental health. The metaphors were mapped onto the two overarching themes discussed in the previous section.

5.2.1 Heir-apparent Metaphors

There were a diverse range of metaphors generated by the participants to illustrate the key contributions they made to mental health as outlined in Table 5 below.

Table 5: Summary of Heir-apparent Themed Metaphors

Categories / Themes	Metaphors from the data	Excerpts from transcripts in which the metaphor was used
Transformers	Agents of change	"...be agents of change..." Jimmy "So, I'm trying to broaden CAMHS perspective..." Rita "...and changing negative narratives around mental health" Star "...giving that young person sort of helping them to have more agency about changing if they want to change." Tanya
Containers	Container	"...sometimes it's a container, it's containing anxiety..." Rita

		<p>“...just an enormous amount of containment in our job...we have to make it look as if everything is fine but actually on the inside it’s just like it is not.” Nadine</p> <p>“...you can check in how people have gone, so I think that comes back to the containing part.” Cherry</p>
Signposts	<p>Road map or sat nav</p> <p>Conduit / Signpost</p> <p>EPs are resource definers not defined resources</p>	<p>“...sometimes it’s a bit of a map, like where are we travelling...I have some ideas about the end destination...we look at our destination together...” Rita</p> <p>“...what sort of steps they can take to give the child some better coping strategies...” Marcia</p> <p>“we act as a sort of facilitator as a bit of a conduit...” Tanya</p> <p>“...identifying an appropriate intervention or signposting them...” Star</p> <p>“...also some signposting them to other services and other things that might be useful.” Lunar</p> <p>“...the majority of the time is doing appropriate signposting...helping to put a referral together...” Saschia</p> <p>“...signposting and referrals...almost like a gatekeeper...” Donna</p> <p>“...EPs can sometimes be seen as resource definers rather than defined resources...” Judy</p>
Nurturers	<p>Soothing balm</p> <p>Vitamins Gym subscription Mindfulness app</p> <p>Support blanket</p>	<p>“...some kind of soothing balm...there’s lots of anxiety flying around...” Rita</p> <p>“...we are the vitamins and the gym subscription and the mindfulness app on your phone rather than the doctor or the drug...kind of the building blocks that people need to maintain good health...” Patricia</p> <p>“...maybe we’re like a support blanket.” Cherry</p> <p>“...you have to really sit with someone’s pain and understand where they are and empathise with that before you can move them on to the possibility.” Lunar</p>

	<p>Top up of mental health glass</p> <p>Psychological weathermen clouds</p>	<p>“...to help staff, school staff, parents and children, young people to top up their glass...be the facilitators that allow for that glass to stay topped up and as full...” Jimmy</p> <p>“...sort of sunshine and rain clouds being linked to sort of mental health...helping to dispel of the clouds...maybe we’re the the...psychological weatherman...helping to see the sunshine through the clouds...” Jimmy</p>
Personal Trainer	<p>Personal trainer</p> <p>Shepherd</p> <p>Critical friend</p> <p>Doctors of the mind</p> <p>When you sit in a church and listen to a priest talking about the Bible</p> <p>Sounding board</p>	<p>“...suppose...be a bit of a personal trainer...I would want to be a more collaborative, the guider, more supportive...” Lunar</p> <p>“...you can provide that space where you help them work through what’s needed and clarify the needs.” Marley</p> <p>“...maybe shepherd guiding people.” Cherry</p> <p>“...keeping a watching eye on what’s going on...” Saschia</p> <p>“...sometimes it’s to act as a bit of a...critical friend...” Tanya</p> <p>“...critical friend, because I will challenge people, even with schools I've worked with for a long time... be that critical friend...” Cherry</p> <p>“...the only simple metaphor I can think about is actually us being doctors of the mind...” Nadine</p> <p>“...helping others help the young person...it’s a good enough metaphor, sometimes when you sit in church and listen to a priest...talking about the Bible...” Nadine</p> <p>“...you’re the type of sounding board...” Saschia</p> <p>“...just hang around a little bit longer and be a listening ear...” Rita</p>
Protectors	Emergency services	“like there’s a fire that needs to be put out, and they call me when they’ve

	<p>Umbrella</p> <p>Bridge the gap so no one falls through without support</p>	<p>reached the stage where they can't control it. They tried everything..." Ama</p> <p>"...I think sometimes schools refer children to you when things are quite bad. So, it's less preventative...there's a bit of a crisis or we're really struggling." Marley</p> <p>"I feel like an umbrella maybe shielding people from maybe the rain...providing like a little bit of shelter...we can be like a protective factor..." Star</p> <p>"...providing inoculation in a way against mental health difficulties." Patricia</p> <p>"...I think we need to kind of bridge the gap between where we are and where they are, just so people don't fall through." Verity</p>
<p>Emulsifiers</p>	<p>Bridge</p> <p>Knitting</p> <p>Mental health joins two planets of education and</p>	<p>"...we can kind of act as a nice...point of liaison between schools and more clinical services...I think we can offer quite a nice kind of bridge" Donna</p> <p>"...my role...a bit of translation between what CAMHS are saying and what school are saying and what mom is saying...there's a lot of sort of diplomacy and communication..." Rita</p> <p>"...I think we act as help with the communication around what's going on..." Tanya</p> <p>"...we're more of like pulling it all together...like knitting...you're kind of knitting together...the different information from the child parent, the school environment and all kinds of other things that are going on..." Marcia</p> <p>"I see myself as someone who's kind of in that position that can make the links between the different people, kind of bringing things together...into a nice little neat bow" Marley</p> <p>"...maybe we're joining things up." Cherry</p> <p>"What we're trying to do is, find some common ground between the different contexts...the main two planets are psychology and education...our role as</p>

	psychology together and EPs help to merge these two planets together	supporting the mental health of children as well as in education...it's bringing it closer together...give it a bit of overlap" Suzanne
Illuminators	Shining a light – highlight what needs considering Drone seeing the full picture and not overpowering Looking glass	“the metaphor I would use is shining a light on it to say we need to think about this...” Tanya “...they’ve been lovely light bulb moments helping children and young people...” Lunar “...we’re more like a drone, maybe like we can see the full picture...” Marley “...it’s that bigger picture...let’s zoom out from what is he like in the clinic...what’s he like in general?” Rita “...like a looking glass, maybe helping schools understand what it means...helping people understand what it looks like when it’s healthy...” Star

Transformer

The transformer metaphor was used by a small number of participants. It illustrated the EP’s role in effecting change in the people they work with including adults and CYP through changing their mindset and discourse around mental health.

Container

Similarly, the container metaphor represented a critical role that EPs play in supporting adults to manage the emotional work involved in supporting mental health. This metaphor suggested that the interaction between EPs and service users was an active process whereby EPs would digest what has been said to them and present it back to the service user in a more manageable form that service users felt better able to cope with (Lanman,

1998). This was particularly crucial during what EPs referred to as a Critical Incident or Sad Event, when there had been a sudden bereavement or traumatic incident. Like the Transformer metaphor not many EPs used this metaphor, however, it could be argued that this is to be expected as critical incidents are likely to be uncommon.

Signpost

Signpost was used by over half of the participants and referred to the EP's role in guiding service users in devising a plan for how to promote mental health and address any mental health needs. It included signposting service users to other services and professionals, which some EPs felt was essential because they did not have the capacity, skills or resources to undertake the work themselves. Whereas others felt that it was passing the 'problem' to someone else and reduced their role in mental health.

Nurturer

This metaphor represented the EP's role in promoting positive mental health. This illustrated how EPs worked therapeutically with services users to provide ongoing support to maintain positive mental health (e.g. vitamins, top up, soothing balm). Critical to the development of therapeutic relationships was the development of positive relationships with service users. It was used by all EPs in Southshire EPS and the majority of EPs in Westshire EPS, however not by Northshire and Eastshire EPS. This was indicative of the perceived capacity within EPSs to engage in ongoing work with service users.

Personal Trainer

The Personal Trainer metaphor was the most extensively used metaphor by participants and represented the “intentional interactions” or consultations (Wagner, 2000) EPs engaged in on a regular basis. As Personal Trainers EPs worked collaboratively with adults and CYP to achieve desired goals or outcomes.

Protector

Protector was used by less than half of the participants but had slightly different meanings for participants. The first meaning was that EPs were like emergency services that stepped in when situations reached a crisis point and people needed specialist input to help manage the situation. In these instance EPs felt they were unable to play their preferred role of working preventatively or providing early intervention. The second meaning was that the EP’s role was preventative in helping individuals avoid the adverse effects of poor mental health.

Emulsifier

This was a metaphor used by more than half of the participants. They were emphatic about its significance because EPs were keen to “reclaim mental health” as an integral part of the EP role. This role entailed bridging the conceptual gap between education and mental health so that they are considered conjointly rather than separately. Additionally, it meant bridging the gap between organisations such as schools, services and service users to facilitate more collaboration and a more holistic approach to mental health. This role was prevalent when describing work in multi-disciplinary teams.

Illuminators

This was the second most commonly used metaphor which referred to the EP's ability to apply psychology to provide a better understanding of mental health. For instance, when working with schools, it meant supporting school staff to understand the function of any behaviour being displayed by CYP so that school staff can respond appropriately to the presenting needs of CYP.

5.2.2 Outsider Metaphors

There were a range of metaphors generated to illustrate EPs' sensemaking of their role as Outsiders to mental health, which are displayed in Table 6 below.

Table 6: Summary of Outsider Themed Metaphors

Categories / Themes	Metaphors from the data	Excerpts from transcripts in which the metaphor was used
Unwelcome (Unwanted)	Being a vendor on a seaside resort that no one is particularly interested in	"when you go on holiday abroad an you're on the beach and there's people trying to sell all sort of different things that no one's really interested in..." Ama
	Not allowed to touch mental health	"So, we weren't allowed to touch behaviour either because there was another service that did it and now we've rebranded it as mental health. Well, there's another service that does that, which is mental health" Patricia
	Group of mental health professional at party and EPs are trying to get through the door but not invited	"...like this group at a party and they're all like mental health professionals and like EPs are trying to get through the door but they're like they know about the party, they know like what's going on, but they're not quite invited in." Judy

<p>Opposition (Opposing Team)</p>	<p>Competitors</p>	<p>“EPs feel quite apprehensive maybe they don’t want to tread on the toes of medical professionals.” Tanya</p> <p>“...schools...have been so engaged with us that it’s maybe led to professional jealousies... they see us a little bit it competitively ...and they [CAMHS] revert to well you do cognitive assessments, don’t you?” Lunar</p> <p>“you and the school together, will be kind of joined together with CAMHS on the other side of the door...” Patricia</p> <p>“...that's one of the big issues coming out of the DECP is clinical psychologist are now trying to get into schools and they’re sort of saying that that's our patch, you know, bugger off mate!” Saschia</p> <p>“...there's so much professional rivalry amongst the different people in the team...” Suzanne</p>
<p>Little player</p>	<p>Chess piece – one of the lesser pieces</p>	<p>“...almost like a chess piece... some pieces are more powerful than others and I would say that...just seen as like a little player, whereas actually arguably we have most exposure to schools and communities than clinicians...” Donna</p> <p>“...not just being side-lined into this the Ed Psych just being learning” Suzanne</p>
<p>Ghosts</p>	<p>Forgotten</p>	<p>“I think EPs are kind of like a ghost in mental health...I think a lot of the time we’re kind of forgotten, so just in the background.” Verity</p> <p>“...we do have a role, but it’s not so much an acknowledged role...” Nadine</p>

Little player

This metaphor was used by an EP in Northshire EPS, a non-traded service who wanted more opportunities to deliver therapeutic interventions but felt the role was restricted to signposting to other services. The metaphor illustrated the view that EPs had a peripheral role in mental health rather than being seen as central to mental health like CAMHS.

Ghosts

This metaphor was used to represent how the EP's contribution to mental health was often forgotten and therefore no recognition given to the difference EPs make to CYP, their families and schools.

Pseudo-psychologists

This metaphor illustrated how EPs felt others failed to recognise the distinctive psychological contribution that EPs made to mental health. This metaphor was used to make sense of the other Outsider metaphors, whereby if EPs were viewed as psychologists then there would be no questioning or resistance to them taking up a place in mental health provision alongside CAMHS and other mental health professionals.

5.3 Differences in Sensemaking Accounts

A comparative analysis of the EPs' sensemaking accounts and use of metaphors between EPs and EPSs highlighted a few key differences which will be discussed in this section. These differences highlighted three key factors which will be discussed in Chapter 6.

5.3.1 The Heir-apparent – Outsider Sensemaking Continuum

The data analysis highlighted the paradoxical nature of EPs' sensemaking in that they believed mental health was their rightful domain yet felt that they were still outside of mental health. What was noteworthy was the differences in how EPs felt about the paradoxical nature of their sensemaking. Some EPs were comfortable with this juxtaposition, whilst for others it was an unresolved tension that created feelings of discomfort and frustration.

Heir-apparent and Outsider

For EPs who were comfortable with this juxtaposition, they used opposition metaphors, which referred to other professionals being territorial and competitive when it came to mental health roles. Their sensemaking of their roles meant for them that as Outsiders of mental health they were different to mental health services like CAMHS. Consequently, there was no expectation for mental health concerns to be referred to the EPS outside of their everyday practice. EPs holding these views were more accepting and content with the duality of their role in mental health. For instance, Jimmy and Marcia adapted their understanding of their statutory assessor role to reflect the legislative changes in the SEND Code of Practice (2015) renaming BESD to SEMH as illustrated in the excerpts below:

Jimmy: "mental health is pushing into our...remit a lot more...with the government...change of the Code of Practice...it ultimately serves a statutory function within our role...by nature of the subheading you are asked to focus on mental health."

Marcia: "...I feel like the main bulk of our role in mental health, is that sort of SEMH section."

Other EPs, such as Cherry and Tanya portrayed themselves as outside of mental health because they believed the biomedical paradigm of diagnosis and treatment which dominates mental health were contrary to their beliefs and training.

Tanya: "...I personally wouldn't want to be seen with my white coat on coming in saying I'm going to...sort this child out and make it all better."

Cherry: "...I think I've always had a very clear view of what I was and wasn't doing...and the people training us at that time were really, really good at being clear about what you can do as an educational psychologist and what isn't under your remit without additional training..."

Outsiders not Heir-apparent

Contrastingly, EPs who used metaphors in the unwelcome, little players and pseudo-psychologist category experienced more tension with the duality of their sensemaking, leading to feelings of frustration, dissatisfaction and marginalisation. This is epitomised by Patricia:

"...I don't feel respected...not individually, I feel that we as a group are not respected as psychologists...I feel that clinical psychologists think that they are the real psychologists."

Notably, these EPs used the same number or more of Outsider-themed metaphors compared to Heir-apparent ones. Whereas, EPs that used just the Opposition metaphor generated more Heir-apparent-themed metaphors. It can be inferred from this that there was greater identification with the Heir-apparent role when more of these metaphors were used and greater identification with the Outsider role when more Outsider metaphors were used.

Dissenters

It was suggested by some of the participants in this research that EPs who qualified prior to the doctoral training do not consider mental health to part of their role. One participant who used predominantly Outsider metaphors such as unwelcome subsequently left the EPS to work with NHS in a mental health-related role. It is a plausible assumption that this person no longer wanted to feel like an unwelcome outsider and did not wish to wait for the changes necessary for EPs to claim their rightful place in mental health.

Heir apparent not Outsider

There was, however, a small number of EPs that had a more integrated understanding of mental health being part of their role and therefore did not use any Outsider-themed metaphors as captured cogently by Rita:

“...it comes into everything we do...you don't get a piece of casework and think oh this is a mental health piece of work and you get a different piece of casework and you think this is a learning difficulties piece of work, you're bringing that sense of thinking about the whole child's needs to every piece of work... it's making sure it's not seen as a separate thing...”

This was the positioning of most EPs in Southshire's EPS who were satisfied with their roles because they felt they had established a role in their LA for EPs in mental health.

5.3.2 TEPs and EPs

Three out of four of the TEPs' sensemaking of their role was as an Outsider not Heir-apparent which was a notable finding. They experienced greater

ambiguity around their role in mental health compared to qualified EPs.

which is illustrated in the quotes below:

- Donna: "I think by extension [for] TEPs the waters are even more muddier..."
- Verity: "But then EPs in their services they can have many different models that they follow...it's just really unclear. And I think it's because everyone does different things, even like the different teams in Northshire EPS seem to be doing different things..."
- Ama: "I think the widespread confusion around the EP role in mental health is just not helping...because you can kind of tell that even from like the way we are taught on the course, you get very different perspectives... depending on the service the tutor works..."

The variability in how the role was modelled to TEPs and the lack of clarity led to an under-confidence and uncertainty in how TEPs enacted their role in mental health, as demonstrated in this excerpt from Verity's transcript:

"...So I guess it doesn't help schools then to be able to know what the EP role is or like the government when they're making legislation if we're not really clear what our role is...we just need to have a look at our role and really figure out what we can do and what we cannot offer to schools..."

This raised questions about the doctoral training and how well it prepared TEPs for the actual rather than a notional role in mental health as articulated by Ama:

"...mental health work seems to be delivered in some services, in particular, mainly by trainees for free and then after that, once they qualify, they never get to do this type of work ever again...if they're not going to do that kind of work after they qualify, this time is kind of wasted. And if they are planning to do it, then it needs to be implemented in all services, and shouldn't just stop when you finish your training..."

Ama goes on to elucidate how the current model of TEP training negatively impact TEPs' identity construction and devalues the EP's role in mental health:

“...what message are you sending to schools if therapeutic work is going to be delivered by mainly trainees for free...the way it is presented to SENCOS is...the trainee is going to do this for free because this has to do with their...university requirements...so it's not presented as...we're psychologists, we can help you with this...really you're doing us a favour...”

Consequently, TEPs made their own judgements about the role based on their personal experience, beliefs and values:

- Marcia: “...certainly my CBT case which influenced my preference not to do therapies, individual therapies...”
- Donna: “...kind of trying to learn from other people who are already doing the job, but then...you two are both so different, who do I...I choose as the model for, for what I want to practise like?”

In contrast to TEPs who were unclear about their role in mental health, some participants felt that EPs who qualified pre-doctoral training did not consider themselves to have a role in mental health, either through a lack of confidence, expertise or ideology. Consequently, they avoided taking up a role in mental health:

- Tanya: “I think confidence...is an issue because some people are very...confident sort of talking about emotional needs of the child...but other people are not...that's the health services concern, you know I just look at the literacy and math skills...I noticed a difference between more newly qualified EPs and the EPs who trained a long time ago...”
- Donna: “I don't want to be controversial, but some perhaps older psychologists...don't seem to kind of incorporate mental health into their work as much as kind of maybe newer or more recently qualified...”

Therefore, it is unsurprising that TEPs who are in the initial phase of their journey as EPs experienced so much ambiguity due to the mixed messages they receive from the course and their placements.

5.3.3 Therapeutic and Non-therapeutic Work

For some EPs, their sensemaking was based on the underlying assumption that a role in mental health meant delivering therapeutic interventions. For instance, Verity discounted her non-therapeutic mental health role, stating:

“we don't really have much involvement with children's mental health, erm, apart from EHCP requests or when we do observation, assessments, writing the reports and things like that...I haven't had a role, oh no we did the CBT intervention, I completely forgot about that!”

This provides insight into her metaphor choice of ghosts to describe the EP's forgotten role in mental health. Similarly, Suzanne also equated the EP's mental health role to therapeutic interventions:

“...there's the Wellbeing Service team which could be the place where it [mental health work] does happen...it's quite divisive...it should be a much more fluid...”

Like Verity, Suzanne's understanding of what constitutes playing a role in mental health provides insight into her metaphor choice of emulsifier where she believed the role was bringing mental health and education together rather than being viewed separately.

Comparably, EPs such as Tanya and Cherry who discounted therapeutic interventions as part of the EP's mental health role, were able to make sense of the paradoxical nature of their identity construction as Heir-apparent and Outsiders. For instance:

Tanya: "In terms of tackling the issue itself. I think that's the area where probably most EPs don't get involved in that too much, because we see that as the role of CAMHS and people like that."

Tanya used the metaphor conduit because she saw her role as facilitating a better understanding of mental health without becoming entrenched in the biomedical discourse of diagnosis and treatments. She did not want to be viewed as the expert who would fix the child. Likewise, Marcia was the only TEP who did not consider therapeutic interventions to be part of her mental health role:

"I don't feel like my role is to deliver individual therapies...in uni when they were telling me that I should be a CBT therapist on the side while I'm an EP..."

Hence, Marcia understood therapeutic work to be separate to her role as an EP. She understood her role in mental health to be related to her statutory responsibilities, utilising knitting as a metaphor to illustrate how she brings all the assessment information together to provide a holistic perspective of CYP.

When there was a gulf between the notional role of the EP and the enacted role in relation to therapeutic work, it created feelings of dissatisfaction as expressed by Donna:

“...I think in a perfect world, it would be great if we could do like therapeutic work...I would love to do that more as an EP...in the absence of that it is kind of a lot of like screening and signposting and referrals...it's almost like giving the problem to someone else... almost like gatekeeper which is uncomfortable...”

Some EPs actively took steps to address this dissatisfaction, as described below:

Jimmy: “...the opportunities to become more therapeutically aligned...are what attracted me to the service in the first place...not feather to the cap, but just...almost reassuring...peace of mind really...”

Judy: “I've worked really hard in creating a role for us, erm in kind of therapeutically informed interventions... it's not that these things are kind of dished out for you, you have to create them.”

These illustrative accounts show how central an EP's positioning on therapeutic work was to their sensemaking of their role in mental health.

5.3.4 Differences in Sensemaking Between EPSs

There were a few notable differences between EPSs in terms of the metaphors generated. An overview of the metaphors generated by the EPs in each EPS is displayed in Table 7 below.

Table 7: Metaphor Categories Used by EPs in EPSs

Theme	Metaphors	Northshire	Soutshire	Westshire	Eastshire	Total
HEIR-APPARENT METAPHORS	Transformers	1 / 3	2 / 4	1 / 7	0 / 2	4
	Containers	0 / 3	1 / 4	2 / 7	1 / 2	4
	Signposts	1 / 3	3 / 4	4 / 7	1 / 2	9
	Nurturers	0 / 3	4 / 4	4 / 7	0 / 2	8
	Supportive Coaches	2 / 3	4 / 4	5 / 7	2 / 2	13
	Protectors	1 / 3	2 / 4	1 / 7	1 / 2	5
	Emulsifiers	3 / 3	2 / 4	5 / 7	0 / 2	10
	Illuminators	1 / 3	4 / 4	4 / 7	2 / 2	11

	Total Heir-apparent metaphors	6 / 8	8 / 8	8 / 8	5 / 8	
OUTSIDER METAPHOR	Unwelcome	0 / 4	0 / 4	2 / 7	1 / 2	3
	Opposition	1 / 3	1 / 4	2 / 7	1 / 2	5
	Little Player	1 / 3	0 / 4	1 / 7	0 / 2	2
	Ghosts	2 / 3	0 / 4	1 / 7	1 / 2	4
	Pseudo-psychologist	0 / 3	0 / 4	1 / 7	1 / 2	2
	Total Outsider metaphors	3 / 5	1 / 5	5 / 5	4 / 5	

In both Northshire and Eastshire EPSs, the nurturer metaphor was not used.

The nurturer metaphor represented ongoing support provided by EPs to maintain mental health. In both Northshire and Eastshire, the nature of their organisational context made it difficult to engage in any extended pieces of work like therapeutic interventions. Northshire, as a non-traded service prioritised their core and statutory offer of school consultations and statutory work as described by Verity:

“...we’ve just been doing statutory work and the CBT intervention, for a little girl with anxiety...was kind of a university mandated task...I don't think that would have come up organically within the service... everyone seems to be on this treadmill of consultations, EHCPs, consultations, EHCPs, because I guess that's our core service delivery.”

This suggests that in this context the EP’s mental health role was not understood in terms of therapeutic interventions. Tanya (SEP) intimated this point when she noted that:

“I'm wondering if we were fully staffed would we do any more? I'm not sure if we would.”

Similarly, in Eastshire EPS it was felt that management adopted a more traditional view of the EP role, which prioritised statutory work. Therapeutic work was treated with scepticism as it was not deemed a core function as illustrated by Saschia:

“... got all these statutory targets to meet and who get the wrath of the senior- even more important people if we don't meet statutory deadlines...if you've got a statutory assessment, and you know, they see you wondering off or going off with teddy bears and some bubbles it doesn't look like it's real work...”

Hence, in these services there was a reliance on TEPs and assistant EPs to deliver any mental health-related work as it was not considered a core function of the EP role. This showed that in these services the EP role in mental health was not understood in terms of therapeutic work. This could explain why the TEPs in both services used the ghosts metaphor to explain how they made sense of their role in mental health.

Contrastingly, Westshire EPS offered two types of traded services, the EPS and a Wellbeing Service. The Wellbeing Service was designed to be a multidisciplinary team in conjunction with CAMHS and provided a clear contextual framework for the EP role in mental health to be understood. This organisational arrangement provided the space for EPs to develop their own identities which was evidenced in the variance of metaphors generated by EPs in this service.

Judy: “there's kind of differing skills and confidence across the team, and training as well which is fine, because those who are, you know, have sort of more skills and training tend to do it through the Wellbeing Service...”

Westshire was chosen as a place of employment by EPs such as Jimmy and Suzanne because it enabled them to enact their role in the way they understood it – working therapeutically. Yet, having a Wellbeing Service separate to the EPS stoked the tensions some EPs experienced between the heir-apparent and outsider role. For example:

Suzanne: "...So you've got your Wellbeing Service team who does the emotional stuff, and then you've got your EPs who does the EP work... it's quite divisive..."

Nadine: "it depends on which part of the service you are part of because clearly the Wellbeing Service worker have lots of opportunity with young people..."

These tensions were reinforced by other organisational factors such as staff shortages and work allocation as shown in the following statements:

Suzanne: "And it's like a double bind...people putting all these nice things in there...you can do that, and you can do these...and then there's no time to do it..."

Judy: "...I could be doing more...work in the Wellbeing Service...and I was thinking about trying to work that into the allocation, but I've had to prioritize schools' allocation...because we're a bit short at the moment..."

However, the separation of the Wellbeing Service from the EPS enabled EPs to broaden their interpretation of the role beyond therapeutic interventions as captured illustrated by Patricia:

"...I will champion the role of EPs and mental health until I'm blue in the face, my training, talent and skill does not lie in delivering therapeutic interventions...I actually had to say to the service...I don't I don't feel very safe in this practice, and I need to stop and that was respected."

Similarly, Southshire EPS had a Wellbeing Service but in contrast to Westshire, this was part of the EPS's traded services. This integrated service seemed to enable commissioners to develop a clearer understanding of the EP's role in mental health. This was reflected in the consistency in the metaphors generated by EPs in this service, which could be indicative of the clarity of the EPS's sensegiving to commissioners regarding the EP's mental health role. The Wellbeing Service consisted of EPs who had undertaken specialist training which legitimised their place in mental health. This was evidenced by the absence of outsider-themed metaphors 'unwelcome, ghosts and pseudo-psychologist'. However, there were tensions in EPs' sensemaking accounts as they tried to make sense of their roles as EPs and as therapists as shown in the following excerpt:

Star: "...I try and think what they might need from an education perspective because I'm an education psychologist, I try and think, as a psychologist what they might need, and I might try and think as a therapist. So, it can be actually can be really confusing sometimes..."

Thus, despite the existence of a Wellbeing Service as an integral part of the EPS providing greater clarity around the EPs' role in mental health, it also generates tension as EPs try to reformulate their EP identity to include the therapist role.

5.4 Mental Health Discourse

The discourse around mental health was found to be a key factor influencing EPs' sensemaking of their roles. The concept of mental health was described by Suzanne as a "minefield term" which yielded varied

interpretations from the participants in this study. There were a few similarities in the way the term was defined but, there was no universal definition given by all participants. Most EPs believed there was a positive and negative dimension to mental health, however, there were a few that thought mental illness or difficulties were different to overall mental health. All participants expressed reluctance or discomfort with using the term mental health due to its associations with the biomedical discourse. Instead, they chose terms such as wellbeing, problems in living and resilience. Despite this, a few EPs did use language from the biomedical discourse as a way of explaining their understanding of the term:

Nadine: "...we are the vitamins...mindfulness app...rather than the doctor or the drug..."

Patricia: "...instead of a broken arm, you have a broken perception of yourself... [EPs are] doctors of the mind..."

One reason for this discomfort was that there was a stigma attached to the concept of mental health as explained by Jimmy:

"I think it's interesting when I do these groups with foster carers the first three words that were linked to mental health were uncertain, scary and afraid which is an interesting perspective, perspective, to have on mental health that it's all these negative connotations that come immediately with it..."

Even though EPs were mindful of these negative connotations, there was recognition that attitudes have started to shift, and mental health was now becoming a more acceptable term as Rita explained:

"...there's less shame now than they used to be about talking about mental health...parents...and carers used to find it a little bit easier to hear the words emotional wellbeing and emotional distress than they did mental health...we go with the flow, and everyone talks about mental health now."

Interestingly, a few EPs felt that there was a danger to mental health becoming destigmatised and becoming even more integrated in the wider discourse. This was because they felt it led to the increased use and misuse of diagnostic labels. For example, Saschia cautioned:

“I do worry actually with all this emphasis on mental health and training like mental health first aid and all the rest of it...you're raising awareness [but] at the same time...people can begin to pathologize or make diagnoses inappropriately...”

Patricia held similar concerns as she felt that there needed to be greater emphasis on normalising distress:

“I think as a society, we're quite intolerant of the idea that any of us should ever experience negative emotion. So, if you're sad, or if you're afraid, or if you're angry, there's something really wrong with...and we need to sort it out and stamp it out of you.”

This pathologizing of mental health was symptomatic of the dominance of the biomedical model, which EPs wanted to distance themselves from as illustrated below:

Marley: “...we're present but we're not...overpowering, like some other professionals in the mental health that they see themselves as experts... we're not like overpowering, we not kind of jumping in and say no, this is right, this is wrong...”

Some EPs contrasted their understanding of mental health to that of clinical colleagues to clarify their distinctiveness from the medical model. For instance:

Judy: “...when you said mental health in my mind I added mental health and wellbeing because I thought...when you think about mental health you think about how to

support that and build resilience and what is it that makes someone emotionally well...working in CAMHS, I think mental health is, I guess, talked about a lot in terms of diagnosis and kind of risk factors and managing risk.”

Cherry: “...I would sometimes go and do an assessment and then there were clinical psychologists linked to the place as well and their interpretation of a WISC was...all about mental diagnosis...like the chance of psychosis, it was all with that lens. And, and I realized that what we do is...exactly the same assessment...we would be looking at in terms of...what are the strengths? What are the needs? How do we address the needs going forward using the strengths?”

Patricia, Rita, Star and Tanya questioned the concreteness of mental health diagnoses and instead suggested that mental health could not be diagnosed in the same way a physical condition could be. This is exemplified by

Tanya:

“...you don't want people to be defined by that diagnosis. I am an anxious person...I have always been anxious, I am anxious, and I will always be anxious... I prefer...that sort of growth mindset type approach really of actually to say that things don't stay the same, things can change. And that's the trouble with some of the medical model around mental health is that people can...get a bit fixed and defined by that diagnosis.”

In light of this, all EPs were very clear about diagnoses not being part of their role in mental health. Instead, they understood their role to be promoting positive mental health, preventing mental health difficulties and providing early intervention. However, in fulfilling this role some EPs found that they had to work within the medical model which generated role conflict as underscored by Rita:

“I've written to CAMHS and said, it would be helpful to get a medical opinion about this. And so I absolutely recognise that that goes counter to what I was saying before about the way in which I generally conceptualise emotional distress... there are occasions on which I thought it's helpful to get it and medical opinion on it...I suppose it's hard to be consistent.

This highlights that sensemaking and subsequent identity construction are not static and can vary depending on the time, situation or context.

5.5 Summary

The findings highlighted how individual sensemaking can lead to varied interpretations of the role. There was recognition that the EP role in mental health was not a unitary one. EPs' identities fluctuated between two overarching paradoxical identity constructions of heir-apparent and outsider and how EPs made sense of this duality impacted how they felt about their role. The findings also illuminated the dominance of the biomedical discourse which contributed to the outsider identity construction. Finally, the findings demonstrated differences in the conceptualisation of the role between TEPs and EPs; between those who conceptualised the role as delivering therapeutic interventions and others who did not; as well as how the LA context influenced sensemaking accounts.

Chapter 6: Discussion

This research demonstrated the applicability of the sensemaking framework to a diverse range of academic fields which now can be extended to educational psychology. Sensemaking was a powerful lens through which to explore how EPs were understanding and enacting their roles in mental health in light of the complex contexts they work in (Mills et al., 2010).

Through this conceptual lens insight was gained into the plurality of EPs' identity constructions which led to role ambiguity and conflict. Moreover, the analysis of metaphors used in sensemaking accounts provided insight into the nuances in EPs' identity construction and how sensemaking is shaped by individual and organisational histories. In this chapter the findings are discussed in light of the research questions posed in Chapter 1.3 and this discussion is informed by the literature presented in Chapters 2 and 3. The first research question is discussed in relation to the findings of EPs' sensemaking of their role in mental health and the elicited metaphors illustrating their sensemaking. Then the second research question is discussed in relation to the findings of differences in EPs' sensemaking accounts and the mental health discourse. The chapter concludes with a summary of the key discussion points.

6.1 RQ1: What are EPs' sensemaking accounts of their role in mental health?

Sensemaking is a complex process which was demonstrated in this research. It was found that as EPs grappled with the ambiguity and conflict surrounding their role, they made sense of this by developing a paradoxical

dualized conception of their mental health role as heir-apparent and outsider.

6.1.1 The Heir-apparent and Outsider Sensemaking Continuum

An important finding from this research is the dualized paradoxical nature of EPs' sensemaking as heir-apparent and outsider. Weick (1995) describes sensemaking as a retrospective, complex ongoing process shaped by an individual's experiences and interactions with others. Viewed from this perspective, where EPs are positioned on this continuum is not static but variable depending on the time, context or experiences they encounter. Nevertheless, the sensemaking accounts provided some insight into how EPs were making sense of this juxtaposition at the time of the interview. A key factor that shaped EPs' positioning on this sensemaking continuum were the cognitive frames that were relied upon in their sensemaking. As discussed in Chapter 3, cognitive frames shape sensemaking accounts because they provide a framework to scaffold an individual's interpretation of an event or circumstances (Cornelissen et al., 2014; Weick, 1993). In the case of this research, there were two notable cognitive frames guiding EPs' sensemaking: the statutory role and conceptualisations around the therapeutic work.

Statutory Role

A small proportion of EPs, such as Marcia and Jimmy in this study who understood their role as Heir-apparent and Outsider used the EP's statutory role as a framework for their interpretation of their mental health role. These EPs interpreted their role in mental health in light of the changes to the SEND Code of Practice (2015). This meant that their mental health role was

restricted to primarily SEND CYP, which sometimes included working with key adults in the lives of SEND CYP. Unsurprisingly, these EPs used heir-apparent themed metaphors and outsider-themed metaphors when describing their role in mental health. For these EPs, their role as educational assessors in the statutory process was what underpinned their heir-apparent status because no other profession could fulfil this responsibility. More importantly, these EPs were content with not having a wider role beyond their statutory responsibilities in mental health, which could explain why the outsider-themed metaphors did not feature in their sensemaking. It has been well-established in research that a valued and distinctive contribution of EPs is psychological assessments (Ashton & Roberts, 2006; Boyle & Lauchlan, 2009; Winward, 2015). It is arguable, therefore, that this cognitive frame is advantageous in sensemaking because it dispels sociological ambivalence, thus reducing conflict. Equally important, it satisfies the EP's needs for self-enhancement, self-efficacy, and self-consistency (Mills, 2003).

Therapeutic Role or Non-therapeutic Role

For the majority of participants, sensemaking accounts were framed by views about therapeutic or direct work with CYP. For EPs in this research (e.g. Donna and Verity), who equated the EP role in mental health to therapeutic work, the degree to which they were able to fulfil this role influenced their sensemaking. EPs, particularly TEPs reported insufficient opportunities to undertake therapeutic work in their actual role due to the nature of the EPSs they were on placements in. This is similar to the

findings from Squires & Dunsmuir's (2011) research into the facilitators and barriers to TEPs embedding CBT into practice. They found that the EPS context could act as a barrier or facilitator to TEPs' ability to deliver CBT. This research builds on these findings by highlighting how this lack of opportunity led to feelings of disappointment and dissatisfaction, which was illustrated in the use of outsider-themed metaphors 'little player' and 'ghosts'.

In the absence of opportunities for therapeutic work, EPs recognised they were useful signposts. This was similar to Atkinson et al.'s (2014) research, which found that EPs would signpost other services to deliver therapeutic interventions when they were unable to deliver the intervention themselves. However, this was a role that some participants like Donna were discontent with because it reduced the EP's role in mental health to being mere gatekeepers. A possible explanation for why being a signpost was discomfiting is that it threatens a core part of an EP's identity construction as a psychologist whose intervention enhances wellbeing and optimal functioning.

For EPs who believed their lack of opportunity to engage in therapeutic work was due to the perceptions of others, such as schools choosing to purchase therapeutic services from other providers, this evoked stronger feelings of resentment and dejection, as illustrated by outsider-themed metaphors of 'unwelcome' and 'pseudo-psychologists'. However, this issue was not unique to the EP profession. Touati et al. (2019) found that psychiatrists did

not want physicians to be involved in decisions relating to mental health as they believed it was their area of expertise. This created tensions when professionals were working in multi-disciplinary teams and highlights the importance of establishing clear role boundaries between professionals to minimise threats to professional autonomy and legitimacy (Hymans, 2008). A critical point Touati et al.'s research raises is that professional territorialism might be inherent to all professions as they try to maintain their relevance and professional credibility. Therefore, it is not an issue unique to health professionals and there was evidence to support this supposition of professional territorialism in this research. For instance, Saschia (Eastshire EP) thought CAMHS should "bugger off!" because their setting up of school-based mental health services was encroaching on EP territory.

EPs, whose conceptualisation of the role were not based around therapeutic work, used heir-apparent-themed metaphors – transformer, signpost, personal trainer and illuminator in their sensemaking accounts and were less likely to use outsider-themed metaphors. These participants such as Cherry, Marcia and Jimmy were able to, as Weick (1993) expounded in his analysis of the Mann Gulch Fire, adapt their sensemaking to fit their current situation and context. Instead of utilising the child guidance clinic model as a cognitive frame, when the EP role used to entail the delivery of therapeutic interventions (Atkinson, Corban, et al., 2011; MacKay, 2007), they developed a more adaptive cognitive frame for sensemaking to fit their current context. The smokejumpers, in Weick's (1993) analysis, who survived the Mann Gulch fire gave credence to the cues that indicated the

fire was more serious than they initially thought. Consequently, they adapted their sensemaking and were able to respond in a way that led to their survival. Similarly, EPs in this research gave credence to the dissonance between the EP's desire to work therapeutically and the perceptions of others, the adequacy of doctoral training in therapeutic interventions and the restricted opportunities to engage in therapeutic work within the EPS. Their subsequent sensemaking of the role reflected a much broader interpretation of the EP role beyond the use of therapeutic interventions. This type of sensemaking enhanced role satisfaction and self-consistency. Moreover, EPs that dissociated with the historical links to child guidance clinics were better able to reconcile the duality of being heir-apparent and outsider. They sought to herald in a new era where the biopsychosocial paradigm which shifts the focus from mental illness to wellbeing would be the dominant framework in mental health.

6.1.2 Sociological Ambivalence

As outlined in Chapter 3, sociological ambivalence refers to differing expectations of a social role which is innate to professional-client relationships and conflict between manifest and latent functions of an organisation (Merton, 1976). Inherent in EPs' sensemaking accounts was the sociological ambivalence that contributed to the dualized paradoxical nature of EPs' sensemaking. This illuminated the role ambiguity and conflict reflected in EPs' sensemaking.

6.1.2.1 Differing Expectations

Due to the social nature of sensemaking, EPs' sensemaking was tempered by the real and perceived expectations of others (Kramer, 2016). For example, EPs believed that a key aspect of their mental health role was early intervention and mental health promotion. However, some EPs found that they were deployed as emergency services which restricted their ability to engage in early intervention or preventative work. This corresponds with Rothi et al. (2008) findings that teachers viewed EPs as a "firefighting service", which was attributed to the limited time that EPs spent in schools. This generated role conflict for EPs in this research who recognised the necessity of early intervention and prevention to reduce the risk of mental health difficulties reaching a crisis point; but they also had a responsibility to provide support if requested during a crisis. This is a challenge faced by the EP profession as it tries to meet the demands of their service users and commissioners (Allen & Hardy, 2017).

EPs in this research felt others expected them to provide cognitive assessments rather than mental health-related work. This accords with previous research such as Ashton & Roberts (2006) and Atkinson et al. (2014). The findings from this research highlight the frustrations many EPs experienced due to feeling excluded from mental health. Their attempts to explain mental health from a non-biomedical paradigm were dismissed as less valid and therefore unreliable. This was reflected in metaphors such as 'unwelcome' and 'pseudo-psychologist', where EPs felt that their contributions were not valued. This echoes the findings from the study by

Hill & Turner (2016), which reported that EPs felt excluded from the assessment process of ADHD and struggled to shift thinking from the biomedical paradigm of medicalisation to a biopsychosocial paradigm which gave greater consideration to contextual factors. Hence, there is evidence to support Zeeman and Simons' (2011) claim that challenges to the biomedical paradigm are treated with suspicion because they are misconstrued as attempts to enhance the EP profession's own prestige and influence. This provides a plausible explanation for why some EPs experience such resistance when they try to promote an alternative paradigm in mental health and subsequently make sense of their role as outsiders.

A notable difference in the expectations of EPs, service users and other professionals was in the area of diagnosis. The research participants did not see diagnosis as part of their role. Instead, they sought to understand how mental health difficulties impacted everyday life and what steps could be taken to promote optimal functioning. They questioned the veracity and objectivity of diagnostic labels which some participants in this study felt inhibited the possibility for change. However, many EPs experienced conflict between their beliefs about diagnostic labels and the need to use them as a common language to develop a shared understanding and, in some instances, unlock resources. There was also conflict because service users expected EPs to provide definitive answers about mental health, which EPs did not believe was in their remit (Merton, 1976). This is similar to the conflict reported in the research by Wade (2016) and Burnham (2013)

discussed in the literature review. In both studies, the researchers found that EPs were trying to grapple with the expectations that their practice should be underpinned by a scientific paradigm as this is assumed to be objective, valid and legitimate. Whereas, working outside of the scientific paradigm was deemed subjective and therefore of decreased validity and value. Nevertheless, EPs felt that the less tangible 'unscientific' ways of working better reflected what they did in their everyday practice and from their experience was more effective. The resultant effect, however, was decreased feelings of confidence, competence and professional credibility. This is mirrored in the choice of metaphor 'pseudo-psychologist' used by some participants in this research. Hence, this illustrates how mental health work can be like a double-edged sword for EPs. What EPs consider more effective ways of working are deemed unscientific and undermine EPs' professional credibility and confidence; whereas a scientific approach though deemed more credible, are experienced by EPs to be less valuable and effective.

6.1.2.2 Manifest and Latent Functions

Manifest functions are those that are intended and recognised, whereas latent functions are ones that are unintended and therefore not acknowledged. Contradictions between the manifest and latent functions of psychological services can lead to role conflict (Kaswan, 1981). It can be argued that the manifest function of EPSs is to perform statutory educational assessments of SEND CYP to inform decisions regarding provision for these pupils (Fallon et al., 2010). The primary purpose of these assessments is to

provide evidence-based recommendations of the type of provision that can 'treat' or 'cure' the mental health difficulty. However, this manifest function can create conflict with the latent function of social control which is focused on mitigating the negative impact of 'problem behaviours' on others. Consequently, commissioners of EP services are often more interested in 'treating' problem behaviour rather than the effectiveness of the intervention. EPs' voices advocating interventions that will yield the best possible outcomes for CYP can be drowned out by those seeking to implement social control (Rothì et al., 2008). For example, in issues such as medicating CYP diagnosed with ADHD (Hill and Turner, 2016) or excluding CYP with challenging behaviour (Bagley & Hallam, 2017), it can be challenging for EPs to undertake a transformative role in mental health, which can generate another type of conflict. EPs seek to be transformers through the delivery of evidence-based interventions, but the success of interventions is often down to the adults in the system making adaptations to the CYP's environment to sustain the change (Beaver, 2011). The manifest function of applying specialist knowledge to improve the educational experience of CYP is constrained by environmental factors such as how effectively schools implement suggested strategies. Hence, the ability to be a transformer is not solely due to an EP's individual ability, which makes this role difficult to perform. This limitation was inherent in the responses of the four participants (Jimmy, Rita, Star and Tanya) that utilised 'transformer' as a metaphor to illustrate their sensemaking of their role. The metaphor was used in reference to changing individual perceptions and narratives around

mental health rather than changing systems. Thus, implicating that their ability to influence systems was constrained.

Similarly, the manifest function of EP services is to prevent mental health difficulties or reduce the likelihood of an escalation in mental health difficulties. However, EPs do not have the ability to control environmental factors that might lead to mental health difficulties. Thus, it is difficult to perform the manifest function of prevention and subsequently the latent function of being a container to help individuals manage difficult circumstances. This is problematic in the current climate of increased accountability for EPs to evaluate and demonstrate their impact (Dunsmuir et al., 2009). Consequently, potential commissioners of EP services may not be clear about what EPs contribute to mental health, resulting in them being unwelcome in that arena (Atkinson, Corban, et al., 2011).

6.2 RQ2: What are some of the key factors influencing EPs' sensemaking of their role in mental health?

Sensemaking is necessary because situations and events can have multiple interpretations. It is influenced by internal factors such as beliefs, values and prior experiences, as well as external factors like policy changes, organisational structure and funding (Kramer, 2016). In this research, there were three main factors that had a significant influence on EPs' sensemaking which contributed to the nuances in the sensemaking accounts – individual factors, contextual factors and discourse in mental

health. From the findings the individual factors were drawn from the Heir-apparent – Outsider continuum, differences between TEPs and EPs and perspectives on therapeutic and non-therapeutic work. Contextual factors were drawn from differences in sensemaking between EPSs. The third factor, discourse in mental health stemmed from the findings around the participants views on the mental health discourse.

6.2.1 Individual Factors

The notion of sensemaking as a social and reciprocal process was particularly evident in my research analysis (Oppong, 2014). Notably, despite EPs working in the same context, there were variability in their interpretations of their role in mental health. Equally important, this variability in perspectives reflected how their individual characteristics influenced their sensemaking (Brown et al., 2008). This mirrors the findings of other sensemaking research such as Schechter et al. (2018), which found that school principals' sensemaking of their leadership during national school reforms was guided by their beliefs and values. Similarly, Brown et al. (2008) reported on the discrepancies in sensemaking narratives of team members working on a software development project. They found that discrepancies in the sensemaking narratives were due to participants adapting their narratives to present themselves in the best possible light, whilst shifting blame for any failures away from themselves. They argued that the variations in the narratives were due to *impression management* which, “refers to self-presentation behaviours that individuals employ to influence the perceptions that others have of them” (p.1040) and *attributional*

egotism which, “is the tendency of individuals to attribute favourable outcomes to the self and unfavourable outcomes to external factors” (p.1040). This provides a plausible explanation for some of the variances in individual sensemaking found in this research. For example, Saschia blamed LA managers for her inability to engage in a broader mental health role, whereas Ama suggested it was the disinterest of schools in buying mental health services from the EPS. By focusing on other’s failure to understand and recognise the role of the EP, it shifts attention from the EP’s ability to communicate their role effectively and persuade others of the value of their involvement. This blaming of others for not taking up a broader role in mental health, represents as Weick (1995) suggests that sensemaking is driven by plausibility rather than accuracy.

Influence of EP Training

A salient finding of this research was that EPs’ initial EP training played a role in sensemaking. On the one hand, TEPs found the role ambiguity and conflict around their mental health role to be more problematic compared to more experienced EPs. But on the other hand, pre-doctoral training EPs were deemed to not see mental health as part of their role. A sensemaking perspective provides a possible explanation for this difference between TEPs and more experienced EPs. Cornelissen et al. (2014) explain that cognitive frames or schemas are used to interpret experiences, and these can restrict a person’s ability to adapt their sensemaking. The introduction

of the doctoral programme led to an increased focus on therapeutic work in EP training, making opportunities to work therapeutically a course requirement (Squires & Dunsmuir, 2011). Alongside this were revisions of the HCPC and BPS professional body standards and competencies which also emphasised therapeutic interventions as part of the EP role. The increased focus on therapeutic interventions provided the cognitive frame for TEPs' sensemaking of their mental health role. This emphasis on therapeutic interventions inadvertently perpetuates an "unspoken dictum" that therapeutic work is 'good' and failing to deliver therapeutic work is 'bad' (Leadbetter, 2000). Hence, when opportunities to engage in therapeutic work are not readily available in LAs, when TEPs seek to put their learning into practice, it brings the issue of role ambiguity to the fore.

For pre-doctoral training EPs, the cognitive frame guiding their sensemaking would be the more traditional interpretation of the EP role as an educational assessor (Langton, 2017; Solity, 2017). Thus, despite the change in legislation renaming BESD to SEMH, pre-doctoral training EPs may view this as the same category of CYP rather than a different way of working. This provides a plausible explanation for not changing their practice or sensemaking to include mental health (Weick et al., 2005).

6.2.2 Contextual Factors

Alongside individual factors, the context also had a powerful influence on EPs' sensemaking as epitomised by Ama:

“...I don't feel like I have...one single understanding of my role in mental health because I think it is so varied from one school to another...it's kind of defined for you by the school ...”

This accords with Wade's (2016) reflections on the EP role, proposing that the EP role is largely defined by others rather than by EPs themselves. This illuminates why heir-apparent and outsider sensemaking ought to be conceptualised as a continuum. Take for example, this hypothetical scenario. An EP delivers attachment and trauma training to staff in one school and then goes to a different school on another day to perform an educational assessment on a child with mental health difficulties that has been referred to CAMHS. In the first scenario their sensemaking is likely to be more of an heir-apparent, whereas in the second scenario their sensemaking is likely to be as an outsider.

According to Hill & Levenhagen (1995), organisations have cognitive frames which form the basis for beliefs, policies and procedure. These organisational cognitive frames can influence an EP's sensemaking. Take for instance, Northshire EPS. As a non-traded service, the EPS model of service delivery was consultations and statutory assessments and these were the cognitive frames through which the participants, Tanya, Verity and Donna made sense of their role. EPs' mental health role was fulfilled through consultations and statutory work. Northshire's EPS illustrates how sensemaking can be constrained by the power exerted by authoritative actors such as the LA managers who shape the norms, values and rules in the organisational context (Weick et al., 2005). This concurs with the

findings of Jordan & Mitterhoff (2010), who investigated metaphors-in-use in a production company going through change due to the implementation of a lean and total quality management. They reported on how the company leaders were able to shape the sensemaking of their employees which was evident in the dominance of certain metaphors for change over others.

On a much broader scale, the socio-political context at a national level also influences EPs' sensemaking. For instance, during the days of the child guidance clinics, there was a cognitive frame for the EP mental health role that could be widely adopted throughout the EP profession (Martin, 2017). Subsequently, the EP's mental health role was widely understood in terms of assessments and therapeutic interventions (Martin, 2017). However, with the separation of the EP role from the child guidance clinic, there is no new national cognitive frame sculpting the EP's mental health role.

Unsurprisingly, many EPs in this research equated the EP's mental health role to delivering therapeutic interventions, a role which predates back to the days of child guidance clinics (Atkinson et al., 2011). These findings accord with previous research, including Coleman et al. (2010) and Warwick-Giles et al. (2017), which demonstrated that past experiences and organisational histories influence sensemaking. The findings of this research strengthen this claim.

6.2.3 Discourses in Mental Health

A key issue in this research has been the competing discourses in mental health that sculpted EPs' sensemaking as heir-apparent and outsider.

Zeeman and Simons (2011) suggested that discourse shaped professional roles and how professionals aligned themselves in relation to dominant discourses. Discourses also determine whether they play a central or marginal role in the professional and wider discourse.

“Power constructs but also holds the potential to marginalize where it links to knowledge. Those who have not mastered technical biomedical language are excluded from conversations because of their inability to participate in conversations” (Zeeman & Simons, 2011, p. 718)

Evidence from my analysis suggests that many EPs were keen to highlight the limitations of the biomedical approach which has dominated the field of mental health. One way this was achieved was through what Mitchell (2009) referred to as ‘*oppositional construction*’ discourse.

Oppositional Construction of EP Role

Mitchell (2009), conducted a discourse analysis on how service providers in non-medical primary health and social care services understood their roles in mental health care. She found that the participants constructed their role identities in opposition to specialist mental health service professionals. A similar pattern was found in this research. Participants would often contrast their practice with that of other professionals, predominantly CAMHS, as a way of explaining their role. For instance, participants were not comfortable with the term mental health and avoided its use due to the association with the biomedical discourse. They were reluctant to use other language affiliated with a biomedical discourse such as diagnosis, condition and treatment and were very clear that CAMHS diagnosed and EPs did not. In

contrast, they emphasised the need to focus on the social, emotional and psychological aspects of wellbeing not just mental health difficulties (Suldo & Shaffer, 2008). It can be inferred from this that EPs implicitly conceptualised mental health using the dual-factor model (Suldo & Shaffer, 2008), where their role was focused on enhancing subjective wellbeing and CAMHS were focused on the diagnosis and treatment of mental illness. Explanations about the EP role were infused with contrasts between EPs and other professionals, especially CAMHS. This mirrors the findings in Mitchell's (2009) research where "oppositional construction" of roles was used to justify a lack of or limited role in mental health by non-medical mental health professionals, aligning themselves as adherents to a more holistic biopsychosocial approach rather than a biomedical approach. Mitchell (2009) claimed that this positioning formed a defence from expectations that the organisation or individual professionals should be involved in mental health. She speculated that the resultant effect would be a reluctance to work collaboratively with specialist mental health professionals and a lack of involvement in certain types of activities. This explanation is applicable to some participants in this research who, as outsiders, did not see direct work with CYP or therapeutic interventions as part of their role. The advantage of this sensemaking account was that it led to greater self-efficacy, self-consistency, self-esteem and satisfaction with the role as crystallised in Cherry's statement:

"...I've never felt particularly sort of precious or...erm, defensive about my role, I've always...felt quite confident in that..."

Contrastingly, participants such as Patricia and Ama, who were outsiders because of how they felt others perceived their role, found working in multi-disciplinary teams challenging. These sensemaking accounts generated feelings of being devalued, frustration and disillusionment. In this respect, my research concurs with Mitchell's (2009) findings that oppositional discourses provide justification for the way roles are performed. Importantly, this research builds on these findings by highlighting how sensemaking accounts can enhance EPs' self-esteem and role satisfaction and/or reduce it. Additionally, it illustrates that the duality of the EP's mental health role as heir-apparent and outsider is a microcosm of wider debate permeating the mental health arena. For instance, Schectman & Harty (1982) suggest that psychiatrists, despite the limitations of the biomedical model to explain the causes of mental illness, continue to adhere to the biomedical model. They argue that this is for political purposes to enable psychiatrists to establish a niche and professional credibility in medicine. This, they claim, forms the basis for excluding other professionals, like psychologists, from playing key roles in mental health. These professionals encroach on psychiatry's territory and threaten their professional identity. Thus, the paradoxical identity construction of EPs may well symbolise the paradoxical nature of mental health work for all non-medical mental health professionals. Inherent in this issue are two key related factors: power and legitimacy.

6.2.3.1 Power

Closely linked to the issue of discourses in mental health was the issue power because it contributed to why certain sensemaking accounts were more prevalent than others. Power can be equated with authority and those

with power, whether it is organisations such as governments or individuals such as EPS or LA managers determine which institutions and practices have legitimacy (Paap, 1981). This is evidenced in the UK government's mental health strategy 'No Health Without Mental Health' (DoH, 2011). It presents mental health as equivalent to physical health which traps it in the biomedical discourse. This shapes how sense is made of mental health and sets the parameters for the mental health discourse. This was evident in this research, where participants such as Patricia likened the EP's mental health role to vitamins and Nadine used the metaphor "doctors of the mind". Furthermore, the government's green paper on transforming CYP mental health provision placed CAMHS at the helm of mental health provision. Hence, it was unsurprising that participants in this research found that the "knee-jerk reaction" would be to refer CYP to CAMHS instead of EPs.

The association of mental health with physical health amalgamates it within the biomedical discourse. The resultant effect is that those who are skilled in the biomedical discourse take a place of prominence in mental health provision, whereas proponents of an alternative discourse are relegated to the periphery (Zeeman & Simons, 2011). Furthermore, proponents of an alternative to the dominant biomedical discourse have to work hard to legitimise their place in their mental health (Zeeman & Simons, 2011). This was illustrated in this research by some participant's use of the metaphor 'little player' and 'pseudo-psychologist' to illustrate how others viewed EPs as undeserving of the professional credibility that would confer equivalence with their clinical counterparts in mental health.

6.2.3.2 Legitimacy

“Legitimacy is a concept that addresses how organizations and institutions justify their right to exist (Suchman, 1995: 573 cited by Gephart et al., 2010, p.286). Services have to perform functions that are valuable to society in order to evolve and sustain their existence (Kaswan, 1981). Consequently, it seems inevitable that EPSs have to respond to the current mental health ‘crisis’ by establishing a role in mental health in light of its national and international significance (Stobie, 2002). However, as an analysis from this research reveals, EPs felt they had to provide justification of their legitimacy in mental health. According to Zeeman & Simons (2011), this is to be expected because EPs were countering the dominant discourse that CAMHS was synonymous with mental health (Zeeman & Simons, 2011). This need to legitimize their place and value in mental health was at the root of EPs feeling like ‘outsiders’ to mental health. Sensemaking accounts were devised to tackle threats to legitimacy which typically consisted of justifications for being the heir-apparent in mental health using oppositional construction discourses. The EPs in this research justified their legitimacy by pointing out that they were ideally placed and suitably skilled to support schools implement government policy guidelines. This is a claim echoed throughout the literature discussed in Chapter 2. For example, Greig et al. (2016) maintained that EPs were highly trained professionals that every family in the UK can potentially have access to. The analysis of participants’ sensemaking showed that the EP’s distinctive contribution and effectiveness was the application of knowledge, skills and abilities to effect change (transformers), provision of guidance and support for CYP and adults

(nurturers, personal trainer, signposts, protectors), enhancing understanding of mental health and its impact on individuals (illuminators) and facilitating collaborative working between different professions, organisations, groups and individuals (emulsifiers).

6.3 Summary

This research has made a key contribution by illuminating the paradoxical nature of EPs' dualized identity construction of their mental health role and how personal factors, contextual factors and the mental health discourse significantly shape this process. It highlights how sensemaking can enhance and/or constrain EPs' abilities to manage the ambiguity and conflict surrounding their mental health role, which contributed to EPs' job satisfaction and overall wellbeing. More importantly, this research provides a window into the wider context and journey non-medically trained mental health professionals are on as they seek to shift the mental health discourse away from the biomedical paradigm.

Chapter 7: Conclusion

In this final chapter I consider the implications of this research for EP practice and future policy development. I then give a brief evaluation of this research and from this make recommendations for future research. Next, I recount my own sensemaking since embarking on what has been a rollercoaster research journey and then end with a few concluding thoughts.

7.1 Implications for Policy and Professional Practice

7.1.1 Implications for Policy

The ambiguity surrounding the EP's mental health role indicates that there needs to be greater clarity from policymakers regarding the role of the EP and where EPs sit in the current plans to transform mental health services for CYP (DoH & DfE, 2017). One way to achieve greater clarity is by adopting the dual-factor model of mental health as proposed by Suldo & Shaffer's (2008) (see Figure 1, p.43). EPs can play a critical role in supporting schools with the identification, assessment and interventions for *vulnerable* CYP. This is a key group for EPs to work with because they are typically hidden due to their low psychopathological symptoms. Support for this group could have a beneficial impact on school performance measures (Antaramian et al., 2010). Moreover, the dual-factor model can be a vehicle for an inter-disciplinary discourse that values different discourses and promotes a more holistic approach to mental health (Zeeman & Simons, 2011).

7.1.2 Implications for Professional Bodies and Doctoral Training Providers

This research found that TEPs struggled more with the role ambiguity surrounding the EP role in mental health and typically saw themselves as

outsiders. This has implications for the HCPC, BPS and doctoral training providers to review the expectations for and experiences of TEPs' placements during the doctoral training to gain greater insight into how well it prepares them to take up a role in a mental health at an individual, group, organisational and community level. Lindberg and Rosenqvist (2003) suggest that having more information does not resolve ambiguity. Instead, it is activities that enhance awareness of dominant values, contradictory, paradoxical or conflicting interpretations of a situation and an understanding of cause-effect relationships that enable people to cope with ambiguity. In light of this, through the supervisory relationship and other reflective activities on the doctoral training programme, TEPs should be afforded with the opportunity to reflect throughout their doctoral journey on how they are making sense of their mental health role and the impact it has on their need for self-enhancement, self-efficacy and self-consistency.

7.1.3 Implications for EPSs

From a primal leadership perspective, EPS managers need to be more self-aware of their own sensemaking in order to facilitate clearer 'sensegiving' on how the role should be enacted within their service (Goleman et al., 2002). Likewise, EPS managers need to encourage their team to be reflective practitioners and prioritise supervision as a key part of an EP's professional development and self-care (Goleman et al., 2002). Due to the influence of personal factors on sensemaking, it is important for EPS managers to be mindful of the range of beliefs, preferences and competencies within the team when it comes to mental health (Motsoaledi & Cilliers, 2012). It is essential that EPS managers recognise that there will not be uniformity in

EPs' experiences of role ambiguity and conflict and the possible consequences of this. Furthermore, even when EPS managers provide clear 'sensegiving' regarding their conceptualisation of the EP's mental health role, there may be variability in how this is interpreted by individual EPs. As Weick (1995) suggests, variations in sensemaking arise because individuals pay attention to different bits of information and interpret them through existing cognitive frames. Therefore, EPS managers need to actively steer their team towards collective sensemaking of the EP's mental health role (Merkus et al., 2017).

7.1.4 Implications for EPs' Professional Practice

Since sensemaking can enhance and/or undermine wellbeing, a key implication is the essentiality of regular and appropriate supervision of EPs, either individually or as a group. In a profession that is in a constant state of flux and shrouded in ambiguity, it is critical for EPs to have a 'thinking space' to consider how they are making sense of their role in mental health (Kline, 2014). This is important because it proffers the opportunity for EPs to reflect on any incongruence between their ideal and actual role. This could better equip EPs to cope with the role ambiguity and conflict stemming from their mental health role (Lindberg & Rosenqvist, 2003). Furthermore, this kind of reflection will enhance an EP's ability to engage in multi-disciplinary teamwork, as the process will support the development of a more secure professional identity (Gaskell & Leadbetter, 2009).

7.2 Strengths and Limitations

A notable strength of this research is its originality in using sensemaking as a conceptual lens to explore the EP's role in mental health. It contributes to the wealth of organisational research that has been conducted in a broad range of fields and highlights how educational psychology as a profession can benefit from the insights from this organisational research. For instance, highlighting how personal and organisational histories shape individual's sensemaking of their role which provides a plausible explanation for the variance in interpretations of the EP's mental health role (A. D. Brown et al., 2008; Coleman et al., 2010). Moreover, this research used a novel approach to elicit sensemaking accounts and shows how metaphorical language can generate a richer understanding of the nuanced interpretations of the EP role. Additionally, the findings provide plausible explanations for contributing factors to EP shortages and high turnover (DfE, 2019). This is beneficial for PEPs who can consider how to create reflective spaces in order to promote staff wellbeing and address feelings of disenfranchisement (Goleman et al., 2002). Likewise, the findings of this research also serve as a reminder of every EP's responsibility for their self-care and to think about whether their sensemaking enhances their self-efficacy, self-esteem and self-consistency or constrains it (Kopans, 2017). Furthermore, this research makes a key contribution in providing insight into a broader issue afflicting the mental health arena – the contest for power and legitimacy to control the mental health discourse. EPs signify both the potential and the challenges to shifting the dominant biomedical model discourse in mental health.

It was advantageous interviewing EPs across four different LAs as it allowed for a comparative analysis, thus shedding light on contextual influences on sensemaking (Schwartz-Shea & Yanow, 2012). However, there were unequal numbers of participants from each EPS which meant that the views may not have been representative of the entire service. However, as a qualitative study the aim was not to make generalisations and it is recognised that the findings are unique to the sample of participants (Schwartz-Shea & Yanow, 2012). Another issue with the sample was that all the participants were employed by a LA. It could have added greater breadth to the findings if there were participants employed by different types of employers, as well as self-employed EPs. Nevertheless, the findings do have themes that are likely to resonate with EPs outside of this research.

Another limitation relating to the sample was that this research included only EPs as participants. It could have been useful to adopt a multi-informant approach to examine how other professionals and service users make sense of the EP role. This could have provided a richer understanding of the sociological ambivalence around the EP role, which was a key issue in this research. Moreover, due to the social aspect of sensemaking (Weick, 1995), it would have been interesting to see whether these sensemaking accounts influenced EPs' sensemaking.

Another limitation was the cross-sectional design of the study, which meant that EPs' sensemaking accounts were relevant to the time of the interviews

and could have been different if views were sought on a different occasion. Despite this limitation, the research generated rich data into the varied and nuanced sensemaking of the EP's mental health role.

7.3 Recommendations for Future Research

One recommendation for future research would be to examine on a larger scale the pervasiveness of the dual construction of the EP role as heir-apparent and outsider. It would be advantageous to employ a quantitative approach like a survey to examine which metaphors resonate most with those in and outside of the profession. This would be beneficial because it could help to provide a wider understanding of how the role is conceptualised; which could provide some evidence to build a consensus within the profession regarding the EP's mental health role. Alternatively, focus groups could be used to investigate collective sensemaking around the EP role in mental health. This approach could be used to generate the foundations for a consensus around the role. The use of groups would facilitate the creative process in metaphor generation, in addition to insight into collective sensemaking (Merkus et al., 2017). Coupled with that, an investigation into how key partners such as schools and CAMHS workers make sense of the EP role in mental health could enrich collective sensemaking. This would help uncover some the underlying assumptions, schemas and past experiences that enhance or constrain conceptualisations of the EP role in order to bring greater clarity around the EP role and facilitate better multi-disciplinary collaborative working.

Due to sensemaking being a continuous process (Weick, 1995), future research into this topic should explore EPs' sensemaking over an extended period of time. For example, investigating TEPs' sensemaking at different stages in their doctoral training. Similarly, since sensemaking is triggered by change or unexpected events (Weick, 1995), it could be quite illuminating to explore how an EP's sensemaking develops after key events such as joining a mental health multi-disciplinary team, the implementation of a new mental health-related project or moving to a new place of employment. Insights from this type of research could be used by PEPs to facilitate more effective implementation of organisational change, policies and supporting new staff.

Another key area for future research is to explore EPs' 'sense giving' regarding their role in mental health. This is important when EPs are seeking to justify their place in mental health, especially in a traded context where they need to convince commissioners that their services are worth paying for. Understanding how Southshire EPS were able to convince their schools and other commissioners to invest in their Wellbeing Service will be useful for EPSs that are seeking to establish a wider mental health offer beyond statutory work. Likewise, it could help to uncover factors that are key to sending clear messages about the role, to avoid the role being forgotten or misconstrued (Greig et al., 2016).

Finally, research into how EPs are using consultations and assessments as part of their mental health role is needed to steer the discourse away from narrow interpretations of the role that are not universally available. This would instil a greater confidence in the profession, especially those new to the profession around how all EPs can contribute to mental health in their everyday practice.

7.4 My Sensemaking on My Research Journey

An interesting aspect of my sensemaking journey has been my sensemaking of sensemaking as a conceptual framework. When I first encountered Weick's (1995) sensemaking perspective, I knew enough to know that it was a framework that could be used to explain the multiple interpretations of the EP's mental health role. However, the superficiality of my sensemaking of this conceptual framework became apparent each time I tried to explain it to others. I struggled to make sense of the widely used Weickian quote: "How can I know what I think until I see what I say?" (Weick, 1995, p.18). At different stages I thought I knew the sensemaking perspective, but it was not until I began to talk about it that I knew whether I actually understood the theory. I found that every opportunity to speak about the theory was part of the process of making sense of this perspective. Thus, it was the ongoing process of talking about sensemaking that facilitated my sensemaking and crystallised my understanding of Weick's quote.

Similarly, how I have made sense of my methodology has changed over the course of this research. I chose to study metaphors because from the review of the literature I found it was a novel approach that would contribute to the originality of my research (Cassell & Bishop, 2014; Schechter et al., 2018; Wittink, 2011). I understood that the analysis of metaphors was beneficial because it helped to develop a shared understanding. However, it was not until I read Leary's (1990) thesis on the history of metaphor in psychology that I was able to develop a stronger defence for this choice of methodology. Even though Leary (1990) made no direct reference to Piaget's cognitive theory, he explained metaphor use as a way of "pigeonholing" information by relating it to information that is already understood. This was a lightbulb moment for me as I realised that I was able to make sense of metaphor-based research by likening it to concepts I was already familiar with such as Piaget's cognitive schemas. This marked a key turning point in recognising the value of metaphor-based research. Through the metaphors elicited I could see that EPs may be using the same words to describe their role but have completely different interpretations. For example, EPs may talk about doing consultations, but one sees this as like being emergency services and the other sees this as like a personal trainer. Hence studying metaphors illuminated the nuances in EPs' sensemaking which is why it was a valuable methodological approach.

Throughout the research, I found as Milligan (2016) cites that I had a "liquid identity" which ebbed and flowed between 'insiderness' and 'outsiderness' in each interview. For instance, I felt like an insider with all participants when

they described the generic aspects of the role or discussed the debates around the EP role. Whereas, when participants described a training experience which was different to mine, or they described teams or work that I had little experience of, I felt more of an outsider. However, I was not the sole determinant of whether I was an insider or outsider. Consideration had to be given to participants' views as to whether I was an insider or outsider and how that might vary throughout the interview (Milligan, 2016). For instance, some participants disclosed things that they did not want the rest of the team to know. This could have been due to their viewing me as an insider and thus were comfortable opening up to me. However, it is also plausible that some participants viewed me as an outsider and were therefore comfortable opening up because there was no fear of information getting back to the team (Mercer, 2007).

Conducting this research whilst completing my EP training has felt like a process of self-discovery, as I have been reflecting recursively on my role as an EP and 'the role of an EP'. For instance, as a Year 1 TEP I held strong convictions that EPs ought to be delivering therapeutic interventions and I was unconsciously more dismissive of voices that would question this position. Similarly, literature discussing the role of the EP in mental health tended to focus on EPs delivering therapeutic interventions (Atkinson, Bragg, et al., 2011; Atkinson et al., 2014; Dunsmuir & Hardy, 2016; MacKay, 2007). However, after gaining personal experience of delivering a therapeutic intervention in a real-life context, my perceptions began to shift, and I began to consider the issue more critically. I began to move away

from the narrow conceptualisation of the role as delivering therapeutic interventions to a much broader perspective which included mental health being part of an EP's generic role. Hence, when framing my research questions and interview schedule I made a conscious decision to use the term mental health to allow participants to interpret for themselves what that means. I wanted to avoid narrowing the focus to just therapeutic interventions as well as avoid projecting my conceptualisation of mental health onto participants. I had to maintain this awareness throughout the interviews as it was evident from some participants' responses that their conceptualisation of mental health-related work equated to therapeutic work.

My realisation that I was on my own sensemaking journey occurred when an interviewee flipped my question and asked me what I thought the EP role in mental health was. At that time, I was no longer convinced that delivering therapeutic interventions could be one of the core functions of the EP role; a notable shift from my views at the start of the training. I responded that I believed the role was to support the systems within schools by supporting school staff, thinking through school policies and encouraging the development of a whole-school approach to mental health. This construction of the role I felt could be a core function because it fits a widely practised consultation model of service delivery and would therefore enable me to practice the role with authenticity without the antecedents that lead to job dissatisfaction. However, now as part of my ongoing sensemaking journey, I would use the metaphor 'water' to describe the EP role in mental health. Like water, the role is not static and takes on different forms and

functions as it moves from place to place. Like water, EPs can be a powerful source in changing the landscape but are also subject to the influence of environmental factors.

7.5 Concluding Thoughts

This study merges sensemaking research with the field of educational psychology by exploring EPs' sensemaking of the ambiguity and conflict surrounding their role in mental health. This research contributes to the development of a shared understanding between EPs and mental health professionals through the use of the dual-factor model of mental health. Conceptualising mental health in this way provides a generalisable framework through which to understand the differing professional roles. This research also shows the utility of a sensemaking framework in exploring the EP's role in mental health and provides insight into why there is and will continue to be such ambiguity surrounding the role. Sensemaking has been shown to be a complex process that is unique to individual EPs yet as a social process, it does create commonalities in conceptualisations and practice across shared contexts. In order for EPs to have a legitimated well-established role in mental health, they will need to continue to seek to influence policymakers who have the power to make educational psychology a key service at the heart of the mental health agenda. Additionally, they will need to strengthen relationships with health professionals and conjointly agree on the distinctive roles for the differing professions in school and community-based mental health services. Most importantly, the educational psychology profession needs to provide clarity around the value of the

models underpinning their practice and to be confident in promoting the crucial contributions EPs are making to mental health in their everyday practice.

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Appendices

Appendix A: Ethics Approval

Dear Charmaine,

I am pleased to inform you that your research project '**An exploration of how EPs/TEPs make sense of their role in mental health provision in the current socio-political context?**' for the year 1 research project on the Doctorate in Professional Educational, Child and Adolescent Psychology, has been given ethical approval. If you have any further queries in this regard, please contact your supervisor.

Please note that if your proposed study and methodology changes markedly from what you have outlined in your ethics review application, you may need to complete and submit a new or revised application. Should this possibility arise, please discuss with your supervisor in the first instance before you proceed with a new/revised application.

Your ethical approval form has been logged and will be uploaded to the UCL IOE database.

Good luck with your data collection.

Many thanks,

Appendix B: Pilot Interview Schedule

PILOT INTERVIEW SCHEDULE

Working Research Title: An exploration of how EPs/TEPs make sense of their role in mental health provision in the current socio-political context

Thank you for agreeing to participate in my research. This research is to explore how you make sense of your role in mental health provision in light of the current context such as your organisational context, commissioner expectations and the current political agenda. Everything that is said in this interview will be confidential and your identity will remain anonymous when I write up my research. I hope that you have had the opportunity to read the information letter and sign the consent. As stated in the information letter our interviews will be recorded and you are free not to answer any questions you feel uncomfortable with and can withdraw from this research at any time. Do you have any questions before we begin?

Interview Questions:

1. Can you tell me a bit about your journey to becoming a trainee educational psychologist??
 - a. How long have you been in this role?
 - b. Have you been employed anywhere else previously?
2. Can you tell me a bit about what mental health means for you?
3. What, if any, do you think your role is in relation to mental health?
 - a. Is it preventative, early intervention? Supporting those with existing or diagnosed mental health problems?
 - b. Is it working with children and young people, staff, parents?
 - c. Is it offering therapeutic interventions, developing whole-school approaches...?
 - d. How important do you think this role is in comparison to all other types of EP work?
4. How did you come to your understanding of the role in mental health?
 - a. Does government policy influence your views about your role?
 - b. Did your colleagues in your service help you to formulate your ideas about the role?
 - c. Did your prior experience, training, research help you to formulate your understanding of your role?

5. What metaphor would you use to describe the EP's role in mental health?
Are there any other metaphors you might use to describe the EP role in mental health?
6. What factors do you think are most important in helping you understand what your role in mental health provision is?
7. What do you do or offer in terms of mental health provision?
 - a. Give an example of a mental health-related case?
 - b. How much does mental health feature in your everyday practice?
8. Could you tell me a bit about the processes involved in fulfilling your role in mental health provision?
 - a. How do you go about implementing your role?
 - b. What is expected of you in terms of mental health provision?
 - c. What exactly do you do in your practice?
 - d. What are the expectations of EPs in your service in relation to mental health provision?
 - e. What are the expectations of commissioners in terms of your role in mental health provision?
9. How would you describe your approach when working with children or young people with SEMH needs?
 - a. What are the reasons for taking this approach?
 - b. Does it work? How do you know?
10. Does your approach to mental health provision change depending on who you are working with? If so, how?
 - a. How do you approach mental health-related work in early years, primary, secondary or post-16 settings?
 - b. How do you approach your work with parents?
 - c. How do you approach work with staff?

Appendix C: Interview Schedule

INTERVIEW SCHEDULE

Working Research Title: An exploration of how EPs/TEPs' sensemaking of their role in mental health

Thank you for agreeing to participate in my research. This research is to explore how you make sense of your role in mental health provision in light of the current context such as your organisational context, commissioner expectations and the current political agenda. Everything that is said in this interview will be confidential and your identity will remain anonymous when I write up my research. I hope that you have had the opportunity to read the information letter and sign the consent. As stated in the information letter our interviews will be recorded and you are free not to answer any questions you feel uncomfortable with and can withdraw from this research at any time. There will be a short activity during this interview which is optional. There will be a debrief at the end of the interview and you will be signposted to any support required if during the course of this interview any worries or concerns are raised. Do you have any questions before we begin?

Interview Questions:

1. Can you tell me a bit about the key aspects of your role?
 - a. What inspired you to become/train as an EP?
 - b. How long have you been in this role?
 - c. Have you been employed anywhere else previously?

2. What would you say are the key aspects of your role? (Participant writes these on post-its and then places them in a pyramid based on importance)
 - a. Are some aspects of your role more important than others?
 - b. How do you decide what is a priority or what needs to be done first?

3. What is your understanding of the term mental health?

4. What metaphor would you use to describe the EP's role in mental health?
Are there any other metaphors you can think of to describe the role?

5. What if any do you think your role is in relation to mental health?
 - a. Is it preventative, early intervention? Supporting those with existing or diagnosed mental health problems?

- b. Is it working with children and young people, staff, parents?
 - c. Is it offering therapeutic interventions, developing whole-school approaches...?
 - d. How important do you think this role is in comparison to all other types of EP work?
 - e. Is there anything that you think is not part of your role in mental health?
 - f. How does your EPS support you in fulfilling this role?
6. What are the most significant factors or influences that contributed to your understanding of your role in mental health?
- a. Does legislation/government policy play a key role?
 - b. Do other EPS, EP forums, BPS have any influence?
 - c. Initial training?
7. What are the opportunities for and challenges to doing any mental health related work in your service?
- a. Does training, model of service delivery, LA, commissioners, budgets, or schools for example have any impact?
 - b. How do you overcome the challenges?
8. Can you briefly describe an anonymised example of work that you have done in mental health?
- a. How did you decide what to do in this case?
 - b. What were the influences on your decision-making?
9. When doing mental health related work, how do you see your role in multi-disciplinary teams?
- a. Does your role change?
 - b. What do you think others expect of you?
 - c. What exactly do you do in your practice?
 - d. What are the expectations of EPs in your service in relation to mental health provision?
 - e. What are the expectations of commissioners in terms of your role in mental health provision?

Appendix D: Information Letter

An exploration of how EPs/TEPs make sense of their role in mental health provision in the current socio-political context

January 2019 – May 2020

Information sheet for EPs and TEPs

My name is Charmaine Davies and I am inviting you to take in part in my research project, exploring how EPs/TEPs make sense of their role in mental health provision in the current socio-political context. I am a Year 2 trainee EP at IOE-UCL and my interest in this area stemmed from being a pastoral leader in a secondary school for over 10 years. I found that there was an increasing number of students experiencing mental health difficulties which impacted workload, self-efficacy and personal wellbeing. This seems to be a microcosm of wider national picture. Now that I am a training as an EP, I have started to reflect on how I might have support schools and other settings to meet the increasing mental health needs of children and young people. I have found that professional autonomy enables EPs practice in their own unique way, but this is tempered by their organisational context and external influences such as government policies and commissioners.

Aims of the research

I am hoping to find out how EPs/TEPs make sense of their role in mental health provision in light of the complex socio-political context. It is the aim of this research to explore how EPs derive their own interpretations of their role in mental health provision, which factors are important in the formation of their role identity and how their understanding of their role informs their practice across different systems.

I very much hope that you would like to take part. This information sheet will try and answer any questions you might have about the project, but please don't hesitate to contact me if there is anything else you would like to know.

Who is carrying out the research?

I am the only researcher involved in the research.

Why are we doing this research?

The research seeks to answer the following questions:

1. How do EPs make sense of their role in mental health?
2. What factors are more salient in an EP's construction of their role in mental health?
3. How does an EP's sensemaking influence their practice?

It is hoped that the answers to these questions will provide some insight into how EPs construct their professional identity in relation to mental health and therefore bring greater clarity to our understanding of the EP role in mental health. This is particularly important due to the growing mental health needs of children and young people in the UK and a lack of specificity about the EP role in the government's plans outlined in the Green Paper 'Transforming Children and Young People's Mental Health Provision' (DoH/DfE, 2017).

Why am I being invited to take part?

You have been invited to participate in this research because you are either a qualified EP or a trainee EP. This means you will be able to share your experience and perspective on the EP role. Your participation in this research may prove to be a useful opportunity for reflection which could enhance your professional practice by increasing your awareness of the knowledge, skills and expertise you are using in your practice (HCPC, 2015).

What will happen if I choose to take part?

You will be asked to participate in an interview which are expected to last 45 – 60 minutes. However, the time is dependent on how much information you may have to share. If necessary, the interviews can be completed in two sessions.

Once you have consented to an interview, we will agree a time, date and appropriate place for you to be interviewed. If interviews are taking place at your office/service, then it would be helpful if you could book a suitable room. Alternatively, interviews can be done via telephone or Skype if this is more convenient.

You will be asked questions in topics such as your views on mental health and factors that influence your understanding of your role and your approach to mental health provision. There will also be an optional short activity for you to do.

All interviews will be recorded and transcribed. All transcripts will be anonymised and stored on a password protected electronic device. Both the interviews and transcripts will be confidential. Only the researcher will have access to the data and transcripts. Copies of transcripts can be provided if so desired.

Will anyone know I have been involved?

All the information I collect from you during this research project will be kept strictly confidential. You will not be able to be identified in any reports or publications. The recorded interviews will not be shared with the other participants and only the researcher will have access to it. Transcripts will also be confidential and anonymised.

The audio recordings of the interview will be used only for analysis. No other use will be made of them without your written permission, and only the researcher will have access to the original recordings.

All records, both recorded and written, will be held and analysed by myself and will be appropriately destroyed when the course is completed. Only anonymised information will be shared with my research supervisors.

Could there be problems for me if I take part?

My hope is that you will be comfortable talking about your role. However, you will only be expected to discuss information you feel comfortable talking about. If at any stage you do not feel comfortable with the questions or feel uncomfortable with the setting and wish to stop, you will be free to do so.

The interviews may bring up topics that are sensitive in nature and therefore you are encouraged to use supervision to discuss any issues of concern that may be raised.

What will happen to the results of the research?

I will be writing a report summarising my research findings and this will be submitted as part of the course requirements for my doctoral studies. You will be given a summary report of the findings of this research.

There is a possibility that the results of this research may be disseminated for wider publication and use, for example in journals or seminars. All data will remain anonymised and confidentiality will be maintained.

All data will be anonymised and stored electronically on a password protected laptop until May 2022. Only I will have access to the original data.

Do I have to take part?

Your participation is completely voluntary. I hope that if you do choose to be involved then you will find it a valuable experience.

If you do decide to take part, you will be given this information sheet to keep (and be asked to sign a consent form) and you can withdraw at any time without needing to explain your decision. Any data collected before your withdrawal will not be included in the study.

Data Protection Privacy Notice

The data controller for this project will be University College London (UCL). The UCL Data Protection Office provides oversight of UCL activities involving the processing of personal data and can be contacted at data-protection@ucl.ac.uk. UCL's Data Protection Officer can also be contacted at data-protection@ucl.ac.uk.

Further information on how UCL uses participant information can be found here: www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice

The legal basis that would be used to process your *personal data* will be performance of a task in the public interest. The legal basis used to process *special category personal data* will be for scientific and historical research or statistical purposes/explicit consent.

Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data, you provide we will undertake this and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at data-protection@ucl.ac.uk.

Contact for further information

If you have any further questions before you decide whether to take part, you can reach me at: charmaine.davies.17@ucl.ac.uk or [REDACTED].

If you would like to be involved, please complete the following consent form and return to charmaine.davies.17@ucl.ac.uk by **May 15, 2019**.

This project has been reviewed and approved by the UCL IOE Research Ethics Committee [**UCL Data Protection Registration Number: Z6364106/2019/02/71**].

Thank you very much for taking the time to read this information sheet.

Appendix E: Participant's Consent Form

An Exploration into EPs' Sensemaking Of Their Role in Mental Health

Consent for Interviews: EPs / TEPs

	(tick as appropriate)
I confirm that I have read and understood this information sheet, and have had the opportunity to consider the information, ask questions, and have had these questions adequately answered.	<input type="checkbox"/>
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.	<input type="checkbox"/>
I know that I can refuse to answer any or all of the questions and that I can withdraw from the interview at any point.	<input type="checkbox"/>
I agree for the interview to be recorded, and that recordings will be kept secure and destroyed at the end of the project. I know that all data will be kept under the terms of the General Data Protection Regulation (GDPR).	<input type="checkbox"/>
I agree that small direct quotes may be used in reports (these will be anonymised).	<input type="checkbox"/>
In understand that in exceptional circumstances anonymity and confidentiality would have to be broken, for example, if it was felt that practice was putting children at risk, or there were concerns regarding professional misconduct. In these circumstances advice would be sought from a senior manager from another local authority who will advise us as to the appropriate course of action and as to whether we need to inform the authority of what you have told us.	<input type="checkbox"/>

Name:.....

Signature: Date:

Name of researcher:.....

Signature: Date:

Appendix F: Excerpts from Research Journal

20/03/19

- The interviewee said generally the questions were clear and easy to understand except for the last two that required more explanation in terms of what I meant.
- The interviewee said they found the interview interesting and a useful experience and the discussion continued even after the interview ended.
- I am pleased that I added the question about metaphors, which I did based on a previous study which sought to analyse metaphors produced spontaneously as well as directly eliciting metaphors from the interviewees.
- The metaphors allowed the interviewee to sum up in a phrase their understanding of the EP role. It means that you gain some insight into what aspects are important or a priority. Also, by reflecting on what had not been said, this also provides an interesting angle to analyse the data from.

Based on the pilot interview changes I am going to make are:

1. Memorising the questions better so that I am consistent in my wording of the questions.
2. The last two questions about the approaches and processes will now be changed to:
 - a. Can you briefly describe one example that illustrates what you think your role in mental health should be?
 - i. How did you become involved?
 - ii. Who was involved?
 - iii. What were the outcomes?
 - b. How did you decide or know what to do in this case?
 - c. Why did you choose this example?

22/03/19

After supervision I have greater clarity about the purpose and the way to develop my literature review. I had been describing the socio-political

context in very broad terms and this did not build the picture for the context of my research very well. I am now adapting the structure so that my introduction will focus on the role of the EP, how that has evolved over time and the ambiguities surrounding the role. Next I will be defining the concept of mental health and then I will explore the theoretical framework for the research. Finally, I will explore research that has been conducted into the role of the EP.

Also, after piloting and adapting my questionnaire I had my adapted version critically reviewed by supervisor who is an experienced EP. This was useful because she critiqued the questionnaire as if she was a participant, hence providing another means of piloting my updated questionnaire. Some of the strengths of the questionnaire are that the questions are linked to the theoretical concepts underpinning the research and that they elicit responses to address my research questions.

After this reflective process I have started to question my own research questions and whether I needed to adjust or amend them. I have started to question what is the value of answering the questions I am asking? What difference would it make? Previously my writing and thinking was geared towards contributing to policy reform but really my aim is to add to or contribute to the professional understanding of the EP role. I have amended my third research question

1. How do EPs make sense of their role in mental health?
2. What factors are more salient in identity construction of the EP role in mental health? **CHANGED TO** What factors are more salient in an EP's construction of their role in mental health?
3. How does an EP's sensemaking influence their practice when working with different systems? **CHANGED TO** How does an EP's sensemaking influence their practice?

Rewording the second questions makes it much clearer what I actually want to know. The wording previously was being shaped by theoretical framework.

The re-wording of the last question I think is necessary because it allows a much broader exploration of how sensemaking influences practice. In addition, due to the nature of the different systems that EPs work in it is to

be expected that their approach to working with different systems will change.

Overall, I feel that I am on a journey to gaining a better grasp of the research in this area of interest. My writing has been somewhat immature because I am recounting what I know and have not yet started to critically apply what I have learnt so far to set out a clear rationale for my research. This is what I hope to achieve with my next draft due April 23rd.

04/05/19

I have been transcribing Lunar's transcript and it has made me realise that my own perspective is somewhat biased or skewed and this is reflected in my questioning. I noticed this when considering her response to what the key aspects of the role were and how she might rank it. I assumed that all EPs will have some parts of the job that they will prefer to do, and this will influence how they prioritise their work, but this does not seem to be the case. Lunar saw the aspects of her role as a linear sequence rather than as a pyramid. This demonstrates why interviews are beneficial because they provide the participant with the flexibility to interpret the question as they see fit and then gives them the opportunity to explain. I can then probe this further as and when I feel it is needed.

Also, it highlights the importance of transparency and reflexivity in the research process because I am the one shaping and driving the research in particular direction. I have to be mindful about being open to new ideas and directions that the research might take me.

21/06/2019

I've been doing more transcribing today and started thinking about reflexivity in the research process. I am aware that I do have certain biases which influences the direction or my line of questioning. This is evident even in my own interview questions, where I have decided to broaden mental health and not just focus on the much narrower debate I have noticed in the literature. There is a lot of discussion about whether EPs should be involved in therapeutic work, but my view is that the role stems beyond that and should be systemic. My belief is based on my adoption of the social constructionist and systemic thinking as integral theoretical principles underpinning EP work. Consultation models such as Wagner's are based on these principles too, so seeing mental health in this way brings a cohesion to my understanding of the role in general and the mental health role.

I am aware that there is a hidden assumption in my approach to the research that the EP role and EP's mental health are separate.

06/09/19

Deleted this section today. For my research supervision 28/08/19 I had done a thematic analysis of my data but found that it did not capture the richness of my data and needed a more specific robust analytical framework.

Guest, MacQueen & Namey (2012) propose that thematic analysis is the most useful in capturing the complexities of meaning within a textual data set. It is also widely used due to its flexibility and applicability to any methodological approach (Braun & Clarke, 2006). Hence, Braun & Clarke's thematic analysis was used initially as the method for data analysis. However, similar to Paull, Boudville & Sitlington (2013) in their study exploring the processes that occur when a manager perceives decline in the performance of older volunteers use of thematic analysis after this initial analysis, I was left asking questions such as "what is going here?" Hence a different analytical strategy had to be adopted in order to gain deeper insights in this research.

I'm now reading about metaphorical analysis and feel that this is a better analytical framework. In fact, I have thought about changing my research questions so that it asks specifically about what metaphors do EPs use to make sense of their role in mental health.

22/11/19

I've been deliberating over my metaphorical categories. When I had peer supervision in November, with the research tutor, they supported my thinking around the metaphorical categories. They pointed some metaphors that did not quite fit the categories I created, so in light of this I will continue to review my categorisations. They suggested that I get a focus group together to help review my categorisations, which I think I will do with my TEP group on placement. In fact, focus groups are a good idea for future research to explore more collective sensemaking.

I've been writing about the groups I've got thus far, and I am thinking that Personal Trainer is more appropriate than supportive guide as coach means a trainer or instructor. I think this better illustrates how EPs have been describing their role.

17/02/20

I have reviewed my metaphorical categories for outsider and have decided to separate them instead of grouping them as one category of outsider. The reason for this is that the use of the outsider metaphor was so nuanced that grouping them did not capture these nuances. The richness of the responses and validity may have been compromised or lost if I did not make this amendment.

Appendix G: Samples from the Metaphorical Analytical Process

Sample of Transcript Illustrating Phase 2 of Metaphor Analysis

Cherry:
So you know, there are but then when you've done something for 20 years, you do absorb a lot of knowledge. So you are an expert in what you do but I **don't particularly want to be seen** **the person as the expert** and that's another area that was a difficulty in working for myself because to do that really effectively you've got to market yourself and I didn't want to pin myself down.

*Expert is not a desired identity
Individuals + EPS / LA*

R: Yeah...

Cherry:
Because I've been lucky in my career that I've done lots of different things but if people say, "what's your specialism?" I **don't really want a specialism I want the psychology to be a specialism.**

Psychology as a specialism

R: Yes, yes...

Cherry:
If that makes sense...?

R: Yeah, no, that does.

Cherry:
Yeah...

R: yeah...that's quite interesting. It must be quite useful, having seen it from both sides, working privately, and then working in the local authority and seeing how that affects...

8

Cherry:

Yeah, and also, I've been very lucky I've obviously I've worked in education but I've also through my role worked with social care, in social care and I've worked with health. So, in a health, I actually worked for the Tavi, at one point, working with the refugee project. So that's quite a, erm, erm, an

interesting range of experiences I've had, which I think is, erm... yeah it's lucky for me, but you bring that with you don't you when you move on to the next place.

Experiences of diff age

Experiences influenced practice

Influence on service

R: Yeah, quite a rich experience.

Cherry:

Yeah, I've been lucky, yeah.

R: Yeah. So how do you decide what's a priority in terms of what, what needs to be done in your, you know, when you are doing your role?

Cherry:

Do you mean with schools?

R: With schools, yeah.

Cherry:

Erm... so I've always been there, I suppose I think the main thing with our job is about relationships, and building relationships with people so that they do see you as somebody they can trust and can go to, I think, if somebody

Relationships are key to EP role

Example of Phase 2 of Metaphorical Analysis

education and like the learning difficulties and things that are wrong than the mental health side of things. [R: Yeah] And I think, yeah, it's just making schools aware of that, and what is available, especially in traded services where you kind of have more wiggle room, trying to get schools to buy in things like that. Either training around mental health, like supporting teachers to meet children's mental health needs or intervention work or anything like that. But rather than it just be reams and reams of EHCPs for children with SEMH needs that aren't being met in schools. So kind of like ghosts, ghostly...

R: I like that. Yes, I'm looking forward to creating them? [Verity: we're famous] [both laugh] Right, so my next question is what, if any, do you think your role is in relation to mental health?

Verity:

Erm, I think **currently we don't really have much involvement** with children's mental health, erm, apart from it EHCP requests or when we do observation, assessments, writing the reports and things like that. So I don't think particularly, well me personally, I haven't had a role, oh no we did the **CBT intervention**. [R laughs] I completely **forgot about that**. [R: But I guess if you weren't a trainee] Yeah. [R: then would you say you wouldn't really...?] No, I don't think so. I think the **way the service is working at the minute**, it has been **heavily statutory**. And I don't know whether that was kind of me, but yeah, I don't whether that's kind of my doing because in my contact conversations **I didn't particularly focus on more system working**. So I think going forward as I'm getting to know our schools and becoming more confident, I think **I'll be able to negotiate some more** kind of systemic work instead of just doing loads and loads of consultations. But at the minute we've just been doing statutory work and the CBT intervention, for a little girl with anxiety. Erm, but yeah, like as you say that was kind of a university mandated task rather than, I don't think that would have come up organically within the service. And I know that some, well one of the other EPs is doing intervention for a

Promotion of EP services

EPs not really involved in CBT MH support outside of stat/core work

EP contribution assessed in terms of therapeutic work

Focus on statutory work

Missed opportunity to expand view of EP role

Hopeful about ability to influence systems

Confidence/Relatg Experience

Lack of organic opportunity for therapeutic work

Dominance or demands of statutory work

Blaming self

Reflection

Example of Stage 3 of Metaphor Analysis

<p>Cherry</p> <p>Journey</p> <ul style="list-style-type: none"> Teacher (1st) Didn't want 2 BSLT Wasn't ready after uni to pg role Trained 20 yrs ago (BAPT) Exp. in Herts, Bristol then private then Enfield Now EN + priv. 1/2 priv work due 2 private work. Chose to continue work in priv. setting w/ w/b focus b/c it was sig. + that doesn't come around anyway Worked in range of roles + teams eg. Admin, Soc. care <p>EP Role</p> <ul style="list-style-type: none"> Supportive person Expert (Custom) others Critical friend Problem solver Exeter 2.6 in a sig. that's integrated w/ diff. prof + sig. supervision Containing Problem solve together Don't want to be a specialist but a psy. signposting Advance on next step Psy. focuses underpin practice <p>MH Def^o</p> <ul style="list-style-type: none"> Mental + psy. w/b How people have productive + meaningful life Are csp enjoying sch? Are they thriving in all areas? What factors + impacting affecting CSp? 	<p>Metaphor</p> <ul style="list-style-type: none"> Helping those who know the child know what to do Being a critical friend Being directive on when to refer Support blanket Shepherd - guiding people Help w/ sig. - help translate up. Bridge. <p>Role in MH</p> <ul style="list-style-type: none"> ID MH needs Listen to + discuss concern, joint exploratⁿ / discussⁿ of whether there's a MH need ID support from sig. w/ a sch or external prof. EP joins things up Checking in on people Encourage stuff to think about their own w/b Don't do direct work w/ CSp <ul style="list-style-type: none"> - Would like to do more Help the sig. <ul style="list-style-type: none"> - Preventative role ID role in therapeutic interestⁿ Not trained, even though trained in MH setting <ul style="list-style-type: none"> - Training based on family sig. therapy + psychoanalytic theory - In a setting where children come 4 therapy - Long-term case w/ child supervised by psychotherapist Clinical + EP use same assess. but diff. purpose / interpretation Put sig. up any concerns / signposting EPs look at strengths + needs, plan how to meet needs using strengths where as clinical / medical prof Sig. is diagnosis - problem focused Clinical psy use cog. assess to assess net of MH diff. Giving psy away so others feel empowered + like they've solved issue independently Empowering others is rewarding but hard to prove what you do 	<p>Influence:</p> <ul style="list-style-type: none"> Training (doctoral) taught what was + wasn't role Experience working w/ MH specialistⁿ in MH settings Taught need additional training for therapeutic work Trained to think of what next / how can I improve the sig. rather than just ID problem The experience of multi-d. workers <ul style="list-style-type: none"> - reciprocal learning / making distinct contributⁿ / challenge thinking Training gave confidence to go into the unknown + take sig. w/ you <p>Opportunities</p> <ul style="list-style-type: none"> EPs can do therapeutic work properly through wellbeing service MH app. = available to all EPs open to ideas / innovatⁿ + creativity <p>Challenges</p> <ul style="list-style-type: none"> Time allocatⁿ => trading time Therapeutic work is a long term commitment Training requires discussⁿ w/ others Little time for joint working <p>Multi-D</p> <ul style="list-style-type: none"> Critical friend Stand back from the SP Pointing out not in competitⁿ <ul style="list-style-type: none"> - Prof. tenⁿ due 2 diff. approach / goals Finding common ground helped to facilitate collaboratⁿ Don't always have much to say in mtgs but helpful being there to deal w/ it Not being about you - be person that helps 	<p>Being supportive + reliable help^r also trust sch is sig. 2. + helps</p> <p>Relships L sig. 2 EP role</p> <p>Medical need go to CAMHS or paediatrician</p> <p>In Over time, forged frameworks used in practice</p> <p>Nobody w/ it what we do</p> <p>Casework Ex. from long time ago</p> <p>Sig. work in MH settings supporting people in comm.</p> <p>Research on coaching</p> <p>Sch. think helpful to have EP but don't know why</p> <p>Intinatⁿ</p> <p>Feelings</p> <ul style="list-style-type: none"> - Confident - Enjoyment - Enjoytⁿ measures of complex work - Likes security - Feeling isolated as priv. practitioner - Compelled to notice what's known but will find out - Reluctant to be sig. as expert + specialist - Not directive / prescriptive
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Stage 6: Refining the Metaphorical Categories

Participant's Metaphors: The EP role is like...	Themes	Sub-themes	Service	Role
Agents of change			EPS 3	EP (< 5 years' experience)
Stupid cousins (of CAMHS)	Family outsiders	EP role is belonging	EPS 3	SEP
Chess piece – one part of bigger picture; one of the lesser pieces	Family outsiders	Mental health is a game	EPS 1	TEP
Little player	Family outsiders	Mental health is a game	EPS 1	TEP
Conduit	Signposts through process	EP role is direction	EPS 1	SEP (> 20 years' experience)
Road map identifying where people need to go and working collaboratively on how to get there	Signposts through process	EP role is direction	EPS 2	EP 5 – 10 years' experience
Gatekeepers to mental health resources	Signposts through systems	EP role is direction	EPS 1	
EPs are resource definers not defined resources	Signposts through systems	EP role is direction	EPS 3	SEP
School receptionist – signposting others as to where to go or what to do	Signposts through systems	EP role is direction	EPS 4	EP < 5 years' experience
Ghosts	Outsiders	EP role is belonging	EPS 1	TEP
Group of mental health professional at party and EPs are trying to get through the door but not invited	Outsiders	EP role is belonging	EPS 3	SEP
Being a vendor on a seaside resort that no one is particularly interested in	Outsiders	EP role is belonging	EPS 4	TEP
Soothing balm	Supporters of individuals in systems	EP role is nurturing – maintenance/enhancer	EPS 2	EP 5 – 10 years' experience
Personal trainer	Supporters of individuals in systems	EP role is nurturing – maintenance/enhancer	EPS 2	SEP (> 20 years' experience)

Support blanket	Supporters of individuals in systems	EP role is nurturing – maintenance/enhancer	EPS 3	EP (> 10 years' experience)
Shepherd	Supporters of individuals in systems	EP role is nurturing – maintenance/enhancer	EPS 3	EP (> 10 years' experience)
Top up of mental health glass	Supporters of individuals in systems	EP role is nurturing – maintenance/enhancers	EPS 3	EP (< 5 years' experience)
Psychological weathermen helping people see sunshine through the clouds	Supporters of individuals in systems	EP role is nurturing – maintenance/enhancers Torch/Illuminator	EPS 3	EP (< 5 years' experience)
Vitamins, gym subscription or Mindfulness app – building blocks people need to maintain good health	Supporters of individuals in systems	EP role is nurturing – maintenance/enhancers	EPS 3	SEP
Doctors of the mind	Supporters of individuals in systems	Experts/Position of authority	EPS 3	EP (> 10 years' experience)
When you sit in a church and listen to a priest talking about the Bible	Supporters of individuals in systems	Experts/Position of authority	EPS 3	EP (> 10 years' experience)
Umbrella shielding people; providing shelter	Supporters of individuals in systems	Safety net	EPS 2	SEP (> 10 years' experience)
Emergency services	Supporters of individuals in systems	Safety net	EPS 4	TEP
Critical friend	Supporters of individuals in the system	Critical friend	EPS 3	EP (> 10 years' experience)
Being a sounding board	Supporters of individuals in the system	Critical friend	EPS 4	EP < 5 years' experience
Bridge the gap so no one falls through without support	Supporters of systems	Safety net	EPS 1	TEP
Mental health joins two planets of education and psychology together and EPs help to merge these two planets together	Key link	Tapestry	EPS 3	EP (> 10 years' experience)

Knitting - pulling key information together	Key link	Tapestry	EPS 3	TEP
Bridge	Key Link	Bridge	EPS 3	EP (> 10 years' experience)
Translator between school and CAMHS	Systems links	Translator	EPS 2	EP 5 – 10 years' experience
Shining a light – highlight what needs considering	Torch /illuminator	Torch/illuminator	EPS 1	SEP (> 20 years' experience)
Drone seeing the full picture and not overpowering	Torch /illuminator	Torch/illuminator	EPS 2	EP 5 – 10 years' experience
Hope – the light at the end of the tunnel	Torch /illuminator	Torch/illuminator	EPS 2	EP 5 – 10 years' experience
Looking glass – helping schools understand what mental health means and changing negative narratives	Torch /illuminator	Torch/illuminator	EPS 2	SEP (> 10 years' experience)

Peer Reviewed Metaphorical Categories

METAPHORS USED TO DESCRIBE THE EP ROLE IN MENTAL HEALTH

EPs are containers

- EPs are like support blankets
 - EPs are like an umbrella
 - EPs are like a looking glass
 - EPs are like the top-up of a mental health glass
 - EPs are like meteorologists or psychological weather people that dispel the bad weather
 - EPs are like personal trainers (supportive not pushy ones)
 - EPs are like a soothing balm
 - EPs are emergency services
 - EPs are like vitamins, gym subscription or Mindfulness app
- Handwritten notes:*
 - "self reflective" with an arrow pointing to "looking glass"
 - "added extra?" with an arrow pointing to "top-up of a mental health glass"
 - "therapeutic" with an arrow pointing to "soothing balm"
 - "active" with an arrow pointing to "emergency services"
 - "support" with an arrow pointing to "supportive not pushy ones"

EPs are directors/conductors

- EPs are like shepherds
 - EPs are gatekeepers to mental health resources
 - EPs are facilitators or conduits in mental health
 - EPs are like school receptionists helping others navigate systems
 - EPs are like a map or sat nav
 - EPs are like priests in church that help people understand the Bible
 - EPs are resource definers not defined resources
- Handwritten note:*
 - "interpretive" with an arrow pointing to "help people understand the Bible"

EPs work collaboratively

- EPs are like a bridge
 - EPs are like a zip bringing two separate worlds together
- Handwritten note:*
 - "conductor" with an arrow pointing to "bridge"

EPs think holistically

- EPs are like a drone seeing the full picture
- EPs are like knitting
- EPs are like a camera lens that adjust their focus depending on the need

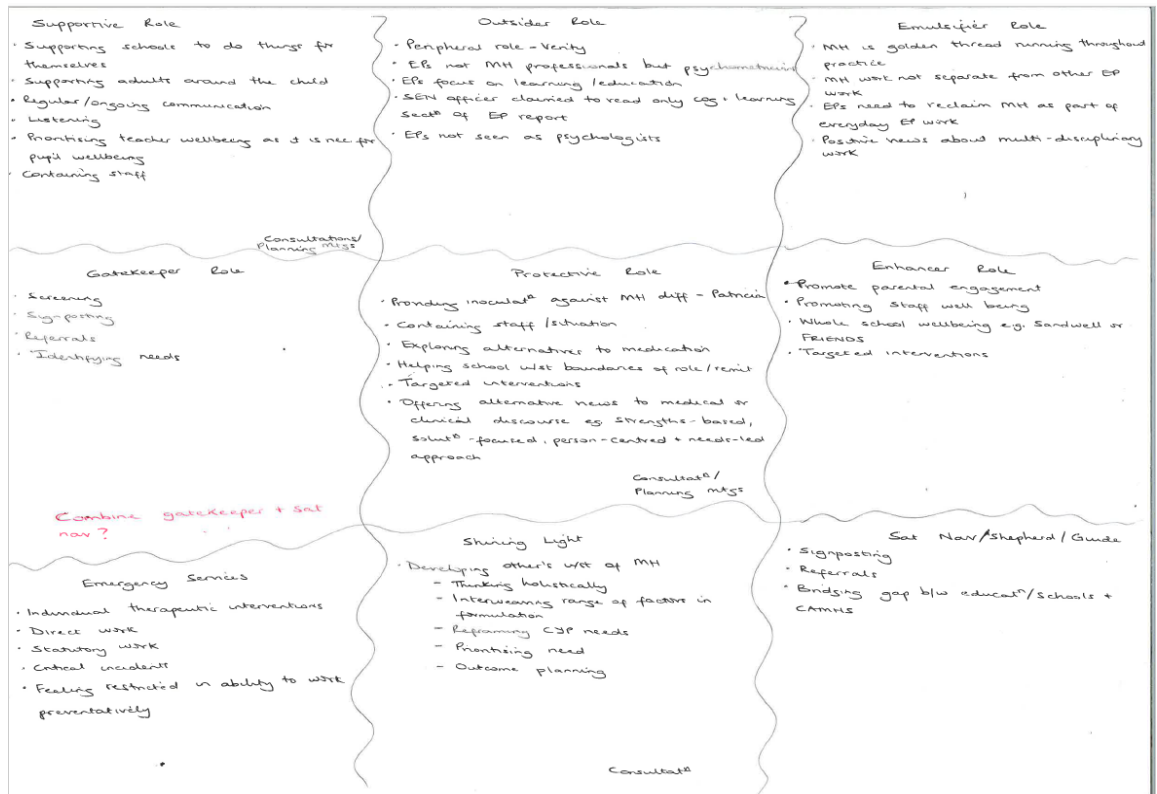
EPs are like outsiders in mental health

- EPs are like a chess piece - one of the lesser pieces like a pawn
- EPs are like ghosts in mental health
- EPs are like people trying to get into a party, but they are not invited
- EPs are like stupid second cousins
- EPs are like vendors on a seaside resort harassing tourists to buy their wares, but no one is particularly interested

EPs are like a torch

- EPs are like a looking glass
 - EPs are like a shining light illuminating how to meet CYP needs
- Handwritten note:*
 - "looking glass" circled in blue

Refining Metaphorical Categories



Stage 7: Table Mapping Metaphorical Categories with Data Extracts

Subcategories	Metaphors from the data	Excerpts from transcripts from illustrate the metaphor
Transformers – change or be changed in appearance, form or nature	Agents of change	<p>“...we would be able to facilitate, be agents of change...” Jimmy</p> <p>“So, I’m trying to broaden CAMHS perspective...” Rita</p> <p>“...and changing negative narratives around mental health” Star</p> <p>“...giving that young person sort of helping them to have more agency about changing if they want to change.” Tanya</p>
Containers – box or similar object for holding something	Container	<p>“...sometimes it’s a container, it’s containing anxiety...” Rita</p> <p>“...just an enormous amount of containment in our job...we have to make it look as if everything is fine but actually on the inside it’s just like it is not.” Nadine</p>
Navigators – plan and direct the route of a ship, aircraft or other form of transport	<p>Road map or sat nav</p> <p>School receptionists</p> <p>EPs are resource definers not defined resources</p>	<p>“...sometimes it’s a bit of a map, like where are we travelling...I have some ideas about the end destination...we look at our destination together...” Rita</p> <p>“...what sort of steps they can take to give the child some better coping strategies...” Marcia</p> <p>“we act as a sort of facilitator as a bit of a conduit...” Tanya</p> <p>“...identifying an appropriate intervention or signposting them...” Star</p> <p>“...also some signposting them to other services and other things that might be useful.” Lunar</p> <p>“...the majority of the time is doing appropriate signposting...helping to put a referral together...” Saschia</p> <p>“...EPs can sometimes be seen as resource definers rather than defined resources...” Judy</p>
Nurturers – help or encourage the	Soothing balm	<p>“...some kind of soothing balm...there’s lots of anxiety flying around...” Rita</p>

<p>development of someone's ability; have a hope, belief or ambition for a long time</p>	<p>Vitamins Gym subscription Mindfulness app</p> <p>Support blanket</p> <p>Top up of mental health glass</p> <p>Psychological weathermen helping people see sunshine through the clouds</p>	<p>"...we are the vitamins and the gym subscription and the mindfulness app on your phone rather than the doctor or the drug...kind of the building blocks that people need to maintain good health..." Patricia</p> <p>"...maybe we're like a support blanket." Cherry "...you have to really sit with someone's pain and understand where they are and empathise with that before you can move them on to the possibility." Lunar</p> <p>"...to help staff, school staff, parents and children, young people to top up their glass...be the facilitators that allow for that glass to stay topped up and as full..." Jimmy</p> <p>"...sort of sunshine and rain clouds being linked to sort of mental health...helping to dispel of the clouds...maybe we're the the...psychological weatherman...helping to see the sunshine through the clouds..." Jimmy</p>
<p>Supportive Coaches – an instructor or trainer; a tutor who gives private or specialised teaching</p>	<p>Personal trainer</p> <p>Shepherd</p> <p>Critical friend</p>	<p>"...suppose...be a bit of a personal trainer...I would want to be a more collaborative, the guider, more supportive..." Lunar "...you can provide that space where you help them work through what's needed and clarify the needs." Marley</p> <p>"...maybe shepherd guiding people." Cherry "...keeping a watching eye on what's going on..." Saschia</p> <p>"...sometimes it's to act as a bit of a...critical friend..." Tanya "...critical friend, because I will challenge people, even with schools I've worked with for a long time... be that critical friend..." Cherry</p>

	<p>When you sit in a church and listen to a priest talking about the Bible</p> <p>Doctors of the mind</p> <p>Sounding board</p>	<p>“...helping others help the young person...it’s a good enough metaphor, sometimes when you sit in church and listen to a priest...talking about the Bible...” Nadine</p> <p>“...the only simple metaphor I can think about is actually us being doctors of the mind...” Nadine</p> <p>“...you’re the type of sounding board...” Saschia “...just hang around a little bit longer and be a listening ear...” Rita</p>
<p>Protectors – a person or thing that keeps someone safe from harm or injury</p>	<p>Emergency services</p> <p>Umbrella</p> <p>Bridge the gap so no one falls through without support</p>	<p>“like there’s a fire that needs to be put out, and they call me when they’ve reached the stage where they can’t control it. They tried everything...” Ama “...I think sometimes schools refer children to you when things are quite bad so it’s less preventative...there’s a bit of a crisis or we’re really struggling.” Marley</p> <p>“I feel like an umbrella maybe shielding people from maybe the rain...providing like a little bit of shelter...we can be like a protective factor...” Star “...providing inoculation in a way against mental health difficulties.” Patricia</p> <p>“...I think we need to kind of bridge the gap between where we are and where they are, just so people don’t fall through.” Verity</p>
<p>Emulsifiers – a substance that stabilises a mixture of two liquids in which particles of one are evenly distributed in the other</p>	<p>Bridge</p>	<p>“...we can kind of act as a nice...point of liaison between schools and more clinical services...I think we can offer quite a nice kind of bridge” Donna “...my role...a bit of translation between what CAMHS are saying and what school are saying and what mom is saying...there’s a lot of sort of diplomacy and communication...” Rita</p>

	<p>Knitting</p> <p>Mental health joins two planets of education and psychology together and EPs help to merge these two planets together</p>	<p>“...we act as a sort of facilitator, as a bit of a conduit” Tanya</p> <p>“...we’re more of like pulling it all together...like knitting...you’re kind of knitting together...the different information from the child parent, the school environment and all kinds of other things that are going on...” Marcia</p> <p>“...maybe we’re joining things up.” Cherry</p> <p>“What we’re trying to do is, find some common ground between the different contexts...the main two planets are psychology and education...our role as supporting the mental health of children as well as in education...it’s bringing it closer together...give it a bit of overlap” Suzanne</p> <p>“I see myself as someone who’s kind of in that position that can make the links between the different people, kind of bringing things together...into a nice little neat bow” Marley</p>
<p>Illuminators – light up; help to explain or make clear</p> <p>Cameras with a flash</p>	<p>Shining a light – highlight what needs considering</p> <p>Drone seeing the full picture and not overpowering</p> <p>Looking glass</p>	<p>“the metaphor I would use is shining a light on it to say we need to think about this...” Tanya</p> <p>“...they’ve been lovely light bulb moments helping children and young people...” Lunar</p> <p>“...we’re more like a drone, maybe like we can see the full picture...” Marley</p> <p>“...it’s that bigger picture...let’s zoom out from what is he like in the clinic...what’s he like in general?” Rita</p> <p>“...like a looking glass, maybe helping schools understand what it means...helping people understand what it looks like when it’s healthy...” Star</p>

<p>Outsiders (gate crashers) – a person who does not belong to a particular group</p>	<p>Being a vendor on a seaside resort that no one is particularly interested in</p>	<p>“when you go on holiday abroad and you’re on the beach and there’s people trying to sell all sort of different things that no one’s really interested in...” Ama</p>
	<p>Ghosts</p>	<p>“I think EPs are kind of like a ghost in mental health...I think a lot of the time we’re kind of forgotten, so just in the background.” Verity “...we do have a role, but it’s not so much an acknowledged role...” Nadine</p>
	<p>Chess piece – one of the lesser pieces</p>	<p>“...we are primarily psychologists and I think that's very, that's something that schools forget sometimes...” Ama “...almost like a chess piece because we are just one part of a bigger picture...I would say that we are the ones that people think are not very central to services at all...we seem to be forgotten.” Donna</p>
	<p>Stupid cousins (of CAMHS)</p>	<p>“Clinical psychologists think that they are the real psychologists... as psychologists, we are...we are the stupid cousins with that educational psychologists are perceived as the people who know about schools and education” Patricia “...mental health oh we’ll just refer to CAMHS...it’s almost like they...don’t see us as psychologists so we’re just psychometricians.” Ama</p>
	<p>Group of mental health professional at party and EPs are trying to get through the door but not invited</p>	<p>“...like this group at a party and they’re all like mental health professionals and like EPs are trying to get through the door but they’re like they know about the party, they know like what’s going on, but they’re not quite invited in.” Judy “EPs feel quite apprehensive maybe they don’t want to tread on the toes of medical professionals.” Tanya</p>

		<p>“...schools...have been so engaged with us that it’s maybe led to professional jealousies ...and they [CAMHS] revert to well you do cognitive assessments, don’t you?” Lunar</p>
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