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A grounded theory study exploring the parent role in promoting children's positive mental health and preventing mental health problems

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Rebecca Lumb

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Abstract

The improvement of children's mental health has been a governmental priority over recent years (DH & NHS, 2015; DHSC & DfE, 2017;2018), with increasing numbers of children and young people experiencing mental health difficulties (Sadler et al., 2018, PHE, 2016; WHO, 2014). Guidance positions schools as providing a key platform for the improvement of children's mental health, through approaches the seek to identify and prevent problems, provide quicker access to support and promote resilience. Despite parents being in a prime position to promote children's resilience and support mental health, evidence suggests that there are challenges in the way that the parent role is currently conceptualised within the agenda to improve children's mental health. Research indicates that parents are one of the most likely persons to refer their child to a professional for support with their mental health (Crenna-Jennings & Hutchinson, 2019; Frith, 2017), this in light of rising referrals to child and adolescent mental health services (CAMHs), stretched services and increased waiting times points towards the need to explore and consider how the parent role might be supported within this context.

This research adopted a constructivist grounded theory (Charmaz, 2014) approach to explore collaboratively with 11 parents of primary school aged children, how they understood their role in the promotion of their children's positive mental health and in preventing possible mental health problems. The findings indicated that the parents saw themselves as holding the responsibility for their children's mental health and were motivated to work alongside school in order to fulfil this role. In implementing actions to promote and support their children's mental health, the parents experienced empowerment, disempowerment and uncertainty, drawing attention towards the need for parentally inclusive approaches that recognise and empower them within their role. The research finds implications for schools and for Educational Psychologists (EPs) in light of their unique and distinctive role working with schools, children and parents (Beaver, 2011; Cameron, 2005).

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[1] Pseudonyms are used to protect the identity of the parents, their children and the schools they represented throughout the thesis.

Authors Declaration

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's Regulations and Code of Practice for Research Degree Programmes and that is had not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

Signed: Rebecca Lumb

Date: 30.10.20

Abbreviations

AEP	Association of Educational Psychologists
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental health Services
CYP	Children and young people
CGT	Constructivist Grounded Theory
DCSF	Department for Children Schools and Families
DfE	Department for Education
DfES	Department for Education and Skills
DH	Department of Health
ECM	Every Child Matters
EP	Educational Psychologist
EPS	Educational Psychology Service
GT	Grounded Theory
HCPC	Health Care and Professionals Council
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PHE	Public Health England
SEMH	Social, Emotional and Mental health
SEND	Special Educational Needs and disabilities
SOPs	Standards of Proficiency
TEP	Trainee Educational Psychologist
WHO	World Health Organisation

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Chapter 1. Introduction

1.1 Rationale for the study

Over recent years narratives concerning the growing numbers of children experiencing mental health difficulties have filtered across professional and public domains, fuelled perhaps by the ever-expanding sources of information available through new forms of social media. Newspaper headlines for example, regularly cite the rising number of children experiencing mental health issues, increased waiting times and stretched services (Eckersley, 2011). Current efforts towards the improvement of children's mental health are led by government initiatives which position schools as having key roles and responsibilities (DHSC & DfE, 2017;2018; DH & NHS, 2015). Despite government led efforts to change the trajectory, evidence suggests that children's mental health continues to represent a cause for concern (Crenna-Jennings & Hutchinson, 2019; DH & NHS, 2015; DHSC & DfE, 2017 & 2018; Frith, 2016; Mental Health Foundation, 2016; WHO, 2014).

The consequences of childhood mental health problems are well-documented and include life-long implications for individuals and families (WHO, 2014; PHE, 2016; Mental Health Foundation, 2016). The economic cost of mental health problems is equally concerning (Mental Health Foundation, 2016), with the World Health Organisation (WHO) identifying depression as a global health issue (WHO, 2014). These factors invite considerations as to the reasons underpinning the increase in children's mental health difficulties, how we respond to them, and what might work most successfully for children and young people (CYP). Current evidence indicates that there are rising numbers of children being referred for specialist mental health services every year, resulting in stretched services and CYP, parents and families increasingly left holding the problem (Crenna-Jennings & Hutchinson, 2019; Frith, 2017).

Despite representing a key resource within children's lives (Bornstein, 2019), understanding of the parent role within the context of mental health promotion and the prevention of mental health problems is unclear (Yap et al., 2015). Whilst parents are implicated within school-based targeted and universal approaches (DfE & NHS, 2015; Weare & Nind, 2011; Weare, 2015), evidence suggests that there are challenges in schools and parents working together, experienced by both schools and parents themselves (Shute, 2016). Research indicates that parents are motivated to support their children's mental health (Honey et al., 2014; 2015), but perhaps need support to know what to do and how to do it (Honey et al., 2015). Given that many of the referrals made to CAMHS come from concerned parents (Crenna-Jennings &Hutchinson, 2019; Frith, 2017), do not meet the threshold for support, or endure long waiting lists, it is important to consider how parents view their role and whether there are ways that EPs could work differently with them, to support them in promoting

their children's positive mental health and responding to problems in ways that might reduce the number of children experiencing mental health problems.

1.1.2 Children's Mental Health: The picture painted by numbers

Research demonstrates the concerning picture of children's mental health, with the majority of mental health difficulties beginning in childhood, adolescence, and young adulthood (Green et al., 2005; Sadler et al., 2018; DH & NHS 2015; WHO, 2014). Over time, the statistics have demonstrated an increase in the number of children likely to have a mental health difficulty and the age of onset, becoming lower (DH, 2011; Mental Health Foundation, 2016). For example, Green et al. in 2005 found that 9.6% of 5 to 15 year olds could be recognised as having a clinically diagnosable mental health difficulty, in 2018, when these statistics were explored again, Sadler et al., (2018) found "One in eight (12.8%) 5 to 19 year olds had at least one mental disorder" (Sadler et al., 2018, p.5).

The WHO (2014) states that more than 80% of adults with mental health diagnosis had an earlier mental health difficulty from the age of 11. The onset age for anxiety difficulties and impulse control disorders is found to be most likely at around 11 years of age, (Kessler et al., 2007) whilst attention deficit hyperactivity disorders start earlier at the age of 4 to 11 (Kessler et al., 2007; Sadler et al., 2018). These statistics point to primary schools as an area of focus, given the concerningly young age of children being identified as vulnerable to developing a mental health difficulty. Indeed, in a recent UNICEF (2020) report we are warned of a "looming children's crisis" with poor mental health a "staple of modern childhood" (UNICEF, 2020).

1.1.3 Defining children's mental health

According to Beaver (2011) verbal communication is a secondary rather than a primary representation of experience. Even if a shared understanding of the words used exists, interpretation is made sense by the enquirer, based upon their own model of the world (Manwell et al., 2015). Both processes; the production of information and the receiving of information are subject to interpretation which, according to Lewis and Pucelik (2012) can result in generalisations or distortions of the content and meaning. Since language plays an important role in generating meaning, creating realities, developing knowledge and reinforcing social inclusion or exclusion (Burr, 2003) it is important to pay attention to the language and terminology that exists around mental health.

Research draws attention towards a vast array of terminology and definitions existing within the field of mental health, and also to the lack of shared consensus even amongst 'experts' within the field (Manwell et al., 2015). Various definitions exist which are complicated by different interpretations and meanings associated with the terminology (Manwell et al., 2015). A theme

within literature considers whether mental 'health' and 'illness' are distinct and separate constructs, or points of reference along a continuum (Bhugra et al., 2013).

Cattan and Tilford (2006) highlight that the term 'mental health' is often used as a euphemism for 'mental illness', where the idea of mental 'health' is understood as the absence of mental 'disease' or 'illness'. This is reflected by the WHO (2014) who describe mental health as:

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

Some praise this definition as shifting the focus from a pathogenic perspective towards a salutogenic perspective and thereby emphasising the active role an individual has in promoting their own mental health (Cane & Oland, 2014). However, critics point out that in describing a state of 'good mental health', it perhaps misleadingly suggests that mental 'health' is a purely positive state, signified by feelings of mastery and a sense of happiness. As highlighted by Galderisi et al. (2015), "*people in good mental health are often sad, unwell, angry or unhappy, and this is part of a fully lived life for a human being*" (p. 231). Conversely, people with mental health problems can still perform well in other domains of good mental health (Galderisi et al., 2015), for example, a person with depression can still have positive self-management skills or creativity skills which are linked to good mental health (Carr, 2015). At the same time, people who are not identified as experiencing a specific mental health problem, do not necessarily have good mental health (Fusar-Poli, 2020).

Others highlight a more neutral understanding of mental health, positioning that mental health can either be good or poor, suggesting it is a fluid state that is changeable and affected by many factors including, environmental factors (Sarotrius, 2002), the extent to which basic needs are met (Bhugra, et al., 2013) and genetic factors (Carr; 2015; Fusar-Poli et al., 2019).

The Mental Health Foundation (2016) describes mental health 'problems' as existing on a scale from everyday worries to more serious and chronic conditions. The diagnosing of mental health difficulties is informed by certain systems of classification[2] which inform treatment access (Carr, 2015; Kinderman, 2014). The usefulness of mental health diagnoses is disputed (Mental Health Foundation, 2016), with some arguing that being diagnosed with a mental health difficulty can result in social exclusion, stigma and discrimination (Kinderman, 2014). Research supports this showing

[2] Such as the Diagnostic and Statistical Manual of mental disorders (*DSM-5*) *DSM–5* is the standard classification of mental disorders used by MH professionals (Carr, 2015).

that parents can avoid seeking help for their child related to the fear of blame and stigma (Ohan et al., 2015; Reardon et al. 2017) and name 'stigma' and a lack of resources as reasons to not support the screening of children's mental health difficulties in school (Soneson et al., 2018)

Stigma associated with the term "mental health" is acknowledged widely (Weare & Nind, 2011) and is perhaps rooted in a long history of negative and exclusionary messages associated with the word "mental" (Foster, 2006). The results of which are perhaps reflected in the use of alternative phrases such as "wellbeing" and the existence of campaigns and charities aiming to reduce the stigma and get people talking (www.Mentalhealth.org). From a socio-political perspective, I view that the existence and use of alternative phrases could continue to influence stigma relating to the term mental health, potentially reinforcing the message that mental health is not something we should talk about. The existence of a range of terminology for mental health potentially adds to the confusion associated with finding a definition and may reflect a barrier towards changing the stigma. In view of this, and in support of the need to reduce the stigma related to mental health, I have chosen to limit the terminology in the research to 'mental health' as an overarching term, which can refer to 'the promotion of good mental health' and 'the prevention of mental health problems'. Therefore, agreeing with those who define mental health as a neutral term that can be either good or poor (Mental Health Foundation, 2016). This position is in keeping with DfE and NHS (2015) guidance which describes 'promotion' as "*supporting children and young people and their families to adopt and maintain behaviours that support good mental health*" (p.33) and 'prevention' as "*Preventing mental health problems from arising, by taking early action with children, young people and parents*" (p.33).

Importantly, some have drawn attention towards the fact that there is often an assumption within research that there is a shared understanding of the term mental health, between the researcher and the participants (Manwell et al., 2015). Clearly, given the lack of agreement as to a definition of mental health, it is fundamental to seek to understand another person's viewpoint in any research aiming to explore their views of the topic. Moreover, the variability in terminology positions the need for further research as a priority, especially in fields such as Educational Psychology where the supporting and promoting of good mental health is a regular and fundamental part of the role (AEP, 2017).

1.1.4 Why is the incidence of children's mental health difficulties increasing?

Whilst the statistics tell us that mental health problems in children are increasing, they provide little information as to why. It is important to consider the potential reasons underpinning the increase in children's mental health, in order to explore how these relate to the frameworks of treatment that

exist, and to examine whether there are gaps or incoherencies within the relationships between causes and treatment. Embedded within a deficit model perspective, is the notion that the "problem" exists within the child, and therefore the best way to solve the problem is to treat the child, whether through medication, intervention, or a course of therapy (Horwitz & Wakefield, 2007). Alternative viewpoints (such as those informed by a social model perspective) demonstrate a number of factors outside of the child, which have influenced the increase in children's mental health issues over recent years.

1.2 Government Initiatives – Legislation and Policy Development

In response to the rising number of CYP experiencing mental health problems, the government has repeatedly stated its ambition to transform services and improve the trajectory, particularly over the past two decades.

In 2011 the DH released a strategy titled 'No Health without Mental Health', recognising a need to improve public mental health as a key government priority. This strategy embodies notions of mental health promotion, describing the importance of 'good mental health'. It notes the significance of building resilience and describes ways in which this can be achieved, through the utilisation of ordinary resources, for example it states that: "*There are many things individuals can do to improve their own Mental Health; taking regular exercise and participating in meaningful activities, such as arts and sports activities and experiencing the natural environment*[3]" (DH, 2011, p. 31). Resonating with Masten's (2015) notion of 'ordinary magic', it also highlights "five steps to wellbeing" which suggest that better mental health could be achieved through simple activities:

- connect – with the people, family, friends and neighbours
- be active – go for a walk or a run, do the gardening, play a game
- take notice – be curious and aware of the world around you
- keep learning – learn a new recipe or a new language, set a challenge
- give – do something nice for someone else, volunteer, join a community group

Alongside the introduction of this strategy there has been an increased focus upon children's mental health. Key guidance, legislation, policy and government led research has influenced changes in practice around children's mental health, with the positioning of schools as central to the realisation of government initiatives (DH, 2014; DH & NHS, 2015; DHSC & DfE, 2017;2018).

[3] the natural environment is defined as the green open spaces in and around towns and cities as well as the wider countryside and coastline (DH, 2011).

1.2.1 Prevention, Early intervention, and promotion

These efforts have frequently framed the improvement of children's mental health as involving 'prevention', 'early intervention' and the 'promotion' of resilience, recognising that earlier intervention and preventative efforts will "provide timely support to children and young people before mental health problems become entrenched" (House of Commons Health Committee, 2014, p. 98). The DH and NHS (2015) 'Future in Mind' strategy, suggested that "the promotion of resilience, prevention and early intervention" (p.13) was a key priority, it outlined the need to 'promote' good mental wellbeing and resilience, by "supporting children and young people and their families to adopt and maintain behaviours that support good mental health" (p.33) and 'prevent' mental health problems from arising, by "taking early action with children, young people and parents who may be at greater risk" (p.33) and 'intervene early' so that "children and young people are supported as soon as problems arise to prevent more serious problems developing" (DH & NHS, 2015,p.33).

1.2.2 Implementation of government strategies

The Future in Mind strategy (DH &NHS, 2015) claimed that the transformation of children's mental health could be achieved through changing/adapting the ways that existing services worked, so as to inform a financially viable approach, for example placing a bigger emphasis on the role that schools could have in recognising and responding to mental health problems. However, following the implementation of a number of evaluations of children's mental services (see for example: House of Commons Health Committee, 2014; PHE, 2016; Frith, 2016) and a review of children's mental health in Great Britain (Sadler et al., 2018) it was realised that CYP mental health continued to require attention.

More recently the government green paper: 'Transforming children and young people's mental health: a green paper' (DHSC & DfE, 2017) positioned the need for quicker access to expert help and better connections between NHS professionals and schools. The implementation of these ideas is outlined in the 2018 response (DHSC & DfE, 2018), which places emphasis upon the need for more mental health NHS professionals working in schools, quicker access to specialist treatment and the need for schools to identify a designated lead for mental health, costing around £1.4 billion.

Whilst schools are well-placed in the identification and supporting of children and young people's mental health needs (DH &NHS 2015; DHSC & DfE 2017; DfE, 2018, Brown, 2018), research demonstrates varying levels of success (Arthur et al., 2011; Langley et al., 2010; Lendrum et al.,

2018; Sharpe et al., 2016), with multiple reasons for this, including increased levels of teacher pressure and stress (Rothi, 2008), limited resources and lack of training (Sharpe, et al., 2016).

Recent evidence indicates that despite government led efforts, the problem of children's mental health remains a concern with research demonstrating that CAMHS are, on average, turning away nearly a quarter of children referred to them for treatment by concerned parents and teachers, and there are long waiting lists for support (Frith, 2017; Crenna Jennings & Hutchinson, 2019; CQC, 2018; Fusar-Poli, 2019). This process is potentially exacerbating problems for CYP.

1.3 Resiliency Theory

Literature exploring the factors that help children to flourish, draws attention towards the role of resiliency theory as offering a potential solution to these challenges. Resiliency theory illuminates the potential of existing strengths and resources within a person's life, building a person's capacity to cope in the face of adversity and utilising the strengths of the people and resources around them. The building of resilience is recognised as an important factor for positive mental health, providing strength in the face of adversity, and valuing adversity for providing opportunities for personal growth (Masten, 2015; Weare, 2015; Masten & Cichetti, 2016; Masten, 2018).

Research around what works to promote children's wellbeing recognises that the range of challenges facing CYP such as socioeconomic disadvantage, parental mental illness, poverty and community violence (Eckersley, 2011) for example, either directly or indirectly affect large populations of children, indicating that universal approaches, as opposed to targeted ones, are more likely to be effective in building resilience by reducing stigma and building supporting communities (Roffey, 2016; Cefai, 2008). Roffey (2016), discusses that the benefits of developing universal approaches that promote the wellbeing of all, can result in supportive cultures amongst the people within a school community, including parents.

Resiliency theory has championed a powerful and empowering message; that it is best achieved through ordinary processes, everyday resources and natural supports (Masten, 2015; Ungar, 2011). Masten (2015) terms this 'ordinary magic' in highlighting how the utilising of existing resources, relationships, and building upon the strengths that already exist is more likely to build a child's resilience, than measures which involve unfamiliar people and environments. Indeed, research demonstrates that the most successful factor of any mental health treatment or intervention is the relationship built between the child and the person delivering the intervention, more than the intervention per se' (Masten, 2015). This draws attention towards the position of parents as 'natural supports' in a child's life and the need to consider their role in the improvement of children's mental

health. As suggested by Davidson et al. (2006) the integration of existing resources (those naturally occurring within a child's life) is likely to have better financial outcomes as well as better outcomes for children's mental health.

1.4 The role of Educational Psychologists

Educational psychologists (EPs) represent a well-placed yet under-recognised resource within the strive for improving children's mental health (Zafeiriou & Gulliford, 2020), with only one mention within the DH and NHS Future in Mind strategy. Despite the poor acknowledgement of the EP role in supporting the improvement of children's mental health, research demonstrates that EPs represent a key provider of mental health support to schools (Sharpe et al., 2016) and parents value the role of EPs (Squires et al., 2007). Evidence regarding EP practice within mental health promotion and prevention is limited in terms how they engage with parents, this is especially so within mental health casework (Zafeiriou & Guillford, 2020).

EPs are unique in their role bridging the gap between policy and practice and are well-placed to support schools in their role responding to mental health problems and promoting wellbeing (Cameron, 2005) with an ability to respond flexibly to the changing socio-political context (Fallon et al., 2010). EPs dynamic role means that they are well-placed to support mental health promotion and prevention, working systemically with schools and on an individual basis with children, parents and schools. Moreover, working with parents is recognised as a core and unique function of the EP role (Lee & Woods, 2017), and in working across the contexts of families, parents, schools and children they are well placed to implement resiliency-based approaches that build upon the strengths and resources existing around a child. In the words of Beaver (2011):

> "*we accept the assumption that the system of influential adults has the resources to promote positive changes on the child's behalf, despite the views of many, change does not always require more in terms of resources*" (p.16)

This research exploring the parent role is hoped to also contribute towards recognition of the key position EPs hold in the contexts of the promotion of good mental health and the prevention of mental health problems, especially in relation to working with parents.

1.5 Aims of the research

This research aimed to explore and provide an understanding of the parent role in the context of improving children's mental health. Using a CGT approach, the research sought to work collaboratively with parents, exploring how they themselves view and experience their role and to examine how EPs might work with parents and schools in the agenda to improve children's mental

health. Reflecting research evidence that the likely age of onset is becoming increasingly younger, (Sadler et al., 2018) the research focussed upon parents of children in primary school aged 8-11 years. This focus was further justified when limited research could be found exploring the parent role supporting mental health with this age group, as opposed to older adolescents, and furthermore it follows the understanding that prevention and early intervention are important at the primary school stage of education (DH&NHS, 2015; DfE, 2018).

1.6 The research setting

The research was set within Devon, where the researcher was on placement as a Trainee Educational Psychologist (TEP). The area is renowned for its natural beauty, coastline and countryside; however, it also holds large pockets of poverty and deprivation (Devon County Council, 2019). North Devon, where this research took place, is home to the three most deprived areas in Devon, which also fall within the 10% of the most deprived areas in England.

In 2018, OFSTED and CQC (Care Quality Commission) implemented a joint inspection of Devon, to judge the effectiveness of the area in implementing the special educational needs and disabilities (SEND) reform as set out in the Children and Families Act 2014 and the SEND code of practice (DfE, 2015). The inspection found that children's mental health services were an area requiring improvement and that communication with parents in general was poor, it notes:

> *"There is considerable dissatisfaction with the local areas arrangements for families accessing child and adolescent mental health services and the support for children and young people's emotional well-being and mental health. The benefits of a recent initiative to keep parents informed and reduce waiting times for CAMHS are not being felt by parents. Parents do not have confidence in the service. A significant group of parents report that their children and young people's emotional well-being and mental health needs are not being met"* (Ofsted & CQC report, 2018, P.8).

As such, it is hoped that this research may contribute towards knowledge around working with parents, that enable parents to feel involved in processes around their child's mental health and to develop confidence in working with professionals. Moreover, it hopes to align ways of working to be coherent with the SEND code of practice (DfE, 2015), by centralising the importance of parental voice and collaboration with parents as key stakeholders, positioning this as fundamental to the achievement of improving children's mental health.

1.7 The research origins and significance

The research originates from a place of personal and professional interest, influenced by the researcher's experiences across these two domains, alongside consideration of the political focus to improve the state of children's mental health.

Embarking upon research in the field of mental health, this project enters an area of highly politicised and contested themes, for example around the nature of mental health, the values surrounding parenting and ideas about what is in the best interest of children. Charmaz (2014) points out that from a social constructionist perspective, instead of aiming for neutrality, the researcher should take an explicit value stance from the beginning, so that the reader can engage with findings of the research, holding these values in mind.

1.7.1 Medical and social models

Various perspectives of mental health exist within health, education, psychological, sociological and political fields, depicting different understandings and different ways of thinking about and responding to the concept. My training as a TEP has introduced me to two broad and distinct fields; the medical model and the social model. Within a medical model, mental health is defined or understood in a pathological way; problems are thought of as a resultant from individual, pathological deficit with solutions aiming to treat the problem, including for example, medication or therapy (Carr, 2015).

A social model views mental health in terms of the dynamic interaction between the environment and the person. Problems may be experienced by the individual, but the causation and the problem exist outside of them within the systems in which they live (Carr,2015). Solutions, therefore, reside in the adjustments of these systems. This way of thinking is consistent with resiliency theory, and it is within a social model that this research is situated.

1.7.2 Personal and professional background to the research

My reasons for implementing this research are related to my experiences prior to embarking upon training to become an EP and linked to my motivation to advocate for the key role that I feel EPs hold in supporting the improvement of children's mental health.

I previously worked for CAMHS, with CYP who were experiencing significant mental health difficulties requiring inpatient admission. I worked closely with parents supporting them with risk management planning and supporting their child's recovery as they returned home. I became particularly interested in the experience of this for parents, it appeared a highly stressful and challenging time. Many of the children who I worked with received high levels of medication, hospitalisation and inpatient care, and by default, they were somewhat removed from their families,

their home environment, their school and their daily lives. Whilst parents were a significant part of their child's recovery, I wondered how they saw themselves as a resource within this context, and how much they were supported to be empowered within their role.

Since training to become an EP, I have met many parents who have concerns about their child's mental health and wellbeing, and my interest to explore their role in promoting positive mental health has developed further. I believe that the actions parents take at a preventative and promotive level could reduce the number of children who go on to experience significant mental health problems. I believe that EPs have a key role working with children, parents and schools within the contexts of their everyday lives to support and promote better mental health.

1.7.3 Epistemological stance

A social constructivist and interpretivist position which values systemic and narrative factors, shapes my understanding, and therefore underpins the epistemological position in relation to this research. These perspectives value the experiences and viewpoints of all individuals within a social environment, such as a family context, as important. Additionally, these approaches take a de-pathologising position, giving value to people's own understanding of mental health.

Aligning with a social constructivist perspective, parental understanding of their role is considered within a context; a context of wider social, economic and political factors relating to children's mental health and parenting. Therefore, when considering parental views about their role within this context it is viewed that it is impossible to consider their understanding as separate from the contexts in which they live; value is placed upon the contextualised and situational factors influencing the parents who took part in the research.

1.7.4 Constructivist Grounded Theory

I was drawn towards GT early in the research journey. It seemed to offer a robust way of investigating and explaining how parents view and experience their role, whilst illuminating how EPs might work with parents and schools differently in the context of children's mental health. My aim was to bring understanding of the parent role alongside school in the context of improving children's mental health and then to go beyond this to consider how EPs can use this knowledge to better meet children's mental health needs. GT has been designed to facilitate exactly this kind of investigative research (Denzin and Lincoln, 2018). CGT (Charmaz, 2000; 2006; 2014) resonated with my values as a TEP, in particular with my desire to work collaboratively with parents, with my understanding of how children learn and develop and with my values in seeking to be a reflexive practitioner. Vygotsky (1978) informs us that we learn about ourselves and the world around us

through our interactions with others; central to the philosophy of empowering parents within their role is the understanding of parents as a child's first and most influential teacher.

1.8 Chapter Summary and outline of the structure of the thesis

This introductory chapter has endeavoured to provide a context to the research, following this Chapter 2 will provide a literature review, exploring related research whilst locating the scholarly and academic context to which this research intends to contribute. The chapter closes with conclusions from previous research, illuminating gaps and setting out the subsequent aims and research questions relating to the research.

In Chapter 3, the methodology and approaches implemented are outlined, with an in-depth exploration of the epistemological and ontological positions to which the research is pertained, with methods of data collection and analysis detailed.

Chapter 4 will provide the key findings from the research, followed by Chapter 5 which will explore literature relating to the findings of the research. Chapter 6 will discuss the findings in relation to the literature explored, the implications of the research, opportunities for future research and an evaluation of the quality of the research its strengths and its limitations. Finally, Chapter 7 will provide closure to the piece of work concluding the key findings in relation to the research questions.

Chapter 2. Preliminary Literature Review

2.1 Introduction

Traditional GT methodology asserts that the researcher should commence the research without a literature review, in order to limit exposure to previously conceptualised theories and avoid the possibility of any previous ideas influencing the researcher's interpretation, thereby promoting the generation of a true GT (Giles et al., 2013). This position has been contested by those who argue that it is unrealistic to assume a researcher could commence a piece of research with such limited awareness of the field, (Charmaz, 2014) and others who highlight that this recommendation is incompatible with postgraduate degrees or doctoral level research, where the researcher is required to demonstrate a clear rationale for the project (Birks & Mills, 2015).

I considered how these issues could be addressed whilst staying true to a GT philosophy, time was taken to contemplate how the literature should be engaged with and at which points of the research process. In doing this, I made the decision to implement a broad review of the literature that aimed to provide an overview of the current knowledge bases relating to the parent role relative to mental health, and inform my rationale for conducting the research, whilst aiming to limit the influence of previously conceptualised theories (Birks & Mills, 2015). Consistent with CGT methodology, a second literature review was implemented following the completion of the data analysis, in order to explore the how the theoretical findings of the research related to existing theory and research (Charmaz, 2014).

2.2 Search Strategy

Elements of a systematic search were employed to decipher the field of research using broad inclusion criteria in order to gain an understanding of how the parent role has been explored. Between September 2019 and December 2019, the following databases were searched for peer-reviewed relevant research; PsycINFO, ERIC (Educational Resources Information Centre) (via EBSCO host) and British Education Index (Via EBSCO host), JSTOR and Web of Science. Individual journals were also searched including; Education Psychology in Practice (EPiP), British Journal of Educational Psychology, Educational Psychology Review and Psychology in the Schools, in order to explore research within an educational psychology context, and "grey literature" (Oliver, 2014, p.138) such as theses and reports were searched for using the university databases. A "snowballing" approach (Oliver, 2014) facilitated the identification of further seminal or relevant papers.

The literature search was purposefully broad[4] with a focus on "the parent role" as a guide, it explored research within both educational and clinical fields in order to examine how the parent role

[4] Broad refers to the wide inclusion criteria employed (see appendix A)

has been explored and is contextualised within these areas. Research was searched for that contributed towards understanding of the parent role in relation to preventing mental health problems and promoting good mental health in children and young people (Appendix A contains details of the search strategy).

2.2.2 Search findings

The search findings revealed limited literature exploring the parent role directly, this often secondary to the major focus of the research. The topic has been explored more directly within a clinical field than an educational one, with research exploring help-seeking and accessing help, and some research exploring explicitly the actions parents take to directly support a child with a diagnosed mental health difficulty. Much of this research is with parents of older children rather than primary school aged children. Within an educational context research has focussed upon parental involvement with school-based preventative or promotive programmes often with an evaluative stance. Research exploring parents' views of these programmes provides information about how they see their role. Limited literature could be found exploring how EPs work with parents in mental health related casework.

This literature review whilst informed by a systematic search, takes the form of a narrative review (Bryman, 2016), "seeking to provide an overview of the field" (Byman, 2016, p.91). It is separated into three sections reflecting the literature searches, which explored firstly, explanations for the increase in children's mental health difficulties over recent years, in order to contextualise the need to explore how we respond to them and the importance of acknowledging the role of parents within this. Section two examines, in line with current government guidance, the parent role within targeted and universal approaches, looking broadly at research within an educational context. Finally, section three explores the role of parents within prevention and promotion, it begins with an exploration of how parents respond to problems examining help-seeking and accessing support before exploring research that has examined most explicitly the actions parents take to promote their children's mental health. The chapter concludes with a summary of the literature influencing the rationale for the research within the considered context and presenting the research aims and questions.

Section 1: Factors contributing to the increase in children's mental health difficulties

2.3 The focus on treatment over promotion

Some suggest that the focus of research (within psychology, medicine, neuroscience and psychiatry) has been the prevention of poor mental health (Dunsmuir & Cobbald, 2017; Fusar-Poli et al., 2020; Holder, 2012), contributing to a focus upon illness and treatment (Arango et al., 2018; Holder, 2012;) as opposed to focussing on the strengthening of good mental health which has received less empirical research (Holder, 2012). This has influenced the development of evidence-based interventions focussing upon the reduction of mental health "symptoms" as opposed to the bolstering of supportive factors. Holder (2012) suggests that a change of perspective is needed when discussing children's mental health, arguing that effective mental health promotion, needs to incorporate a positive psychology approach focussing on the factors that contribute to human flourishing and happiness; he suggests that instead of asking "what's wrong with you and how can we fix it?" we should be asking "what is going well and how can we promote it?" (Holder, 2012, p. 9)

Relating to this, others have drawn attention towards the way in which support and treatment for CYP mental health is organised, and the framework upon which CYP mental health is understood, with the existing model of CAMHS being criticised for being rigid and requiring CYP to fit into services, as opposed to services responding to their needs (Fusar-Poli, 2019). Fusar-Poli (2019) suggests that this is particularly true for children aged 0 to 12 where there is currently a lack of evidence for effective support for this age group.

Friesen (2007) proposes that CYP mental health support is built upon an adult model of recovery, arguing that there is a need for better translation of resiliency theory into evidence-based practice. Friesen (2007) suggests that there is a need to explore how resiliency-based literature could be better used to inform practice, arguing that "*Despite the enthusiasm among children's mental health service providers for the goal of resilience building, there is a need to move from general "strengths-based" practice to practice based on specific resilience-related knowledge*" (Freisen, 2007, p.47). One such way to improve the integration of resilience related knowledge into practice as suggested by Friesen (2007) involves a two-pronged approach aiming to improve family and CYP's participation in planning and decision-making, alongside the need to review the messages conveyed to families in policy and practice from those that inadvertently communicate blame to family members towards messages that instil hope and optimism.

2.4 The changing social construction of childhood over time

Alongside the focus on preventative over promotive efforts, some have argued that the social construction of childhood has changed over time to reflect multiple factors that have resulted in increased CYP mental health difficulties. For example, some have suggested that children's normal emotions have become conflated with medical labels, highlighting that behaviours which were once considered normal are today likely to be labelled as a deficit (Timimi, 2010). Others suggest that the likelihood of children experiencing mental health difficulties has increased due to changes in children's lifestyles[5], for example Gray (2011) suggests that opportunities for children to play, especially outside with other children, have declined, whilst anxiety and depression have increased. Similarly, the WHO (2014) highlights that factors such as poverty, social and economic inequality and discrimination, are all determinants of poor mental health, affecting large populations of children.

Despite these factors being outside of the child, it is argued that treatment inaccurately focusses upon the child as the problem (Eckersley, 2011; Horwitz & Wakefield, 2007; 2009). Horwitz (2007) for example, argues that the experience of distress as a result of sociological experiences is normal, but suggests that diagnostic tools (such as the Diagnostic and Statistical Manual) can result in a labelling of normal emotions as dysfunctions, resulting in an "*overestimation of the number of children considered to be disordered, the focus of social policy on the supposedly unmet need for treatment, and enlargement of the social space of pathology in general culture*" (Horwitz, 2007, p. 211). This taking attention away from the sociological, environmental and economic reasons potentially influencing the rise in children's mental health difficulties.

Expanding upon this, Eckersley (2011) highlights how the existence of certain narratives within society can influence people's behaviours and understanding of mental health. Eckersley (2011) suggests that narratives can misleadingly position mental health difficulties as confined to the disadvantaged, resulting in the inaccurate channelling of resources, maintaining of stigma and widespread causal factors not being tackled. Eckersley (2011) argues that mental health difficulties are no longer confined to the disadvantaged, highlighting that mortality rates understate the importance of non-fatal, chronic ill-health, and that self-reported health and happiness scales do not give an accurate picture of wellbeing, he argues:

[5] Decrease in exercise, sleep and play, and an increase in leisure activities involving computerised devices and technology, which can be isolating and linked to increases in anxiety and depression (Frith, 2017; Eckersley, 2011).

"*Mental illness and obesity-related health problems and risks have increased. The trends are not confined to the disadvantaged. The causes stem from fundamental social and cultural changes of the past several decades. Stories inform and define how governments and society as a whole address youth health issues. The usual narrative says interventions should target the minorities at risk. The new narrative argues that broader efforts to improve social conditions are also needed*" (Eckersley, 2011, p.627). This perspective supports the need for universal approaches that aim to promote the better mental health of all.

2.5 Waiting times and rejected referrals

The "gap" between the identifying of difficulties and the accessing of support has been widely recognised as a factor relating to the problem of increased CYP mental health difficulties (NHS and DH 2015) with only 25–35% of CYP accessing treatment (O'Brien et al., 2016). McGorry (2018) describes the irony that while 75% of psychiatric disorders, develop before the age of 25 they have the worst level of mental health care access throughout their entire lifespan (McGorry, 2018).

A report by the NHS benchmarking system in 2019 found that there has been a clear 'upward trend' in referrals to CAMHS over the past 7 years, and whilst increased capacity has been demonstrated, demand continues to outstrip services, with increases in CYP on waiting lists and suggestions that 'unmet needs' represent a key factor in the challenge of CYP mental health (Fusar-Poli, 2019). Awareness of this situation is acknowledged by parents who described the screening of children for mental health difficulties in school as unhelpful or even 'harmful' with inaccurate identification, stigmatisation, and low availability of follow-up care as reasons for this (Soneson et al., 2018). Research demonstrates that many referrals made to CAMHS do not meet the threshold for support, for example, during the financial year 2018-19, Crenna-Jennings & Hutchinson (2019) surveyed 60 CAMHS in the UK, finding that on average, 26% of referrals to CAMHS were deemed inappropriate and therefore rejected. This finding was consistent with data collected since 2015, the year that government-led national transformation plans were launched, suggesting therefore that transformation efforts are not currently successful. Crenna-Jennings and Hutchinson (2019) estimate that approximately 132,700 children were referred for but not accepted into treatment.[6]

In the same year 2018-2019, of those referrals who were accepted, research by NHS Digital (2019) demonstrates that there was an average of 50 days waiting time between the referral and the treatment. In the southwest of England, the number was slightly higher at an average of 58 days. In the UK this means that 37,898 CYP people were waiting for over 12 weeks for treatment to start.

[6] Forty-five providers responded to this question (a response rate of 75.0 per cent). On average, 21.1 per cent of referrals to specialist CAMHS were rejected or deemed inappropriate across the country.

Evidence suggests that those children who are rejected for support, are re-referred by concerned parents at a later date (Crenna-Jennings & Hutchinson, 2019), this potentially reflecting a reality that families are struggling to know how to promote good mental health and prevent poor mental health themselves, with the notion of treatment pinned upon professional support as opposed to exploration of the ordinary and natural resources already available (Masten, 2015).

This bed of research draws attention towards some explanations for the increase in children's mental health difficulties, in particular those relating to the influence of social understanding of mental health and the way in which support is organised. Parents and carers represent one of the most likely persons to refer a child for support (Crenna-Jennings & Hutchinson, 2019; Frith, 2017), this in light of increasing waiting times, the gap between treatment and support, the likelihood of children not meeting the threshold for support, and a lack of resiliency-based evidence being integrated into support, leads to the suggestion that there is a need to consider the parent role in prevention and promotion. The under-recognition of the parent role in the promotion of children's mental health is acknowledged (Freisen, 2007; Yap & Jorm, 2012; Yap et al., 2015).

Section 2: The parent role within school-based contexts

2.6 The significance of parent role in relation to children's mental health

Theories of human development have long recognised the profound influence of the relationship between children and their parents/caregivers upon the shaping of the child, and the person they become. Childhood and adolescence represent significant stages of change and development, during which an individual grows and changes in relation to their interactions, environment, and experiences of which the role of parents and primary care givers is significant (Carr, 2015). Drawing upon Bowlby's attachment theory (1973) children develop an internal working model to reflect their understanding of the world based upon the relationships, environments and interactions that they experience. This internal working model stays with them throughout life to inform how they view and experience the world, themselves and their relationships with others.

From a social constructionist perspective, the development of a child is a primarily social process, family is a central social context in which this development takes place (Bowlby, 1973; Carr, 2008; Dallos & Vetere, 2003; Vygotsky, 1978). Parents and carers provide the key routines to meet a child's needs for safety, care and learning (Bowlby, 1973; Maslow, 1968). Developing these routines is a complex process, influenced by factors such as the socio-cultural context, socio- economic status, children's individual needs, parents own attachment experiences and parents' individual needs. Failure to meet these needs can result in emotional or mental health difficulties (Carr, 2015), routines change as children develop to reflect their ability to meet their own needs, meaning a

continuous and ongoing adjustment within the parent-child relationship. These perspectives underpin arguments for the need to work with and support mental health promotion and prevention, positioning them in a pivotal and unique position within a child's life.

The influence of the family context on children's development is highlighted within systemic approaches that seek to identify the influence of positive and negative family patterns on individuals (Dallos & Vetere, 2003) and research demonstrating links between family systems and the development of youth mental health problems (Refisto & Bogels, 2009). Recognising the importance of the family context is highlighted in the DfE & NHS (2015) guidance which states:

*"If we are to have the greatest chance of influencing the determinants of health and wellbeing, we should focus efforts on actions to improve the quality of care for children and families. We should start by making efforts to ensure a safe and healthy pregnancy, a nurturing childhood and support for families in providing such circumstances in which to bring up children" (*DfE & NHS, 2015, p.34)

2.7 Working with parents

The importance of working with parents is well-recognised, with guidance promoting the 'collaboration' and 'partnership' between parents and schools as important for both academic outcomes and children's emotional wellbeing (Harris & Goodall, 2008; NICE, 2008; Todd, 2007), and research providing evidence that engaging with parents improves outcomes for CYP (Moran et al., 2004; Goodall and Montgomery, 2014). Working in partnership with parents is a key issue for policy makers and practitioners viewed both as an obligation on the behalf of professionals and as a right for parents (DfE, 2015).

The Children and Families Act (2014) provided an anchor for policy changes relating to the ways that services and educational professionals should work with parents (and children). It aimed to empower parents, by increasing participation in decisions and defining more clearly their rights, with emphasis placed on them having increased choice and control over the support offered to their child. The special educational needs and disability (SEND) code of practice (DfE, 2015) details the statutory guidance underpinned by the Children and Families Act (2014), outlining that local authorities must have regard to the following when supporting children and young people:

- the views, wishes and feelings of the child and his or her parent, or the young person
- the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned
- the importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions

- the need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes (DfE, 2015, p.19).

Additional guidance, specific to EPs, further outlines their duty to work with parents and view them as part of any intervention; EPs are required by law to register with Health Care Professionals Council (HCPC) and must abide by the Standards of Proficiency (2012). The following Standards of Proficiency outline EPs duty to work collaboratively with parents/carers and other key support staff, EPs must:

- 9.3. Understand the need to engage service users and parents/carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals
- 9.4. Understand the need to implement interventions, care plans or management plans in partnership with service users, other professionals and parents/carers

Importantly, whilst the SEND code of practice highlights the importance of 'providing' parents with information, so that they can 'participate', the standards of proficiency imbue a more 'collaborative' view of parents as being in partnership with professionals. This intricacy of language portrays implicit, but different conceptions around the professional-parent relationship. This view of collaboration fits coherently with universal approaches to the promotion of wellbeing that seek to foster a supportive ethos or culture, recognising parents as an important part of the school community (Stavrou & Kourkoutas, 2017; Wells & Stewart-Brown, 2003).

2.8 Targeted and universal approaches: Where do parents fit in?

2.8.1 Parenting programmes

Within a targeted context the parent role seems to be understood in terms of the relationship between parenting and outcomes for children, whereby various programmes exist to 'strengthen' or 'improve' parenting skills or build attachments between parents and their children (Stewart-Brown & Schrader-McMillan, 2011). For example, the DH & NHS (2015) states it will provide "*access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour*" (DH & NHS, 2015, p.17). Todd (2007) suggests that such a view of parents is disempowering based upon the idea of 'upskilling' parents, implying that parents are in some way lacking in knowledge or information which could enable them to be more effective.

Whilst evidence exists to illuminate parenting programmes as being successful (Furlong, 2013; Scott, 2015), there are limitations relating to the economic cost and availability of courses (Smith et al.,

2018), their success in addressing individual differences within different families (Ryan et al., 2017) and there are challenges relating to parental engagement related to the stigma attached to parenting program-related factors (Finan et al., 2020; Marowska & Sanders, 2006). Some have suggested that this focus on improving parenting arguably positions them in a place of blame or as part of a problem, as opposed to viewing them as an equal partner (McQueen & Hobbs, 2014). Additionally, it is not known how targeted interventions translate into parents modifying their own behaviour, or the extent to which intervention outcomes are attributable to particular mental health outcomes for children (Yap & Jorm, 2015). Finally, and importantly, recommendations regarding the actions that parents can take to change behaviours within such programmes, are rarely informed by parents themselves, and therefore may not help to elucidate or reflect the strengths and resources held by individual parents.

2.8.2 Targeted approaches

Targeted approaches involve identifying and responding to individual children's problems. These are supported by government initiatives that seek to provide quicker access to services, treatment and intervention, equipping schools with easier access to mental health experts, and supporting school staff to be better able recognise mental health problems (DHSC & DfE, 2017&2018). Research demonstrates that targeted approaches implemented by schools often take place exclusively with the child, involving minimal participation with parents (Fusar-Poli, 2019). Targeted approaches can also refer to the development of specific school-based programmes aimed to prevent mental health problems, the involvement of parents in such programmes is varied (Shute, 2016).

2.8.3 Universal approaches

Universal approaches view the parent role, as one of equal value to professionals (Weare, 2015; Bartolo, & Cefai, 2017; Cefai & Cavioni, 2016). This view highlights that engaging with parents as active, empowered partners is imperative to schools realising their goals in mental health and wellbeing promotion (Downey & Williams, 2010; Jane-Llopis & Barry, 2005; Weare & Nind, 2011). Weare (2015) states that in an authentic 'whole school approach' "*wellbeing and mental health are 'everyone's business', with genuine involvement of all staff, pupils, governors, parents and the community*"(Weare, 2015, p.5). Universal approaches seek to promote and build cultures and ethos's that foster the positive mental health and wellbeing of all within a school community (PHE, 2015). As opposed to targeted, child-centred interventions, a universal approach may reduce potential stigmatisation (Waxman et al., 2004) and account for those children whose difficulties may not otherwise be addressed.

Despite being implicated and recognised as partners within mental health promotion there is limited literature exploring mental health promotion in schools from the perspectives of parents themselves (Shute & Slee, 2016; Langley et al., 2010; Shucksmith et al., 2010). Findings show parental engagement in mental health promotion is "challenging" for parents and school staff equally (Marshall et al., 2017; Mendez, 2003; Shute, 2016; White et al., 2017). Research demonstrates that there is challenge associated with communication between the two parties that reflects a need for communication strategies to respond to the diverse needs of parents (White et al., 2017; Weare & Nind, 2011), as well as challenge associated with the language and terminology used around mental health which can be alienating for parents (Weare, 2010), and difficulties with school staff knowing how to talk to parents about mental health (Shute, 2016). Research suggests that there is a need to develop parents' understanding of themselves as resources in their children's mental health (Yap et al., 2012).

Despite the view that parents and schools are equal within a universal approach, it can be argued that power imbalances are upheld by contradictory messages available to schools where the school is positioned as the source of knowledge, and the parents as passive receivers: "*the school has an important part to play in supporting the kind of parenting and family life that boosts well-being. This can be done informally, through conversation with individual parents and carers, or more formally through presentations at parents' evenings, printed information, parenting education courses, and designated family link workers*" (Weare, 2015 p. 7). There is perhaps a need to consider how 'collaboration' is most effectively cultivated, one way of exploring this is through research that has asked parents their views around the role of school in mental health promotion.

2.9 Parents views on school based mental health approaches

Research exploring how parents are involved in school-based approaches to mental health promotion, tends to focus on their involvement within a particular intervention, as opposed to other more implicit factors which may contribute towards their experience of the ethos or culture of the school. This research indicates that parental involvement with both promotive and preventative interventions happens in varied ways; for example, including their involvement with group sessions that involve the modelling of approaches used by school to promote social and emotional learning (Downey and Williams, 2010), the teaching of specific CBT based preventive approaches (Gillham et al., 2006), and focus upon home-school collaboration (Kiviruusu et al. (2016). Additionally, despite recognition that universal approaches should involve parents, research indicates that parents are not always included within approaches described as universal (Skrzpiec et al., 2017; Shute & Slee, 2016; Cefai & Cavioni, 2016).

Skryabina et al., (2016) demonstrated that whilst parents valued the idea of their children having the opportunity to develop emotion-based skills at school, and they identified improvements in their children's skills, they were unable to attribute these improvements to the intervention because they had limited knowledge of what the programme entailed. Skryabina et al. (2016) argue that parents need to be involved in such programmes in order to be able to support their children at home. Wolfe (2014) similarly explored parental perceptions of the 'United Kingdom Resilience Programme' (UKRP). The programme aimed to help 11 to 13 year-olds develop skills that promoted their resilience. Wolfe (2014) interviewed eight parents whose child had been taught the UKRP, Wolfe (2014), proposes a GT for parental collaboration, suggesting that this most likely to be effective when parents are empowered through their involvement with an intervention. Wolfe (2014) highlights that educational research rarely features parental empowerment and is limited to research surrounding minority groups of families, in highlighting this, Wolfe (2014) suggests that there is a need to empower all parents, not just those who may be deemed to be in a minority group.

In a survey of 607 parents and guardians to explore their views of: mental health concerns; the role of school in supporting mental health; perceptions of gaps in services and information available from school about mental health, Vulpen et al. (2018) examined 'rural' parents' perceptions of needs and barriers to school based mental health approaches with a view that parental involvement is key to "bridging the gap" between school and external services. The findings of this research suggested that parents were "overwhelmingly" in support of school as a place in which children's mental health could be supported, viewing anxiety, depression and bullying as key concerns that they felt school could help with. They also highlighted a perceived lack of support for parents and guardians. Similar findings were reported by Askell-Williams (2016) who highlighted that parents views of school-based mental health promotion initiatives are related to views of their own parenting capacities. Askell-Willams (2016) suggests that there is a need to boost parental self-efficacy as a primary aim in school-based mental health promotion (Askell-Williams, 2016).

Puolakka et al. (2014) explored using GT the key factors for promoting wellbeing from the perspectives of five children aged 12-16 and their parents (mothers) on mental health promotion in school. The findings revealed 5 key areas that parents and children viewed as important:

1) *School environment*; Parents viewed the school environment as influencing their child's wellbeing. They felt that the school curriculum needed to be more favourable towards artistic topics than theoretical learning, valuing the opportunity for their child to be creative at school.

2) *School friends and teachers*; the parents placed high importance on the teacher's role. Friends were also considered to be important contributing to children's feelings of comfort in school. Breaking up groups of friends when transferring from primary school to the comprehensive school was viewed as an issue for wellbeing.

3) *Cooperation and communication;* Parents valued cooperation between themselves and school staff, particularly the class teacher. Parents placed high expectations on the class teacher, and felt that the class teacher should notice children's needs and respond to them, they also wanted closer 'cooperation' with the class teacher.

4) *Actions to promote well-being and mental health;* Parents and pupils mentioned friendship and stress as factors that impacted upon mental health and wellbeing. They saw child upbringing as a joint activity in which parents and teachers function as partners, both relying on their own expertise. Parents considered that their role was to take an interest in the child's life, monitor the child's health and motivation, and ensure that their child had enough rest and nutrition, whereas the school's role was to provide opportunities for learning

5) *Getting help with problems;* this included skills to notice problems and get help. Parents views on mental health work were mainly based on experienced problem situations, such as problems and negative feelings related to learning difficulties and experiences of offering help in stressful situations. Cooperation and communication between the home and the school were considered important factors with regard to mental health problems, in that a lack of cooperation was viewed as a barrier towards resolving mental health difficulties.

Puolakka et al., (2014) suggest "mental health" is a "*broad concept which concerns everyone in society*" (p. 9), by including pupils and parents the GT study enabled them to develop an understanding of the broad areas needing addressing in mental health promotion. This research highlighted that parents saw themselves and school as holding distinctive and different roles, illuminating the need to value parents in terms of their own skills and expertise and understand how they view their role alongside school.

These studies indicate that parents value the place of school in promoting children's wellbeing and hold valuable and insightful views about how this might be achieved. There is a need to 'empower' parents by promoting their involvement with school-based approaches (Wolfe, 2014), give them an opportunity to share their views and voices (Poulakka et al., 2014) and build their self-efficacy

therefore bringing attention towards the distinctive role that they hold separately from school or other professionals.

2.10 How do EPs work with parents in a mental health context?

Despite the lack of recognition at a policy level, research indicates that the EP role in mental health is valued by both schools and parents (Squires, et al.,2007; Sharpe et al., 2016). EPs work in a variety of ways to support the improvement of children's mental health in schools, through targeted and universal approaches, including through individual casework, assessment, consultation, therapeutic interventions, and systemic work (Atkinson, et al., 2012; Squires and Atkinson, 2011). EPs describe discussion with parents and teachers as being central to defining problems clearly and getting a good understanding of children's strengths and weaknesses (Squires et al., 2007). EPs are well placed to help schools and parents develop trusting partnerships through effective communication (Dunsmuir & Cobbald, 2017) and create a positive co-construction of a child (Roffey, 2016).

Research draws attention towards the inclusion of parents within therapeutic interventions delivered by EPs, with evidence pointing towards the efficacy of approaches such as CBT (Creswell et al. (2010) when taught to parents. One such programme that frequently used by EPs (Higgins & O'Sullivan (2015) is the FRIENDS programme (Barrett et al., 2010), which has resulted in research exploring its usefulness in the prevention of anxiety in CYP by EPs (Higgins & O'Sullivan, 2015). The FRIENDS for Life intervention involves a parent component which consists of parent psycho-educational sessions where parents are helped to understand anxiety, develop appropriate strategies to deal with their own anxiety (if necessary) and improve their child management and problem-solving skills. In a systematic review of the Friends for Life programme, Higgins and O'Sullivan (2015) found that the programme had a positive impact on anxiety outcome measures compared to control groups. However, a number of methodological and design concerns were identified including a lack of consistency in how parents were involved. Higgins and O'Sullivan (2015) suggest that further qualitative research is needed with parents in order to understand the interventions effectiveness from their perspective.

Squires et al. (2007) explored parents views of the EP role in relation to the Every Child Matters Agenda[7], 91 questionnaires were completed by parents of children aged 1-17 (average of 7-10 years). The most common reason for involving an EP was for a social, emotional or behavioural difficulty (SEBD[8]). Mental health related examples of EP involvement included, anxiety, eating

[7] ECM legislation, introduced by the DfES in 2003 to improve support for vulnerable children and families
[8] SEBD was updated in the DfE (2015) SEND code of practice to become SEMH (social, emotional and MH) reflecting a change in focus on behaviour towards MH.

disorders, lack of confidence and low self-esteem. The majority of parents reported that having an EP involved was “very helpful” or “helpful”, noting that EPs supported the parent to feel listened to. They found EP involvement helpful when assessment was matched to the underlying questions to which they wanted answers and when ep assessment confirmed their views. Parents valued feedback which named a condition and provided information about alternative sources of help. Whilst this research indicates that parents value the EP role, it tells us little about how EP’s work with parents or what actions the parents implemented to support their child following EP involvement.

Whilst literature has examined EP practice in delivery of therapeutic interventions (Simpson & Atkinson, 2019) there is limited evidence in relation to EP mental health casework in schools, other than that relating to the use of generic consultation skills in supporting adults to manage challenging behaviour (Zafeiriou et al., 2020), there appears to be even less literature exploring EP work with parents within the context of supporting children’s mental health. Grieg et al. (2019) in a survey of 20 EPs views of their role in relation to children’s mental health, demonstrated that they saw their main role as working with teachers and ‘others’ who were in regular contact with the child or young person. They were ‘most likely’ to undertake direct work with the pupils and schools, and work indirectly with the parents/carer, through ‘providing information for parents’ and ‘delivering interventions with parents and carers’. This further informs understanding that EP’s value the importance of working with parents in a mental health context, but it tells us little about what the parent role looked like.

In a recent study, Zafeiriou et al. (2020) aimed to examine the processes occurring when EPs work at a targeted or specialist level with school staff and parents or carers supporting individual students with mental health needs. Interviews were held with 5 EPs and analysed though CGT, this research provides some information about how EP’s work with parents. The study found that that parents (and school staff) represented ‘care seekers’, unable to successfully resolve their concerns for the child’s mental health needs and therefore requesting help from a specialist. The research discusses the complex consultative processes employed by EPs that contain and support unsettled staff and parents. It is described how through the process of consultation parents and staff are supported from a place of care-seeking to care-giving, this research therefore providing some insight into the parent role as a resource in their children’s mental health and the role of EP’s in supporting adults to view themselves as a resource, fostering a transition from a role of care or help seeking to one of care giving.

The research explored here illuminates EPs as being the key provider of mental health support in schools (Sharpe et al., 2016), and indicates that the work in a variety of ways with schools, children and parents to support mental health, however whilst EP's clearly value the involvement of parents and recognise the need to work with parents there is limited information relating to how the parent role is conceptualised within EP mental health involvement.

Section 3: The parent role in relation to prevention and promotion

Research will now be explored that has focused upon the action's parents take to prevent mental health difficulties and promote positive mental health. It is important to note that this research is predominantly clinical in nature and the definitions of prevention and promotion, do not necessarily reflect those outlined with the DfE and NHS (2015) policy (those that underpin the current research).

Whilst the terms prevention and promotion are used to support the reduction of children developing mental health difficulties in this research (in line with the DfE and NHS, 2015) the research covered here uses these terms with children who are receiving a diagnosis or who already have a diagnosis. Such that, prevention refers to "the reduction of symptoms and ultimately of the mental disorder" (Saxena et al., 2006, p.5).

The following studies reflect most closely the aims of the current research, describing the actions that parents take to support their children. These studies highlight that parents play an important role in accessing help for their child, and that they seek to be involved in the support provided.

2.11 Help seeking

Research draws attention towards parents as the people most likely to initiate support-seeking for children, and that their involvement increases the chances of getting appropriate support (Yap & Jorm, 2012). Research indicates that help-seeking is not a straightforward process, affected by facilitators and barriers (Reardon, 2017) such as fear of stigma and being labelled a bad parent, systems-based challenges influencing the need for persistence, and the experience of formal help seeking processes such as appointment systems which can deter some parents from seeking help (Boulter & Rickwood, 2013; Cohen et a., 2012; Crouch et al., 2019; Ohan et al., 2015; Reardon, 2017; Shanley et al., 2008). Facilitators of help seeking include positive supportive relationships (Sayal et al., 2010) and feeling listened to (Reardon, 2017).

Research exploring parental help seeking indicates that parents are most likely to seek support from school in the first instance of recognising a problem (Crouch et al., 2019) and that supportive relationships with school staff and in particular the classroom teacher facilitate parental feelings of

being supported (Crouch et al., 2019). This is important in view of the ambition to 'prevent' problems and 'promote' better mental health, inviting consideration as to how parents are supported to seek help from schools and how schools respond when parents seek help from them.

2.12 Experiences of accessing support

Whilst parental involvement is recommended within educational guidance aimed at the improvement of children's mental health, research indicates that parents can feel excluded from processes surrounding help seeking and accessing support for their children, which can result in experiences of suffering and feelings of helplessness (Clarke, 2012; Stapley et al., 2016). Clarke (2012) implemented semi-structured interviews with 16 mothers whose children had been diagnosed with a mental health condition, in order to explore their experiences of this process, from initially noticing a problem to gaining a diagnosis. Clarke (2012) identified that the mothers experienced the process as a negative and harmful one, they felt that other people denied their perspective, including close family members and that a frequent response was to refute their viewpoint, blame and stigmatise them for not coping as a good mother. Clarke (2012) concludes that despite the rate of diagnosis of childhood mental health problems, the processes around it are fraught with confusion, uncertainty, rejection and contradictions, which cause parental suffering additional to that relating to their concerns about their child.

Similar, Stapley et al. (2016) explored using semi-structured interviews, the experiences of 48 parents of children who had recently been referred to CAMHS and received a diagnosis of depression. Parents discussed experiencing emotional turmoil, feelings of helplessness and described parenting on 'overdrive', resultant from feeling unsure about how they could support their child (potentially exacerbating children's difficulties). Some of the parents described being unaware that their child had depression and were surprised by the diagnosis, this suggests that there is a mismatch between parent and professional understanding of diagnoses and a possible need to support parents to know what to look for and how to support their children (Yap et al., 2012).

Other research draws attention towards the influence of processes on parents and how these can be disempowering for parents who seek to be involved and support their children alongside professionals but whose role can become unclear in this process. For example, Harden (2005) conducted qualitative interviews with 25 parents (18 mothers, 7 fathers of teenage children aged 13-16 with a diagnosed mental health condition) 18 months after CAMHS treatment to explore how parents had experienced this process. The findings suggested that parents felt deskilled and helpless, blamed and responsible when experts became involved in their child's mental health support.

Despite this, some parents became critical of professionals, and redirected their focus away from the professional, towards what they could do to support their child; they engaged in a range of actions through which they were reskilled and their parental caregiving role was re-established. In doing so they felt that their child was better supported. This research supports the idea that having parental involvement is fundamental to positive outcomes, and that it is not necessarily "what" you do but "how" and "who" does it that are the important factors in supporting a child.

More recently, Brown (2018) demonstrated that empowering parents to see themselves as a resource is important in improving children's mental health. Brown (2018) explored the question: "How does parents' involvement in the child/adolescent's treatment influence their perception of how they can be helpful in their child's recovery?" Using semi-structured interviews and a CGT approach the experiences of fourteen sets of parents were explored over a six- month period of their child accessing mental health support. The findings demonstrated that parental level of hope was related to the parental view of themselves as a resource in their child's recovery. Brown (2018) links these findings to research on parental self-efficacy and agency, suggesting that parents with high self-efficacy and an internal locus of control were more likely to view themselves as a resource in their child's recovery. The constructs of hope and agency were positively correlated. Brown (2018) recommends that child mental health support should focus upon facilitating parents in growing their internal agency as a pathway to supporting their child's recovery, noting "When parents shifted from being invested in external "expert" treatment to having a sense of their own capacities to make a difference for their child, they finished the program with increased hope" (Brown, 2018, p.660).

Stapley et al. (2017), suggests that different factors can affect how much parents see themselves as a resource, proposing that there are three types of parents representing the different ways in which parents conceive of their role 1) 'the learning curve parent' which they classified as those who see the value of getting support for their child but also for themselves as a parent to support their child, 2) 'the finding my own solutions parent', those who seek help from CAMHS for their child but not for themselves as a parent and 3) 'the stuck parent', those who seek support for their child but who struggle to see the influence of themselves in this process. Whilst some argue there is a need to develop parents understanding of themselves as resources in their children's mental health (Yap et al., 2012) it can be suggested, drawing from the research considered, that this is a two way phenomenon influenced both by parents and by the processes surrounding help-seeking and accessing support.

Recognising the subservient place of parents within children's mental health support, Kelly and Coughlan (2019) aimed to explore the factors that contribute towards recovery from the

perspectives of parents, drawing attention towards their valuable and distinctive insights in comparison to professionals. Fourteen parents of children engaged with CAMHS were interviewed. Using a GT methodology, they aimed to explore and develop a theoretical understanding of what helps children to recover from mental health difficulties. Their findings showed that parents viewed recovery as a journey and not a destination, they acknowledged the centrality of the child in their own recovery but they also highlighted their relationship with the child as being the most influential relationship in their child's recovery, noting key factors of their role to include monitoring mental health and promoting wellbeing. Recovery was viewed as a non-linear process, affected by children's differing developmental stages and driven by the development of resilience.

A further finding was the degree of importance given to the ecological context of relationships, the researchers highlight that the importance of relationships has been acknowledged in existing adult models and has gained more attention in models of youth mental health recovery. However, the findings from this research place an even greater emphasis on the importance of relationships suggesting that all components of recovery are grounded in the ecological context of influential relationships. The researchers conclude that professionals "*need to be aware of, and support positive connections with young people, parents, professional services, peers, schools and society in youth mental health"* and *"need to focus on resilience-orientated interventions to enhance youth mental health*" (Kelly & Coughlan, 2018, p. 161).

These small-scale qualitative studies draw attention towards the role that parents play in accessing support for their children and demonstrate a need to include parents within the processes surrounding children's mental health support, not only in order to improve outcomes for children but also to reduce the possibility of parents experiencing negative feelings such as helplessness, blame and turmoil. Further, in highlighting that parents seek support from school in the first instance, there is a need to consider how schools respond and support parents within this.

2.13 What actions do parents take to promote good mental health?

Research exploring the actions that parents take to promote good mental health demonstrates that promotion is a concept that can apply to children who are identified as having mental health difficulties as well as those who are not, in keeping therefore with universal and resiliency based approaches that highlight the importance of promoting good mental health for all (Roffey, 2016). The literature reviewed here demonstrates that the parent role in relation to promotion has been more explicitly considered within a clinical context than an educational one, where research has explored the actions parents take to promote good mental health in their children experiencing

mental health difficulties. Within an educational context, research has explored parents' views of the role of schools as a place for the promotion of good mental health.

Acknowledging a scarcity of research exploring the explicit actions parents take to support their children apart from those related to seeking help and accessing support, Honey et al. (2014) sought to highlight how parents promote their children's wellbeing alongside their receival of professional help. This research contributes to facilitating a better understanding of as Honey et al. (2014) describe it "*this previously undervalued, but potentially substantial resource for children and young people*." Honey et al. (2014) explored the actions that 32 parents implemented to support their adolescent children who were receiving treatment for their mental health. The findings were analysed using constant comparative analysis. This research was based upon the assumption that parents, more than professionals, are central to the recovery of CYP with mental health difficulties, and that many of the things that parents do with regard their child's mental health are purposeful. The research outlined 78 mental illness related actions were found, which were attributed to four primary purposes of promoting: 1) appropriate treatment, 2) positive activities and actions, 3) positive thoughts and feelings and 4) an ordinary life. Examples of the actions corresponding with these four areas included:

- participating in treatment
- praising positive behaviour
- exercising together
- modelling positive behaviour
- helping with stress management techniques
- articulating love and concern
- reassuring and comforting
- reminding them of their achievements, talents and assets
- encouraging communication about feelings
- listening, staying calm and withholding own negative emotions
- limiting demands and requirements (such as school/household tasks)
- encouraging support-seeking (such as from friends)
- treating them the same as their siblings

Honey et al. (2014) argue that parents have the potential to be a primary environmental support, and one that remains stable through multiple changes that happen in children's lives. They suggest that parent actions are at least as important as professional interventions. Research in this area is

consistent with resiliency-based approaches that empower parents and maximise the use of natural environmental support. This research contributes towards knowledge about the parent role in supporting their child's mental health and highlights the range of actions parents implement to support their children. More research is needed to explore how relevant these actions are across different age groups, types of mental health difficulty, and whether they are relevant to the promotion of positive mental health, where there are no identified mental health problems.

Expanding upon their earlier research, Honey et al. (2015) sought to understand 'why' parents engage in particular practices to support their children who experience mental health problems. Using a similar methodology, interviews were implemented with 32 parents of young people living with mental health problems and analysed using constant comparative analysis. The research elaborates on their previous findings, it demonstrated that the practices parents use, are shaped by interacting factors related to 'knowing what to do' and 'being able to do it'. They found that parents made active and ongoing efforts to optimise both their knowledge and their capacity to put that knowledge into practice, they sought ways to maximise their resources and, whilst they valued the advice of professionals, they understood this advice as one of several sources of knowledge. The findings indicated that parents' ability to carry out particular practices are shaped by: their knowledge and beliefs; their personal resources and constraints; and their social and service networks. Honey et al. (2015) conclude that professionals working with parents need to acknowledge the importance of parental roles and supporting the positive efforts that they implement. In doing so they suggest that professionals can build confidence and self-efficacy in parents.

Using a quantitative approach, Yap et al., (2015) sought to examine the parenting strategies that are important for preventing depression or anxiety disorders in children aged 5–11 years. They used the Delphi method, involving the comprising of a panel of experts (including research and clinical experts) to establish consensus on what parents can do to prevent depression and anxiety in their children. A literature review identified 289 recommendations for parents based upon previous research findings, 171 strategies were agreed upon by the experts and condensed into a Parenting Guidelines document, with 11 subheadings including:

1. Establish and maintain a good relationship with your child
2. Be involved and support increasing autonomy
3. Encourage supportive relationships
4. Establish family rules and consequences

5. Encourage good health habits
6. Minimise conflict in the home
7. Help your child to manage emotions
8. Help your child to set goals and solve problems
9. Support your child when something is bothering them
10. Help your child to manage anxiety
11. Encourage professional help seeking when needed (Yap et al., 2012, p.330).

This study was based on the view that there is limited information available for parents to know how to prevent mental health problems from arising, and recognising the key role that parents could play in reducing anxiety and depression. The study is limited in the sense that these actions are not informed directly by parents themselves and it is unclear whether they represent actions implemented by parents of children with or without an identified mental health difficulty.

Alongside research which has highlighted that parents seek to be involved in supporting their children's mental health, studies have also highlighted that parents can lack belief regarding their influence of their own role within this (as noted earlier Stapley et al., 2017). Yap and Jorm, (2012) explored parents' beliefs about actions they can take to prevent depression in young people, using a telephone based interview survey of 982 parents, which involved a vignette of a child with mental health problems (of the same age and gender as their child) parents were asked about their views on their influence. Most parents believed that certain parenting behaviours could protect young people from depression, but a significant minority did not. This highlights the need to improve parents' understanding of their role in prevention.

These studies draw attention towards the place of parents as a resource in promoting the children's positive mental health, but as highlighted by Honey et al. (2014) a resource that is currently under recognised. Whilst this bed of research is concerned with parents of children who have or who are going through the process of receiving a mental health diagnosis, it provides important information about the role of parents in prevention and promotion, drawing attention towards the actions that they take to support their children and the need to promote parents understanding or view of themselves as an important resource within the prevention of children's mental health difficulties.

2.14 Summary of literature reviewed

The literature reviewed intended to gain a broadened view of the current knowledge base of the parent role and how this has been explored. The literature review indicates that research has explored the parent role most explicitly within a clinical context demonstrating that parents are keen to be involved with their children's support and seek to do so if they feel alienated from this.

Research within this field has also explored more directly the actions parents take to support their children who have a mental health diagnosis, demonstrating that parents play key role in promoting good mental health and building resilience. This is an important but relatively small bed of research, limited to parents of children with or receiving a diagnosis of a mental health condition, as such the definitions of "prevention" and "promotion" that this bed of research reflects, are not consistent with those in current legislation which views these terms in relation to reducing the number of children experiencing mental health difficulties and receiving diagnoses.

Research within an educational context indicates that parents are implicated within school based targeted and universal approaches but that their involvement with this is challenging (Shute, 2016) and varied (Shute & Slee, 2016). Research within an educational context has not explored the parent role directly, but meaning can be inferred regarding how parents see their role based on their views of school based support. Research has indicated that parents value the role that schools play in supporting good mental health and they value being involved within this.

Theoretically parents are positioned as holding a key role and an improved recognition of this is believed to coherent with resiliency theory (Friesen, 2007) which ascertains that children's mental health is best supported through "ordinary magic" (Masten, 2018) and "everyday supports" (Ungar, 2011). At present there are high numbers of children awaiting professional support or being referred for professional support and not receiving it. Many of these referrals are made by concerned parents (Frith, 2017). As such, it can be suggested that there is a need for research to explore how parents see themselves within a preventative capacity and what actions they take to promote their children's mental health in order to avoid the likelihood of them developing a mental health problem. Research within educational psychology offers a key to exploring this.

2.14 Why research within the field of educational psychology is needed

EPs are well-placed to draw attention to the existing strengths and resources within children's lives, and empowering parents within their role by working collaboratively with them and school (Beaver, 2011; Roffey, 2015). An understanding of how parents view their role and the processes influencing this is needed to enable EPs to know how best to work with parents, and empower them within their role and within the contexts of promotion and prevention.

2.15 Research aims and questions

This research aims to explore how parents view their role in the promotion of children's positive mental health and the prevention of children's mental health problems. It aims to work collaboratively with parents, utilising a CGT approach to provide a vehicle for their voice and to

explore their understanding of their role. In line with the philosophy of a universal approach the research aims to work with parents whether they have concerns for their children's mental health or not in order to potentially capture views about what parents do that works, and the ways in which parents act in response to problems.

Research aims:

1. To explore parental understanding of their role in promoting children's positive mental health and preventing children's mental health problems

Research questions:

1. How do parents view their role in promoting positive mental health and preventing mental health problems?
2. What learning can be gained to inform how EPs work with parents and schools in the improvement of children's mental health?

2.16 Chapter Summary

This chapter has explored broadly the literature relating to the school and parent role in the improvement of children's mental health, providing a rationale for the research. The following chapter will describe the methodological approach of the research.

Chapter 3 Methodology

"Methodology embraces the entire scientific quest and not merely some selected portion or aspect of that quest" (Blumer, 1969, p. 24)

3.1 Introduction

This chapter provides an overview of the research methodology. The quote by Blumer (1969) resonated with the adoption of a GT approach as the theoretical framework for the study. This chapter will begin with a discussion of the paradigm; the philosophical underpinnings of the research including the ontological, epistemological and theoretical perspectives that have influenced the research. Following this there will be a discussion of the ethical considerations of the project and then the methodology will be outlined. First providing an overview of the different versions of GT before outlining in detail the CGT formulated by Charmaz (2000, 2006, 2014) as the preferred framework for the research, before exploring the methods of data collection.

3.2 Paradigmatic Position

A paradigm can be understood as "the broad world view which informs an approach to the research" (Oliver, 2013, p.9). In exploring my own paradigms, I found an awareness was brought to the values that underpin my practice and training as a TEP. Denzin and Lincoln (2018) suggest that paradigms encompass four concepts: ontology (the nature of reality); epistemology (the nature of knowledge); methodology (the theoretical framework); and axiology (the ethical considerations). These positions will now be discussed in relation to the present research.

3.2.1 Ontology

Constructivism

Social constructivism and symbolic interactionism

Ontology refers to the fundamental nature of the world and what it means to exist in that world (Oliver, 2013). In its most simplistic format, ontology is viewed as reflecting one of two positions: objectivism and constructivism (Bryman, 2016). Objectivism assumes that there is a single objective reality, that exists independently from our influence. Constructivism on the other hand assumes that there are multiple realities and that social phenomena are produced and understood through social interaction (Bryman, 2016).

Aligning with a constructivist ontology, I view that the perception of reality varies between individuals, and that there are multiple realities experienced by different people exposed to the same phenomenon. I believe that reality cannot be objectively appreciated or directly measured given the differing perceptions of people, and the complex nature of interpreting meanings. This is particularly relevant to events within the field of social science and therefore within educational

psychology. Constructivism assumes that knowledge is locally and relationally produced and historically and contextually bound, (Clarke, 2005), this is pertinent within research that is focussed upon mental health, placing value on individual experiences, views and beliefs whilst acknowledging the influence of wider contexts in which this local knowledge exists.

Individuals construct their world in distinctive ways, depending upon their developmental history, their cultural and social background, and the societal influences upon them. Of particular importance to this research is the understanding that knowledge is 'socially constructed'. Social constructivists (Bruner, 1961; Dewey, 1929; Vygotsky, 1978) consider that knowledge and understanding are human products, socially constructed and made sense of through symbolic interactions.

3.2.2 Epistemology

Interpretivism

Epistemology, or the study of knowledge, is a way of understanding and explaining *how* knowledge is known (Denzin & Lincoln, 2018). According to Denzin and Lincoln (2018), epistemology observes the relationship between the knower and the knowledge, and asks "how do I know the world?" Epistemological positions are often understood as reflecting two essential perspectives: positivism and interpretivism. Positivism refers to objective enquiry, based on measurable variables concerned with explaining and predicting observable phenomenon, positivists believe in an objective truth that is observable and measurable and often adopt quantitative methodologies to explore this.

Whilst positivist methods are often geared towards finding generalisable truths, interpretative methods are less so. Interpretive approaches seek to understand and explore the quality of experience. Generalisability is not a core aim in my research, in the sense that I recognise that parents are far from a homogenous group, instead my understanding of generalisability is that the information I gather can help promote understanding and appreciation of the parental role within the context of improving children's mental health.

Interpretivism is positioned in contrast to positivism and is underpinned by the belief that the subject matter of the social sciences is fundamentally different to that of the natural sciences and therefore the study of the social world requires approaches that reflect the distinctiveness of humans (Bryman, 2016). It is underpinned by the concept of symbolic interactionism (Blumer, 1969) which is recognised as the philosophical foundation of GT (Bryant & Charmaz, 2010; Charmaz, 2014; Corbin & Strauss, 2008) emphasising the value of interpretation and meaning within social interactions. To draw upon Charmaz's (2014) description, if we start from the position that social reality is multiple and constructed then we must take into account the influence of the researcher,

their privileges, positions, perspectives and interactions, as an “inherent part of the research reality” (Charmaz, 2014, p. 13).

Interpretivism is a key concept within CGT, underpinned by an acknowledgement of the interaction that takes place between the researcher and the participants. In acknowledging that the researcher brings previous experiences and knowledge to the research process and their interpretations within and throughout the research, reflexivity is required by the researcher in order to maintain a mindful awareness of their influence.

3.2.3 Reflexivity

Reflexivity is an inherent part of CGT and encourages the researcher to look critically at their interpretations and understandings and examine how their own values may impact or influence upon these. Reflexivity calls for the researcher to observe, engage with, dissect and understand their own world views, language and meaning. It means becoming aware of taken-for-granted privileges, positions and roles (Kralik, 2005). This level of reflexivity involved examining relationships within my research with regards to power dynamics, identity, and marginality for both myself and the participants. One way of referring to this level of reflexivity is Charmaz’s (2014) ‘methodological self-consciousness’, which seeks a depth of reflexivity not routinely undertaken by researchers. To maintain a reflective approach, I maintained a reflective diary encapsulating my thoughts around how I was or could be influencing the research processes. (See appendix B).

3.3 Methodology

The term methodology reflects the practical and the theoretical aspects of research (Oliver, 2013) and provides a framework through which the research is conducted. The decision to use a CGT framework was guided by the nature of the research question and aims, and the drive to seek an explanatory rather than descriptive understanding of the parent role, in the hope that this would develop understanding around how EPs might work with parents in the betterment of children’s mental health. Prior to settling on CGT, I considered how alternative methodologies would assist my answering of the research questions and aims. I explored three alternative methodologies, as well as considering different versions of GT. Firstly, I explored how discourse analysis would enable exploration of the research question. Discourse analysis views language as a product, exploring how people use discursive resources in order to achieve interpersonal objectives in social interactions. It was considered as to whether discourse analysis could have been combined with focus groups consisting of parents to explore how they see their role (Clarke, 2005). Discourse analysis was rejected based on the fact that I deemed it important to interview parents on their own in order to access their genuine beliefs and views.

Interpretive phenomenological analysis (IPA) was considered for its subjectivist focus on participants experiences, looking at the phenomena from the perspective of those experiencing it and focussing on meaning. However, it was rejected as it was felt that whilst IPA could describe the participants' experience it would not move forward in explaining it (Willig, 2013) in the same way as a GT approach. It focusses on individual voice with less of a focus on the social and situational context emphasised in GT. Finally, thematic analysis was considered alongside the use of semi-structured interviews but dismissed as a result of lacking in its rigour to analysing the data, and, whilst it would identify themes, these would tell us little about the social processes, concepts or contexts underlying these themes.

3.3.1 Grounded Theory

GT was established by Glaser and Strauss (1967), it is located within a post-positivist paradigm, introduced at a time when quantitative methods held validity for positivist researchers. Glaser and Strauss sought to create theoretical explanations of social processes, believing that systematic analysis could lead to the 'discovery' of new information and new ways of knowing. The concept being that by systematically following the methodological procedures, the researcher will uncover the objective theory that is located within the data, and the same theory will be uncovered irrespective of the person implementing the analysis (Glaser and Holton, 2004). They developed GT as a way of explaining social realities, where data had its own logic which could be discovered through rigid and in-depth analysis.

Since its introduction (Glaser & Strauss, 1967), GT has evolved and changed and been taken in different directions by different people, including by Glaser and Strauss themselves (Glaser, 1978; Strauss and Corbin, 1998). Whilst some argue that this undermines the methodological purity of GT (Dey, 2004), whereby there is no such thing as a single unified methodology, others argue that the evolving and diversification of GT is inevitable (Morse et al., 2016) and that the merging of approaches does not necessarily compromise methodological 'purity', but can actually enhance rigour (Morse et al., 2016). These arguments reflect different perspectives of GT, valuing either the practical or theoretical aspects of it. In light of these tensions, Dunne (2011) suggests that it is essential that researchers who employ this methodology take their own informed and defensible position on how to apply it.

Glaserian GT (1978) advocates the use of simple systematic procedures that will allow the emergence of theory. This model is congruent with positivist approaches. Glaserian grounded theorists do not engage with literature in the research area until the analysis is nearly completed. Glaserian GT was rejected because of its incompatibility with my constructivist paradigm and the unrealistic possibility of not conducting any review of the literature until the stage of analysis.

Straussian GT (Strauss & Corbin, 1998) offers complex systematic procedures to analyse the data. The Straussian approach has been described as minimising the 'emergent' and 'discovery' concepts of GT and replacing them with formulaic procedures. Glaser (1992) criticises this approach arguing that it forces data into preconceived ideas negating the foundations of GT and imposing unnecessary complexity upon analysis. This approach was rejected because its prescriptive and rigid nature was viewed as a barrier towards the flexibility needed to explore and understand parents' perspectives.

3.3.2 Rationale for adopting Constructivist Grounded Theory

So far, I have outlined my justifications for adopting GT over other research methodologies and I have discussed the different versions of GT. I will now provide a rationale for the adoption of CGT as the methodological framework for the research. CGT was introduced by Kathy Charmaz (2000, 2006, 2014), CGT places GT on a new epistemological framework, emphasising the role of the researcher and participants in the co-construction of knowledge.

Charmaz (2006) adopts the inductive, comparative, emergent and open-ended nature of Glaser and Strauss's (1967) original vision, embracing the flexibility of the method, but resists the rigid applications of it, recognising that individual researchers bring different world views and any research quest is located within multiple and ever changing social contexts. Charmaz (2014) defines CGT as "a *contemporary version of grounded theory that adopts methodological strategies such as coding, memo-writing, and theoretical sampling consistent with the original statement of the method but shifts its epistemological foundations*" (Charmaz, 2014, p. 342) crediting the flexibility of researchers co-constructing theoretical explanations of phenomenon with participants. This emphasis on co-construction resonated with my desire to work collaboratively with parents. Using constructivist interviewing is described as a way of building mutuality between the participant and the researcher (Hiller & DiLuzio, 2004), where the interview can become a place for exploring, understanding and validating experiences.

Additionally, the recognition of the role of the researcher within the co-construction of knowledge reflected my understanding of how knowledge is gained within EP practice, where EPs use questions and frameworks to understand problems, and invite new perspectives or ways of viewing a situation (Kelly et al., 2017).

The flexibility inherent with Charmaz's (2014) CGT meant that I had the freedom to build upon and explore concepts as they emerged whilst following the rigorous analytical steps to promote careful identification of these concepts. To me this meant that the process was an organic and live process.

The level of reflexivity involved in CGT further solidified my decision to adopt it as my approach, given that being a reflective practitioner is a key part of my role as a TEP and my future role as an EP.

Further influencing my decision to adopt a CGT approach is the understanding that CGT is identified as a suitable approach for the development of social policy and social justice (Denzin & Lincoln, 2018; Charmaz, 2014), which is fitting given that the motivation to explore this topic was influenced by current policy directives relating to the improvement of children's mental health, and a desire to influence change around how the parent role is valued within this. GT is often discussed as being an appropriate method in areas where there is little existing research through the processes of inductive enquiry and theory development. This was especially appealing to me as a TEP, I saw my research as an opportunity to develop knowledge that could guide practice in the field.

3.4 Ethical considerations

Ethical approval was gained from the University of Bristol Ethics Committee in October 2019 (see appendix C). The ethical principles under which this research was carried out are detailed in the British Psychological Society's Code of Ethics and Conduct (BPS Code) (British Psychological Society, 2018) and my own ethical considerations are summarised as follows.

3.4.1 Informed consent

The participants were provided with an information sheet (appendix G) detailing the aims of the research, outlining the protocol involved in participation and explaining the processes around data handling. As such they were informed of what participation in the research would entail and enabled to make an informed decision about participation. Participants were provided with this information at the point of advertising and again when they met with me. All participants provided written consent (see appendix I) informed after reading the information about the research. Their understanding of the processes involved in participation was also checked verbally by the researcher prior to the interview.

3.4.2 Confidentiality and anonymity

Participants were made aware of the realms of confidentiality being that their information would be kept confidential unless they shared information to suggest that they or someone else was in danger. This was outlined within the information sheet provided and verbally reiterated prior to the interview. Anonymity was upheld by the provision of a pseudonym for any names provided within any written output of their interview and any details that may make a person or school identifiable were not recorded within written output.

3.4.3 Avoiding harm to participants

I acknowledged that the topic of mental health could be a topic to evoke distress. The participants were provided with information about what the interview would entail (in the information sheet) and they were able to decide whether or not they wished to participate in the knowledge of the interview topics. To minimise the likelihood of causing any harm to participants, I ensured that I arrived at the school at least 20 minutes before them so that I could make adjustments to the room if needed and be ready and organised for their arrival. I reminded parents of the confidentiality protocol and re-capped the aims of the research and set out the timings anticipated for the interview. I reminded them of their right to withdraw at any point (and that should they wish to withdraw from the research all data their interview would be destroyed and not used within the research). In anticipation that some participants may sign up to the research with a motivation to seek help/advice I carefully explained my role as a researcher and signposted participants to appropriate support routes if this was something they felt they needed.

Two of the participants talked about their own mental health difficulties. When this happened, I gave them the space to talk and explored the topic carefully and respectfully in light of the research questions. I checked that they were receiving support or knew where to receive support if they felt that they needed it. Both of the participants confirmed that they were receiving support and gave me no reason to believe that I needed to further share this information with anyone else (I felt that both they, and their children were not at risk of harm).

A number of participants voiced positive feedback regarding the interview seeming to value the opportunity to take part and share their views. One participant followed up the interview with an email to detail his enjoyment of the interview and request to be involved in any further activities' resultant from the research (see appendix P). Other participants described the process as "reaffirming", "therapeutic" "an opportunity to talk about stuff that you don't usually talk about".

3.4.4 Maintaining an equal power balance

I was aware of the risk of a power imbalance, through my role as a researcher and their knowledge of me as holding a role as a TEP, as well as the connotations associated with the word "interview". In order to promote an equal power balance, I drew upon a humanistic approach and used the consultative skills of active listening, empathy and unconditional positive regard. I endeavoured to build rapport with the participants prior to commencing the interview, and I remained mindful and self-aware of my presence, seeking to maintain a warm and calm tone throughout the interviews.

3.5 Research Methods

3.5.1 Recruitment of schools and participants

Recruitment began in November 2019, following ethical approval for the research. Recruitment of schools involved my EP colleagues forwarding an email composed by myself to the primary schools that they covered to ask for their interest in the research and to direct them to contact me if they were interested in participating. This email was sent to either SENCo's or Headteachers. Fourteen schools contacted me via email expressing an interest. I followed up these emails with a telephone call to the headteacher to discuss the research and to make arrangements for the advertising of the research (see appendices F and G), I also sent through a letter detailing the research for the Headteachers (appendix D) and a consent form for them to indicate their agreement to advertise the research and facilitate the interviews by providing a physical space for them to take place. In some schools my liaison took place with the Headteacher, in others I was directed by the Headteacher to liaise with the SENCo. Consent was gained from all of the Headteachers of the schools who agreed to advertise the research. The schools advertised the research in various ways including through their newsletter, on their website and through direct distribution of the recruitment poster and letter.

Advertising was aimed towards the parents of children in years 4-6 (aged 8-11 years) with instructions to either contact me directly (via email) or complete an expression of interest form (appendix H) which the school then collected and forwarded to me. The parents who took part in the research represented 7 different primary schools (reflections of the schools can be found in appendix K), some schools reflected that they felt parents may be put off by the idea of an interview.

Parents were invited to take part whether they had concerns about their child's mental health or not. This was because I viewed both contexts as providing important information about the parental role in the promotion of positive mental health and prevention of problems and this aligned with universal approaches which seek to improve the mental health of all. Parents of children aged 8-11 were the focus of the research because of the increased rate in onset of mental health difficulties during this period of development, making it an opportune time to focus on wellbeing promotion and prevention of mental health problems.

The parents who participated were 10 biological parents and one adoptive mother (pen portraits of the parents are provided in the findings chapter). A total of 11 participants signed up to and took part in the research. Nine were interviewed independently, two parents represented the only husband and wife pair, they chose to be interviewed together.

The interviews were completed between January, February and the beginning of March 2020. On March 20th 2020 in response to a global pandemic; Covid-19, the government enforced a period of

"lockdown". Schools were closed apart from for children of key workers and children with an education, health and care plan (EHCP). People were advised to stay at home unless for essential reasons in order to stop the spread of the disease. It was stipulated by Bristol University that TEPs must not conduct any school visits. Recruitment for the research was ceased, fortunately I did not have to cancel any interviews as I had interviewed everyone who had signed up at that stage.

Decisions had to made about whether or not it would be possible to continue with a GT approach, given the possible need for further data gathering in keeping with the cyclical analysis process. However, since the analysis had begun from the moment of data collection and I had already identified sets of codes and focussed codes and initial explanations for the data, it felt important to continue with this process, with a view that I may need to cease analysis at a stage of categorisation instead of pursuing theory, but that this decision could not be formalised until theoretical sampling had been initiated.

3.5.2 The Process

Despite debates around methodological purity and fragmentation of the original formulation, many have suggested that there are basic principles that any grounded theorist must employ. For example, Charmaz (2014) highlights that whilst GT consists of a constellation of methods, all grounded theorists share that "they begin with inductive logic, subject data to rigorous comparative analysis, aim to develop theoretical analysis, and value GT research as a way of informing policy and practice" (Charmaz, 2014, p.15).

Charmaz (2014) suggests that the following steps represent important aspects of a GT study:

- Conduct data collection and analysis simultaneously in an iterative process
- Analyse actions and processes rather than themes and structures
- Use comparative methods
- Draw on data (narratives and descriptions) in order to develop new conceptual categories
- Develop inductive analytic categories through systematic data analysis
- Emphasise theory construction as opposed to description or application of current theories
- Engage in theoretical sampling
- Pursue a developing category rather than covering a specific empirical topic

The following figure presents a visual representation of the grounded theory method undertaken, adapted from Charmaz (2014). This process will be talked through in the following sections.

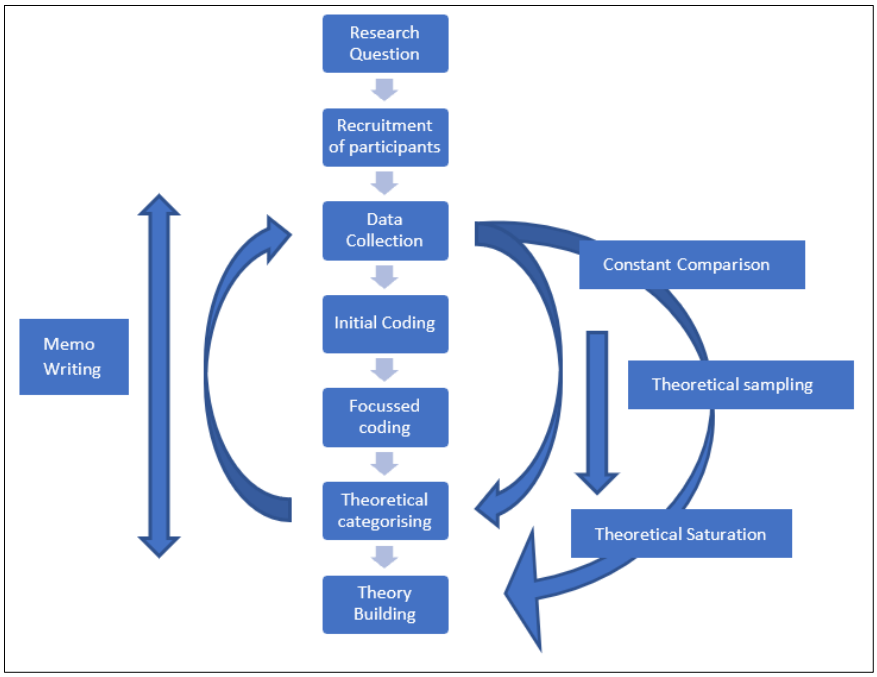


Figure 1 Research Process

3.5.3 Constructivist Interviews

Constructivist grounded theorists view the interview as being more than an interview per se', involving attending to the non-verbal information, how the story is constructed, the language used, the significance of meaning, the situation and context of the interview, silences and the participant-interviewer relationship.

An interview schedule was developed (Appendix J) to guide the interviews, taking the advice of Charmaz (2014) I sought to create "well-planned open ended questions ready probes" (p.65) to support my ability to actively listen. A flexible and reflexive approach to the interview was adopted allowing for additional prompts and clarifications or questions in response to the participants narratives. Flexibility is encouraged in constructivist interviewing, enabling interviewers to "discover discourses and to pursue ideas and issues immediately that emerge during the interview" (Charmaz, 2014, p. 85). As highlighted by Charmaz (2014) the combination of focussed attention and open-ended enquiry mirrors GT analysis. Two of the parents, for example, introduced their own mental health difficulties into the narrative, requiring careful exploration around how these related to or impacted upon their view of their role supporting their children's mental health. The flexible interview schedule enabled these conversations to be had naturally within the ebb and flow of the interview. Exploration of the participants individual contexts were integrated into the interview narratives, enabling a non-invasive investigation of how these factors might impact upon their understandings.

The format and structure of the interview were carefully considered and informed by my valuing of a humanistic approach, I viewed it important to be responsive to the participants emotional needs throughout the interview process and I began each interview with questions about their children's strengths to help build rapport with the parents. Some have argued that a grounded theorist may concentrate on the emerging collective story at the expense of hearing individual participants' stories concentrating on emerging categories without ample concern for how questions concerning these categories may influence the participant. I viewed that my psychological skills enabled me to balance these as complementary processes, as opposed to seeing one as more valuable than the other. Accomplishing both objectives can require either more than one interview with the participant or building additional carefully constructed and focused questions into later interviews. My approach was to be reflexive throughout each interview, I noted questions as they occurred to me and re-visited these throughout the interview, I also developed new questions as I neared category development to further pursue the categories that had emerged in later interviews within the data collection stage.

I chose to conduct the interviews in the mornings to accommodate parents so that we could meet after they dropped off their child, this also enabled me an insight into the culture between parents and schools, seeing the interactions that happened at this time of the day. All interviews lasted between 45 minutes to 90 minutes, the longest interview was one hour and 15 minutes. All of the interviews took place in the primary school setting apart from one conducted during February half term which took place at the educational psychology service (EPS) base.

3.5.4 Data transcribing

Interviews were audio recorded and transcribed by myself on the same day, this provided an efficient approach to data collection and it enabled me to stay close to the data; to further develop memos made during the interview process; and to reflect more deeply on the construction of the participants narratives. Analysing each interview before implementing the next supported me to reflect and build upon themes and questions in subsequent interviews (see appendix L for an example of transcribed interview).

In keeping with a CGT philosophy, I made the decision to adopt a naturalistic approach to the transcribing (Oliver, 2013), as opposed to a de-naturalised approach that seeks the removal of all non-verbal sounds. I approached the transcribing as a way of experiencing the interview as closely as possible a second time, involving the noting of pauses and non-verbal sounds, and reflecting upon how these shaped the tone of the interview. As noted by Charmaz (2014) constructivist grounded theorists pay attention to the significance of language in the construction of meaning, I viewed that

this extended to the way in which things were said, not said, reflected upon and how these influenced the co-construction of meaning throughout the interview.

3.5.5 Memo Writing

Memo writing was a key part of the data collecting and analysis, I recorded Memos routinely after each interview and I recorded them as and when I felt compelled to make a note of something. In comparison to my reflections, these memos were less focussed upon my influence and more focused upon what was happening within the data. My memos enabled me to keep a reflexive log of the research process and of the sense I was making throughout. They enabled me to see the connections I was making between the participants, the similarities and differences, keeping track of the theoretical hypotheses I was forming. I wrote freely, encouraging myself to record any words, ideas, thoughts and feelings that came to me throughout the process, seeking to capture the essence of what was happening in the data.

My reflections and memos were recorded alongside each other in order to promote a mindful awareness of the connections between my interpretations and what the data was telling me (see appendix B).

3.6 Data analysis

3.6.1 Coding

GT involves an in-depth and arduous analytical process, analysis and data collection happen simultaneously. GT involves the coding of emerging data as it is collected. Codes were used to label, separate and organise the data. Stages of coding included:

1. Initial coding
2. Focused coding
3. Theoretical coding

3.6.2 Initial coding

The earliest stage of analysis involved initial coding of each interview, regarded as the first step of induction in the analysis (Charmaz, 2014). This involved becoming familiar with data, listening to the interviews multiple times, reading through the transcripts and coding with attentiveness. Instead of systematically coding the data according to lines, sentences, or words, I took the approach of fragmentation, coding according to the meaning contained within fragments of text (see appendix L for an example of initial coding). This stage of initial coding resulted in numerous codes prior to the stage of focussed coding.

Key questions were used to guide my abstraction at this stage:

- what is happening here?

- What language is being used?
- What meaning is being conveyed?
- what purpose is the discourse serving? (claim, explain, maintain, define or understand)
- what is being suggested?
- What are people doing?
- What do people say they are doing?

In keeping with the building of an explanatory framework, focus was placed upon 'actions' within the narrative and gerunds were used to code these actions, "seeking information" for example. 'In-vivo codes' were those that were kept intact and used when they appeared to summarise wholly the meaning that the participant was seeking to infer. Some example of these included, "*it's a difficult balancing act*" "*hiding behind a smile", "good days and bad days", "behind the scenes".*

Raw Data	**Initial coding**
you know. You mentioned time being a bit of a barrier, what helps you to be able to do those things?	
P: I suppose just having a routine, I think if it's quite a chaotic lifestyle that you lead it can be very difficult to actually find the time for your child.	Creating routines supports finding time
I: ummm	
P: but I think it's really important to try and factor in that, even if you are going to read a bed time story and you need to skip out big chunks, at least you've sat down with them for five minutes, at the end of the day and made them feel like you are there and they are your world.	Value of the 'time' not the activity The importance of 5 minutes Loving them
I: Yes,	
P: I think, urm, you know, we all lead very very busy lives, but your children and only your children for such a small time frame where they really really depend on you and it's so important to show them that you are prepared to put down what you are looking at, put your phone to one side or just stop what you are doing and just make that time for them,	Prioritising children/childhood, Balancing life with precious time Dependency -window of opportunity Demonstrating love through small actions

Figure 2 Example of Initial Coding

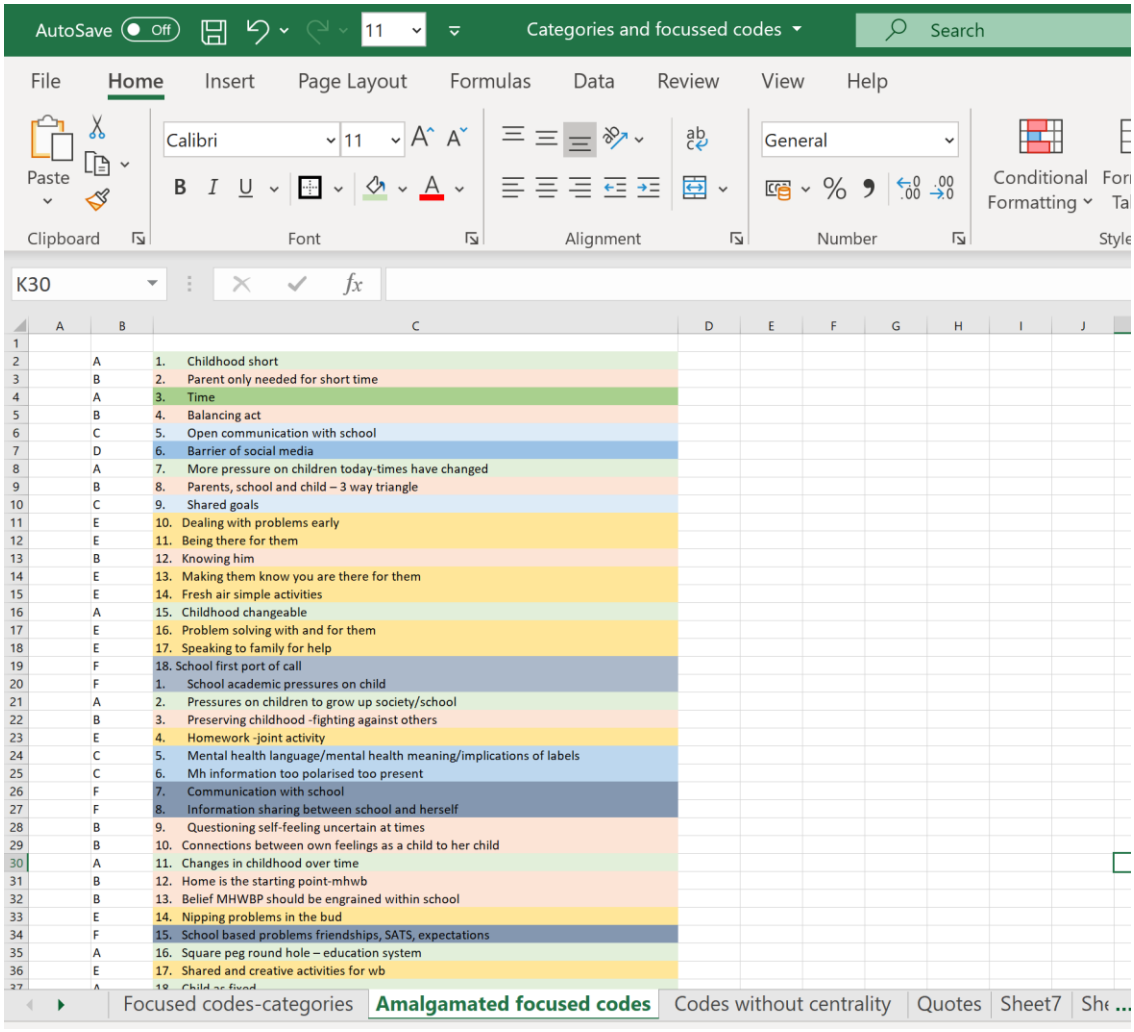
3.6.3 Focused coding and constant comparison

After coding the first interview I decided I needed a way of keeping the data organised, since there were a high number of initial codes being produced. I used Microsoft Excel to record and organise the initial codes. Focussed coding took place alongside the initial coding phase, this involved the exploration and forming of connections between open codes to extend codes into categories (see appendix M for example of focussed coding).

Raw data	**Initial coding**	**Focussed coding**
I'm a human being, a may be a mum and I may do all this stuff and I may be able to pull out a world book day costume the night before but I'm a human being.	holding onto self pressures of being a mum	Maintaining 'Self'
As a parent your mental health needs to be looked after because if you need looking after yourself there's no way you can look after your kid's	Justifying need to care for herself in order to be able to look after her children	Maintaining own wellbeing

Figure 3 Example of initial coding becoming focussed codes

Focussed codes were lifted from the word document into Microsoft excel and colour coded to enable organisation of similar codes.



	A	B	C
1			
2		A	1. Childhood short
3		B	2. Parent only needed for short time
4		A	3. Time
5		B	4. Balancing act
6		C	5. Open communication with school
7		D	6. Barrier of social media
8		A	7. More pressure on children today-times have changed
9		B	8. Parents, school and child – 3 way triangle
10		C	9. Shared goals
11		E	10. Dealing with problems early
12		E	11. Being there for them
13		B	12. Knowing him
14		E	13. Making them know you are there for them
15		E	14. Fresh air simple activities
16		A	15. Childhood changeable
17		E	16. Problem solving with and for them
18		E	17. Speaking to family for help
19		F	18. School first port of call
20		F	1. School academic pressures on child
21		A	2. Pressures on children to grow up society/school
22		B	3. Preserving childhood -fighting against others
23		E	4. Homework -joint activity
24		C	5. Mental health language/mental health meaning/implications of labels
25		C	6. Mh information too polarised too present
26		F	7. Communication with school
27		F	8. Information sharing between school and herself
28		B	9. Questioning self-feeling uncertain at times
29		B	10. Connections between own feelings as a child to her child
30		A	11. Changes in childhood over time
31		B	12. Home is the starting point-mhwb
32		B	13. Belief MHWBP should be engrained within school
33		E	14. Nipping problems in the bud
34		F	15. School based problems friendships, SATS, expectations
35		A	16. Square peg round hole – education system
36		E	17. Shared and creative activities for wb

Figure 4 Colour coding focussed codes

Focussed coding took place alongside constant comparison which involved comparing segments of coded text against other segments of coded texts, within and between interviews and the collapsing of codes into categories (see appendix M for an example of focussed coding and comparative analysis). This enabled me to identify connections, informing the emergent categories (Corbin & Strauss, 2008; Charmaz, 2014), I used memos to keep a log of my reasoning. Focused coding was geared towards the illumination of the key phenomena in the data (Robson, 2011). At the end of data analysis 21 focussed codes had been identified.

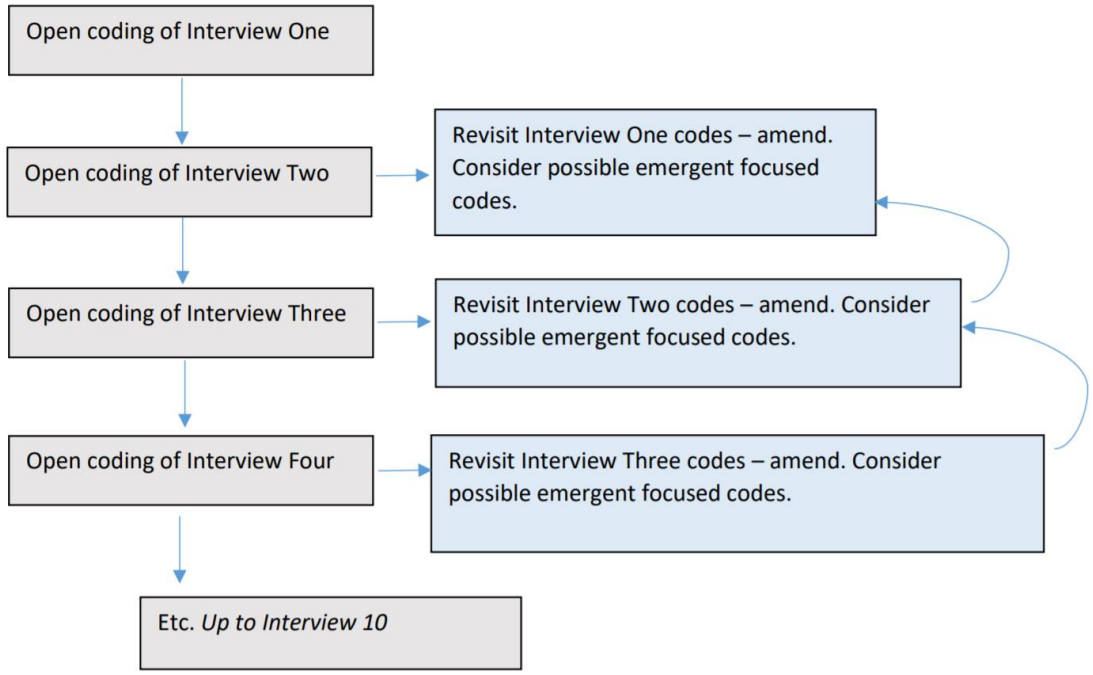


Figure 5 Constant Comparison Method

3.6.4 Categorising

Through the process of constant comparative analysis, the 21 focused codes that emerged were identified as representing seven categories that described two key processes taking place within the data. This is depicted in the following figure:

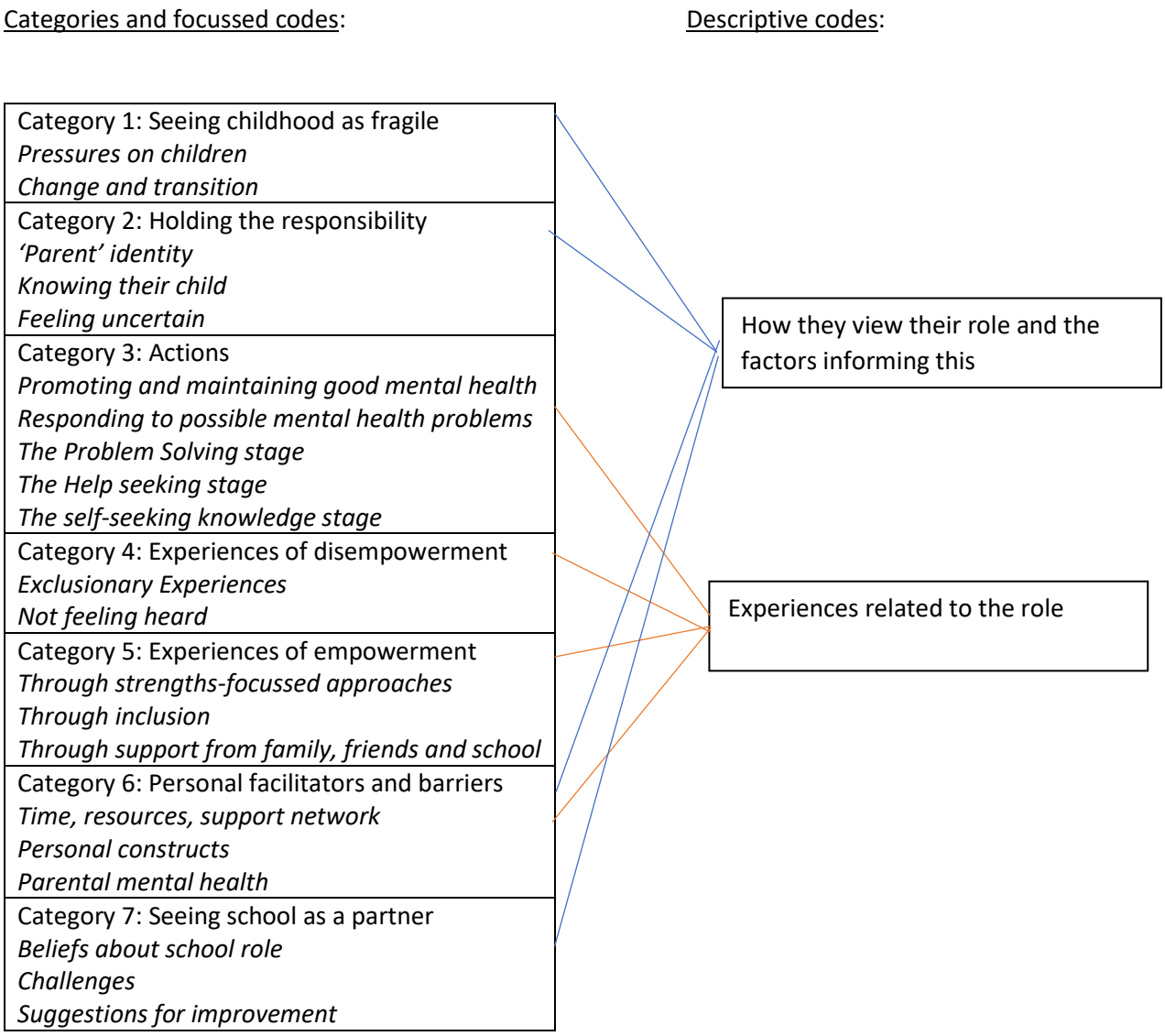


Figure 6 The seven categories linked to two processes within the data

3.6.5 Theoretical sampling

Following the establishing of the seven categories and the two descriptive codes, I spent time further exploring the categories and the two descriptive codes (potential theoretical codes) through theoretical sampling. This involved three key processes: the first involved the weaving of questions guided by initial categories into subsequent interviews enabling the elaboration and fine-tuning of categories within the emerging theory (Charmaz, 2014, p. 192) and to halt the exploring of less-compelling codes. For example, after the first three interviews the concepts of "childhood being short" and "school pressures" had emerged which I explored in greater depth in subsequent interviews. The second theoretical sampling process was related to the refinement of categories, so that when new information led to a new characteristic of the category, I followed this up by revisiting previous interviews to look for further evidence to develop or drop this code. The final

stage of theoretical sampling took place at the end theoretical coding where I followed up with three of the parents (Bob, Roger and Annie) via a telephone call to share with them the codes that had emerged from the analysis and check that these felt coherent with their interviews.

3.6.6 Theoretical saturation

Alongside the process of theoretical sampling, theoretical saturation seeks to ensure that all avenues of category have been covered. According to Charmaz (2014), when new data no longer stimulate new theoretical understandings or new dimensions of the principal theoretical categories, the relevant categories are saturated. This refers to two processes; coding (so that data is coded until there are no further codes emerging) and the collection of data such that data was collected until no new concepts were identified and secondly ensuring the development of the properties of a category until there were no new properties of a category emerging.

Theoretical saturation was viewed as problematic, firstly for reasons based upon my ontological position that there can always be new ways of knowing and understanding, but secondly and more practically; the parents were not homogenous they differed with respect to a number of factors including:

- Their own personal circumstances (their histories, their life experiences, their own mental health, their job roles
- Their personality factors
- Their concerns about their children's mental health
- The school contexts (varied significantly)
- Their parent status (3 fathers, 1 adoptive mother, 7 mothers)

These reasons alongside the time restraints placed upon the research and limitations imposed by the COVID-19 pandemic meant that theoretical saturation was not achieved in relation to the continued exploration of how these diverse factors impacted upon the data. Instead, theoretical saturation was limited to the data collected, follow up telephone calls, and involved the coding and constant comparative analysis until all data could be coherently accounted for within the categories that existed. As described by O' Conner et al. (2008) saturation occurs when no new information emerges to add to the established meaning. Taking Shotter's (2012) perspective a theory is something to pay attention to, something that describes around and creates a shape from the data. In keeping with Shotter's (2012) view, I acknowledged the partiality of any theory produced through the research and adopted the view that a theory supports the development of sensitising concepts that can provide directions along which to look as opposed to prescriptions of what to see or definitive concepts (Clarke, 2005). The research can therefore work towards a theory as a framework that contributes towards understanding in an area (Shotter, 2012) as opposed to a definitive truth.

3.7 The grounding of theory

Throughout the process of constant comparison an intimate relationship was developed with the data, inviting back into my conscience, any provisional ideas held within the data (Charmaz, 2014). After the data was adequately and coherently accounted for within categories, relationships between the categories became further developed and greater levels of abstraction were engaged in. This stage of analysis was all-encompassing involving an intimate staying with the data, resulting in the illumination of relationships within the data and certain categories and codes becoming more prominent than others. These are depicted within the following conceptual map. It is perceived that all of the categories are connected as can be seen within the map, some of these connections are stronger than others (see appendix O for map of connections).

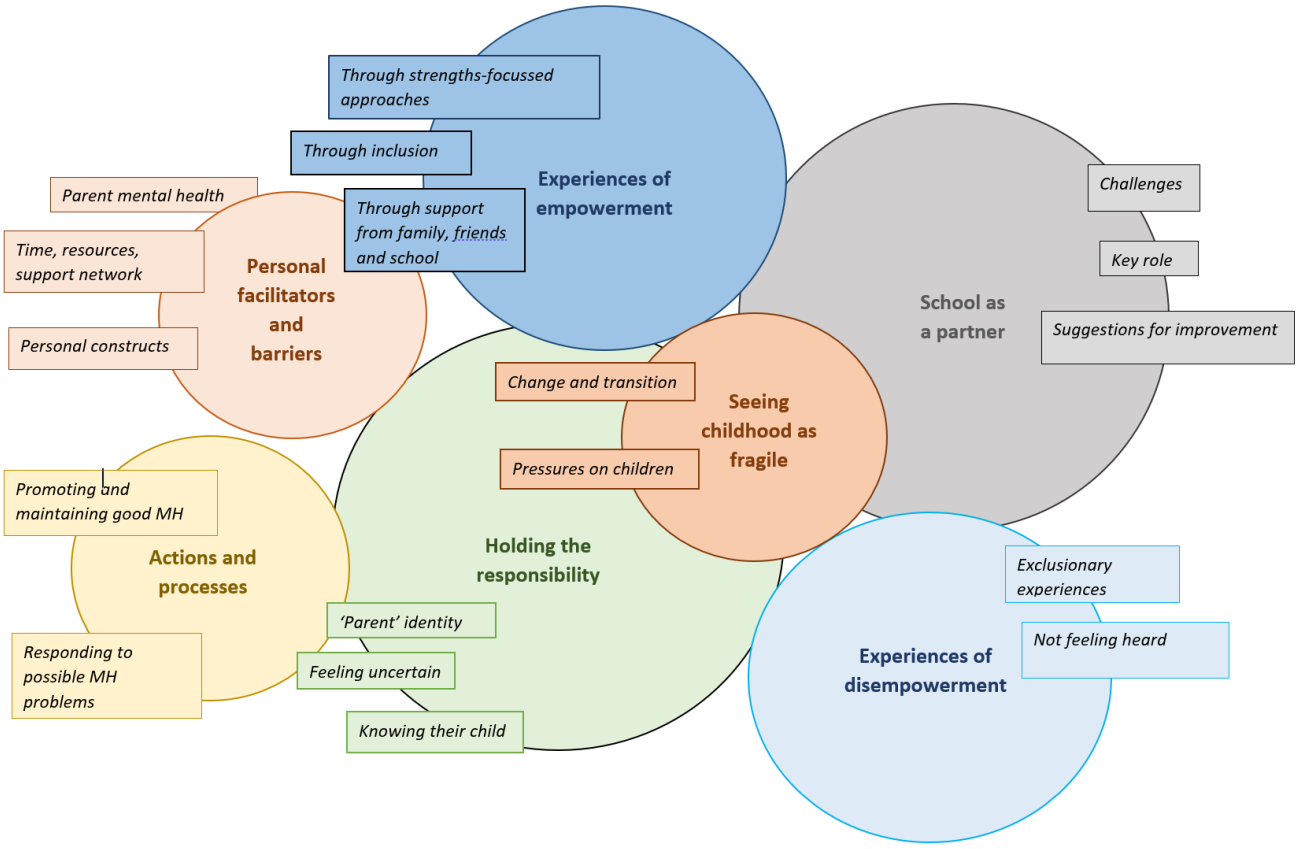


Figure 7 Relationships between categories and codes

Theoretical development refers to the theoretical rendering of substantive grounded categories (Glaser, 1978; Wuest, 2000, p.55), as such theoretical sensitivity is what enables the researcher to move beyond pure description to see theoretical possibilities in the data. Theoretical development involved a deeper exploration of the connections between the categories and focussed codes. Over time exploration of the connections between categories and codes resulted in the development of a

coherent story from the data to reflect and explain the two descriptive codes (1) how parents were viewing their role and 2) how they were experiencing their role). These are now outlined.

The category 'Holding the Responsibility' and the focussed code 'Feelings of Uncertainty' were perceived to have the highest levels of explanatory in relation to the descriptive codes, due to the number of links these held with other categories and codes.

Parents saw themselves as *Holding the Responsibility* underpinned by:

- 'Parent' identity
- Knowing their child
- *Childhood as fragile*

This influenced them to implement:

- Actions (implicit and explicit)

Their experiences of implementing these actions resulted in:

- Experiences of empowerment, experiences of disempowerment
- Feelings of uncertainty

Feelings of uncertainty were not only an outcome of actions but also related to:

1. the perceived changeability and fragility of childhood meaning that the parent role is constantly changing and adapting to the child,
2. confusion around the meaning of mental health and the plethora of information available (found in categories relating to **actions to respond to possible mental health problems**)
3. challenges associated with working with school (experiences of disempowerment)
4. managing personal challenges (such as different roles alongside being a parent, and managing own mental health and wellbeing)

This led to the conceptualising of the following two theoretical explanations as a plausible way of explaining the data and answering the research questions:

1. Parents see themselves as holding the responsibility for their child's mental health, however, their role is often experienced with uncertainty

2. Enabling parents within their role involves approaches that recognise, include and empower them.

After developing this tentative GT, related theory and research were explored (chapter 6), Wuest (2000) states that the researcher's knowledge of related theory, research and literature comes into play at this stage with the researchers existing knowledge and previous experiences enhancing theoretical sensitivity (Corbin & Strauss, 2008). The emerging theory is merged with previous theory

and research, which provides a mechanism to demonstrate the usefulness of the emerging theory. This literature is explored in Chapter 6.

3.7.1 The grounded theory

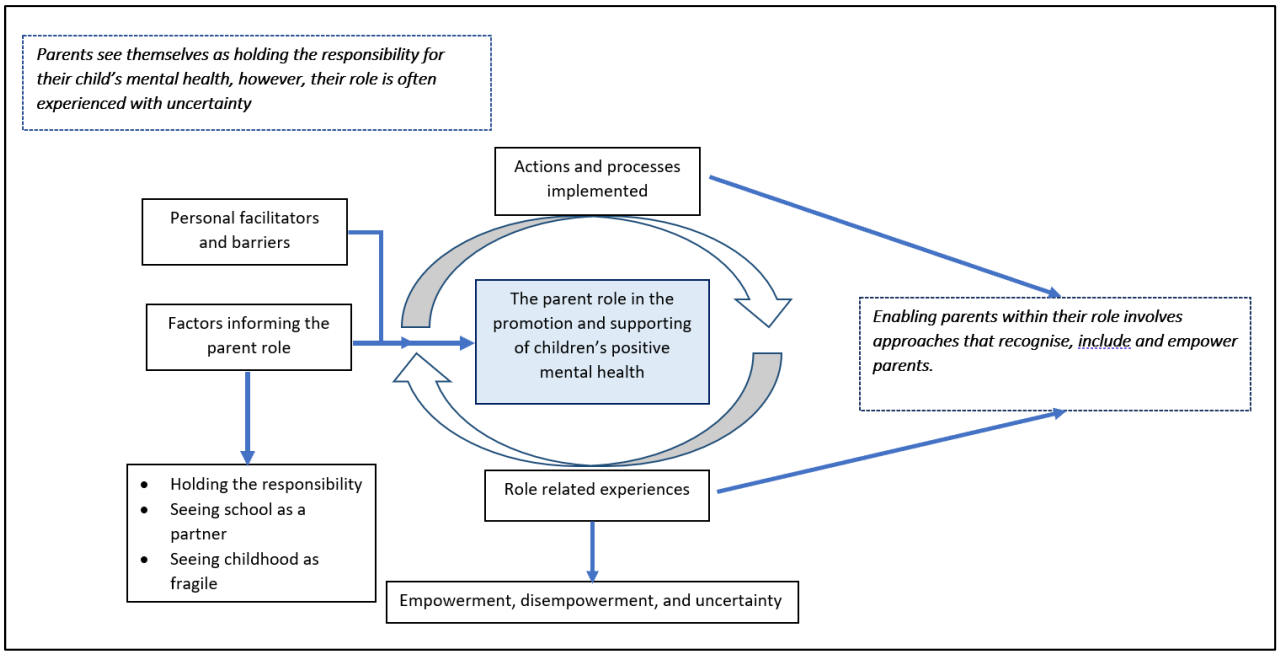


Figure 8 The Grounded Theory

3.8 Assessing Quality

The assessment of quality in qualitative research is a different process to that within quantitative research, which tends to focus upon the principles of reliability, validity, and generalisation (Bryman, 2016). Creswell (2009) suggests that validity refers to the processes employed by the research to explore the accuracy of the findings. I viewed that the rigorous processes of constant comparison, reflexivity regular reflection upon how the data were answering the research questions enabled me to maintain a mindful approach to the validity of the analysis and data collection (Morse et al., 2002). Additionally, whilst maintaining an awareness of the epistemological assumptions relating to my interpretation as the researcher, interviewer, TEP, and other personal basis from which I interpreted the data, I took time to discuss the codes (initial, focused and theoretical) in research supervision to confirm that they made sense.

3.8.1 Trustworthiness

The trustworthiness of qualitative research has been debated, largely because positivist concepts of reliability and validity cannot be addressed in the same way as they are in quantitative research. Lincoln and Guba (1985) provided a framework based upon the concept of trustworthiness from which qualitative research evaluated for its reliability and validity. They propose that the four

concepts 1) credibility; 2) transferability; 3) dependability; and 4) confirmability underpin the trustworthiness of qualitative research.

3.8.2 Credibility

Credibility refers to the level of confidence and truth in the research findings, Lincoln and Guba (1985) suggest that credibility is achieved through spending sufficient time in the field and seeking negative cases and alternative explanations (Charmaz, 2014). To this end, I implemented in-depth interviews, I spent time transcribing them and I maintained a reflexive log of memos. I also identified codes with less centrality and explored them for their adequacy and coherence in order to identify whether or not they contributed to the emergent theory.

3.8.3 Transferability

Transferability refers to the application of the findings in other contexts (Lincoln & Guba, 1985). Transferability was aimed for through the seeking of clear parameters in which the research was situated, ensuring the potential transferability of the research findings within school contexts and EP work.

3.8.4 Confirmability

Confirmability refers to the level in which the findings accurately reflect the data (Lincoln & Guba, 1985). Confirmability was aimed for via the use of constant reflexibility, exploration of the emergent meaning being formed during research supervision and the checking with participants their views upon the codes that were being formed

3.9 Summary of chapter

This chapter has aimed to provide an overview of the methodology of the research, it has outlined the paradigmatic and philosophical underpinnings and discussed the CGT approach that was adopted as a framework for the project. It has concluded with an explanation of the ethical considerations that were made prior to conducting the research and how these were upheld throughout. The next chapter will provide an explanation and discussion of the findings.

Chapter 4: Findings

"We just needed for him to feel safe and for us to feel like we were able to give him that" (Debbie)

4.1 Introduction

This chapter presents the findings of the research. It will begin with an introduction to the school settings and parents who participated, to enable the reader to gain a sense of the research context. Following this the findings of the research will be presented, beginning with an exploration of the categories, and focussed codes that underpin them, followed by the arrival at the two theoretical codes identified through the process of analysis. The chapter concludes with a summary of the findings, before moving on to consider how the findings relate to existing literature, in keeping with a CGT methodology.

4.2 Setting the scenes

4.2.1 The schools

The parents represented 7 different primary schools varying in their size, location and approaches towards working with parents (see appendix K for full reflections).

Of the seven schools represented, only one had explicitly adopted and implemented a specific approach to mental health and wellbeing which was outlined within their "*mental health and wellbeing policy*". I found this a little surprising given the push for schools to play a more key role in supporting children's mental health. Despite this, staff in all of the schools were able to discuss their approach towards supporting mental health, suggesting that there is an awareness of the role that schools play, but perhaps there is a need for more support and guidance in supporting schools to implement these approaches explicitly. Reflecting on the one school who had a mental health and wellbeing policy, it seemed that aspects of its effectiveness resonated with guidance (PHE, 2015) including having senior leadership support (headteacher), a clear policy outlining their approach that included their definition of mental health, wellbeing lead roles, and an "open door" policy regarding their working with parents. The relationships that existed between parents and staff combined with these factors promoted the sense of ethos that supported wellbeing.

The ways in which schools worked with and involved parents varied quite significantly, my learning about this came from informal observations during my time in the schools. Some schools seemed to have a culture/ethos that naturally supported parental involvement and in others this was less obvious. Key factors that I made a note of in my memos included environmental factors such as the location of the school, the school entrance/space for parents to occupy when dropping off and picking up their children, the availability and visibility of school staff during these times, relationships

between parents, and parents and school staff, protocols regarding parents entering the school building and spaces within the school for parents to meet with school staff. These factors combined with the findings from the interviews with parents draw attention to the sometimes-implicit ways in which schools can build an ethos that promotes parental inclusion.[9]

4.2.2 The Parents

The parents who participated represented both parents with concerns and parents without. None of the parent's children had a diagnosed mental health difficulty and none of them had, had involvement with an EP. Those who had sought help for concerns relating to their child, had done so from school, GP, CAMHS and family/friends. A pen portrait will now be provided where the context of the parent's participation is outlined, followed by a small quote from each of the parents to outline the strengths and qualities that they spoke of when discussing their child. This is in keeping with the strengths focussed approaches of educational psychology.

Parents who had sought help for their concerns

Heather

Heather was a mum of one daughter, Molly who was in Year 4. They lived together with Molly's father in a small seaside town. Heather spoke openly about her own mental health problems, that had resulted in an inpatient stay two years ago. Heather felt there had been a lack of support for her daughter throughout this process. Heather wanted to talk to Molly about it, but was unsure about what to say and unsure as to whether she should. Heather worried about Molly's mental health, she perceived herself as having a heightened awareness to mental health problems. Heather was reflective of this and had many questions surrounding it, which she seemed to ponder regularly. Heather was passionate in her desire for things to change for all children, not just her own daughter, she felt that the school system is stressful and a trigger for mental health problems. Heather had sought advice from school around her concerns for her daughter's mental health.

> "*She's a very sensitive, imaginative, urm, I think she's very creative I think she's got a capacity for immense kindness at times*"

Debbie

Debbie and her husband had adopted their two sons when they were aged 2 and 3 (now 8 and 9). Debbie reflected on a difficult time that she had been through with her son Jayden two years ago.

[9] These observations were pre-covid-19 restrictions. My understanding is that covid-19 has had a significant impact upon parent physical presence in school (discussed later in discussion).

She described how Jayden had showed signs of finding life increasingly hard to cope with, he had been struggling to sleep and had made suicidal threats. Debbie explained that she had been to the GP and CAMHS, but the most supportive people during this time were school and her sister.

> "*they are always smiling I know sometimes they are hiding behind the smile, but they genuinely are happy children*"

Stephanie

Stephanie was a mum of two daughters, one in secondary and one in primary school in year 5, they lived at home with her husband, the girls' father. Stephanie worked full-time as did her husband, she spoke of the potential challenge of coronavirus upon her job (Pre-lockdown). Stephanie had chosen to sign up to the research because she was concerned about the stress that her daughter was experiencing from school, she appeared frustrated with the imbalance between what the school said about supporting mental health and wellbeing, and what they did, speaking of a dissonance between the two.

> "*she's into everything, sings, dances, you know so…she is wonderful and I'm very proud of her*"

Claire

Clare was a mum of three children, two boys who were at university and her daughter Sinead who was in Primary school in year 6. Claire described experiencing much upheaval over the past year, she had separated from her husband, moved to a new house, and her mother had died. Claire had been worried about how this had affected Sinead's mental health, describing how Sinead was in tears most days before going to school, Claire had sought help from school which she felt was going well.

> *"she's very feisty, she struggles and is in and out of friendship groups, urm she's hilarious, she's one of the funniest children I've met in my life, which is great, and she's got all these ideas and urm different things going on and then you get to school and they're all pushed down again"*

Annie

Annie was a Mum of two living in the centre of town. Her daughter was in year 6 at Primary school and her son was a toddler. Annie spoke frequently about her daughter Ellen's father having a diagnosis of Asperger's (which Annie classified as a mental health condition) and of the worry that she had about Ellen also having it.

"she is a real tryer and very polite and lovely, urm, I , she likes going to school and likes to try hard"

Parents without concerns or with concerns that they were monitoring themselves

Bob

Bob was a father to two children, Anabelle who was in Primary school (in year 5) and a baby boy aged one. Bob spoke about how Anabelle came into his life when he was at university, he had only become aware of Anabelle when she had been put up for adoption and Bob was contacted as Anabelle's biological father. He had brought her up with the support of his parents. Bob did not have any concerns for Anabelle's mental health, but he was contemplative about the potential impact of the decisions he made upon her wellbeing in the future, for example he worried about which secondary school to send her to and what kinds of happiness he should strive for, for her.

"she's is outgoing, friendly and she's funny, she's got a great sense of humour, she really makes me laugh and I love that about her."

Roger

Roger was a father of three sons, two who were at university and one who was in Primary school in year 5. He valued keeping fit and healthy and viewed this as important for mental health as well as physical health. He took time to think about his answers to questions, and often highlighted how the things that you do to promote wellbeing are natural and implicit and not something that is consciously thought about. Roger was not concerned about his son's mental health, he felt that he was stable but that it was something that he needs to keep his eye on as "these things change".

"he is bright, lively, highly energetic, very physical, urm, funny urr engaging entertaining, urm he's a great lad. But he finds it hard to concentrate you know he does find it hard to concentrate"

Samantha

Samantha spoke about her four children, a daughter aged 17, two children in secondary school and her youngest son Max who was in year 4. They lived on a working dairy farm with her Husband, who she had recently married and who had three daughters of his own, but who did not live on the farm. Samantha was a busy person, she valued 'time' with her children and enjoyed doing things together as a family. Samantha did not have concerns about Max's mental health, she felt that he was a happy child, but described things about him that she felt she needed to keep an eye on, which could become problems in the future such as his need for routine.

"I would say that he does suffer with perhaps an anxiety to do with…I don't know what it is but it's to do with timescales. So, you know, I think Max is someone who in the future, unless he can keep that going and keep a routine life, he could become quite anxious about it. But I think on the whole, he is very very well rounded and a very happy little chap"

Suzie and Dave

Suzie and Dave lived with their son Zak who was in in year 5 in primary school, Suzie also had an older son who was university aged. Suzie and Dave talked about Zak as a happy child, Suzie had some concerns about Zak's 'competitiveness' and how he coped with failure, which Dave saw as a strength as opposed to something to be worried about. Suzie and Dave agreed that boys and men do not speak about their worries and keep things bottled up, as such they spoke about creating opportunities for Zak to communicate with them

"*I think he's got a great network of friends and he does lots of sports, so he's got a very but active life, urm. He does get upset doesn't he? he gets upset, he can get really, he puts a lot of pressure on himself to be the best so he's perceived by his friends that he's clever and would never like to show them that he struggles with anything"*

Rachel

Rachel was a mum of two daughters, one in secondary and one in primary in year 6. She had moved with her daughters and husband to Devon from London in search of a quieter pace of life and enjoyed living in the countryside and the "fresh air". Rachel reflected upon the difference between their life in London compared with Devon, feeling that the school environment in London was not good for wellbeing. Rachel described her daughter as being emotional and vulnerable because of this combined with the transition to secondary school.

"*She's a very well rounded child, she's been very happy throughout school urm, she's just sort of knuckled down and gotten on with it which I think is probably a characteristic of sitting between two siblings as well. I think that she can put quite a lot of pressure on herself and become quite emotional and she's a sort of tough cookie really, but actually there's a vulnerability there"*

4.3 The Categories and focussed codes

Following the ongoing and in-depth process of analysis, data collection and reflection, seven conceptual categories were identified in which parents constructed narratives related to their role. These seven categories were developed from the focused codes that were illuminated during the coding processes and constant comparative analysis, these focussed codes are perceived to describe

the characteristic of the categories discovered during the interviews and processes of analysis. These categories are considered to be of high relevance to the focus of the research.

CGT places emphasis on the significance of integration between and within categories in the building of an explanatory framework (Birks & Mills, 2015; Charmaz, 2014). The categories and their underpinning focussed codes were perceived to represent a network of interacting connections and therefore most meaningful alongside each other.

Whilst each category focuses on different processes associated with the parent role, the boundaries between them are perceived to be fluid; these categories are perceived as being complimentary to each other in relation to the answering of the research questions. Their construction was an interactive process where they emerged alongside and in relation to each other, throughout the process of data collection and analysis. Therefore, in discussing each of the categories, references will be made to other categories to aid understanding of the interrelationships and interactions.

Categories	Focused Codes
Category 1: Seeing childhood as fragile	○ *Pressures on children* ○ *Change and transition*
Category 2: Holding the responsibility	○ *'Parent' identity* ○ *Knowing their child* ○ *Feeling uncertain*

Category 3: Actions	○ *Promoting and maintaining good mental health*
	○ *Responding to possible mental health problems*
	  ○ *The Problem Solving stage*
	  ○ *The Help seeking stage*
	  ○ *The self-seeking knowledge stage*

Category 4: Experiences of disempowerment	○ *Exclusionary Experiences* ○ *Not feeling heard*
Category 5: Experiences of empowerment	○ *Through strengths-focussed approaches* ○ *Through inclusion* ○ *Through support from family, friends and school*
Category 6: Personal facilitators and barriers	○ *Time, resources, support network* ○ *Personal constructs* ○ *Parental mental health*
Category 7: Seeing school as a partner	○ *Beliefs about school role* ○ *Challenges* ○ *Suggestions for improvement*

Figure 9 Categories and focussed codes

These seven categories will now be discussed in relation to the focussed codes underpinning them. It is my hope and intention to present these findings, in the words of the parents, to empower their voice and to enable the reader to experience the ways in which they conceived of their role in supporting their children's mental health. In-vivo codes are boldened throughout the narrative. As we navigate through their narratives, we come to see the emergence of the theoretical positions which are discussed following full exploration of the categories.

4.4 Category 1 Seeing childhood as fragile

Category 1: Seeing childhood as fragile	○ *Change and transition* ○ *Pressures on children*

It became apparent early in the research that the parents were passionate about the topic of mental health and had views that they appeared to feel compelled to share, the research provided an unusual and novel opportunity for them to discuss their views, beliefs and experiences on a topic with relevance within their lives (whether they had concerns for their child's mental health or not). Some of the parents seemed to value the research as an opening to share specific experiences which to them felt unresolved or which they wanted to offload, others spoke more broadly about concerns that they had relating to mental health and the lives of all children not just their own. The research seemed to offer an opening that parents otherwise did not usually or perhaps formally experience, which some parents named "*we've never had anything sort of come through school like this before*" (Rachel) and others indicated in the way that they told stories and articulated concern "*you know I feel quite strongly I guess, about some areas of mental health which was why I was quite interested to talk to you*" (Stephanie).

The category "Seeing childhood as fragile" was perceived to represent the parent's views of childhood as a short and precious time but a time where they perceived there to be pressures beyond those that children should experience; pressures which they viewed as posing a barrier towards good mental health. These factors are conceptualised within the following focussed codes 1) Change and Transition and 2) Pressures on children.

4.4.1 Change and Transition

> *"They are only children for a small amount of time and they only really need you for a small amount of time" (Samantha).*

As highlighted by Samantha, the parents viewed childhood as something only lasting a small amount of time, with the sense of themselves being needed becoming in some ways lost as children get

older. The parents described changes happening in their children, in relation to the transition from primary to secondary school and the natural changes happening within their child as they grow and change as people. They highlighted their children as vulnerable and unpredictable at this time, in the sense that their development was happening in non-linear ways, sometimes presenting as more mature and sometimes less, meaning that parents needed to be adaptable and "*you know, you need to pick your battle*s" (Rachel).

For some there was a sense that being at the end of primary school was associated with being on the edge of some aspects of childhood, that would become lost on route to secondary school, parents fought to hold onto their children;

> *"Her dad and my partner, do keep saying to me that she needs to stop playing with all of these toys but it gets taken off you so quick, I'm like just leave it for now! It'll soon go when she's in secondary." (Claire)*

These changes are perhaps more pronounced at the end of primary school with the transition into secondary representing a time of uncertainty for children and parents, both of these roles and identities changing. These changes are exacerbated by pressures that parents viewed their children to be experiencing, making them (as perceived by parents) potentially vulnerable to experiencing mental health difficulties. These views highlight the need perhaps to consider this stage of life and the experience of multiple transitions alongside managing pressures upon children and the concerns that parents hold.

4.4.2 Pressures on children

The parents spoke about ways in which they believed pressures upon children to have increased over time, making reference to their own childhood and to their children's older siblings. These pressures were related to increased attainment pressures with a view of academic achievement being valued over free time and a social pressure to grow up too soon. These pressures and responsibilities were believed to be encroaching upon their children's childhood; *"I mean you know compared to my generation and probably the ones just before, they are exposed to a lot more nowadays and they grow up a lot more" (Rachel).*

> *"I am concerned about my daughter's mental health and a large part of that I think is linked to school SATs and expectations at this age. There is a drive to make children older than they are and more responsible than they should be, in my opinion at their age"*(Claire).

In response parents sought to try and protect and preserve their children's childhood:

> "*we are trying to sort of keep him as young and innocent as possible and trying to keep his whole life and existence quite fresh and light and happy". (Suzie)*

> *"I suppose that was another reason for moving is we didn't, you know we wanted them to slightly slow down and very much be children." (Rachel)*

Social media

Social media was positioned as a vehicle through which pressures on children were fuelled. Social media was related to reducing opportunities for engagement with activities and play, providing access to information that could challenge their children's innocence or expose them to information about the world that parents wanted to protect them from, a barrier towards parents being able to protect their children.

> *"they do have more to deal with now than certainly I did, you know phones were only just coming in and they were just phones they weren't smart, and I think they are never still or quiet, and the idea of picking up a book, and I know they do it in school but for most children it's something that they just have to do, everything is fast pace, which I think is partly where Sinead struggles, is that she's not used to being bored. And that's where you develop resilience and not everyday is gonna be fun" (Claire)*

Claire suggests that there are fewer opportunities for her daughter to develop resilience than there were a few years ago. In particular, she draws attention to a link between experiencing boredom and developing resilience, suggesting that the fast pace of life takes away an opportunity for her daughter to experience boredom which she feels is important for the development of resilience. Roger similarly makes reference to life being more fast paced, describing his frustration in how this affects his son:

> *"I remember them being able to sit down and concentrate on stuff for a long time, but it could be the education system has changed, or it could be that there is more immediately available for him to do, you know, he might for example start concentrating on drawing a picture or writing a story it looks like he's really into it and then it seems like something will suddenly twig and he remembers that he could be playing a game and he'll go and play the game instead. Which is kind of frustrating though, and hard to know how to handle really" (Roger)*

Parents found that social media created obstacles for them, a challenge noted by parents was the balance between wanting their child to fit in with their peers, whilst also wanting to protect them from the internet.

*I think it is the biggest, biggest barrier. You know, phones, computers, tv's, social media. It's the biggest barrier that we face in society today really for having positive mental health for children and young adults. I think it's a real issue and it's just about trying to manage their time on that and make that decision as a parent, as to what age you want to introduce your children to all of that, because obviously all of their peers may have access to things that your child hasn't and trying to make your child understand why they haven't at this stage in their life but later on they will….**it's a difficult balancing act**, (Samantha)*

Parents felt that it was important to try and understand social media themselves, but discussed the challenges of this. They recognised children's vulnerability in the sense that they felt children were unaware of the risks but able to navigate their way around technology better than parents, who were less technologically skilled, but highly aware of the dangers.

"the external environment is really frightening for them and everything is so available now you find it everywhere" (Stephanie)

Parents saw social media as taking away childhood by replacing play and recreational activities, by imposing adult responsibilities on children to be able to manage social media, by exposing children to information about the world which they as parents wanted to protect them from. Parents found it challenging to protect their children from negativity, frustrated perhaps with the insight that they held about social media alongside the pressure that their children needed to fit in in order to have friends.

School based pressures

Whilst parents believed schools should play a key role alongside themselves, there was challenge associated with pressures coming from the education system that were viewed as not conducive to wellbeing, whereby a dissonance existed between the promotion of good mental health and academic attainment.

"I do feel the education system is all out of kilter and I think it has a massive effect on a whole level of children who just career along quite sort of quietly, so I feel that I'm doing sort or protective and preventative measures almost, to try and offset the effect of school, and it's not, it's the education and attainment side, those pressures, not the school itself, it's just gone crazy and so like I say a gatekeeper……And I think the school system is going to trigger and feed into mental illness in a way that it might not have a few years ago, children feel like failures" (Heather)

The parents viewed the education systems as valuing attainment over their children's individuality and strengths. They sought ways to promote their children's strengths outside of school by encouraging them to take part in different activities:

> "*in the holiday she goes to farm school, because I'm really aware that at school she isn't possibly the most academic child, and I know that that can really impact upon your sense of being and eventually your mental health so she does love animals, so in the holidays when I can, I send her to farm school because that's an area where she can just really be her and I see her really being herself" (Heather).*

Parents felt that the push for attainment encroached upon other important factors such as their child's free time:

> *"And now she' s going to maths booster sessions, she's got be in school at twenty to eight tomorrow morning to do this booster session. Which is great the school have identified an issue, they are trying to solve it, fabulous, they are giving the kids toast when they get there so it's different, but she's still having to do extra maths" (Claire)*
>
> *"very often she was kept in on a lunch time because she hadn't done her work. I just think you are not seeing that she is finding that hard" (Annie)*

To accommodate the pressures associated with school parents spoke about giving their children time to wind down at the end of the day;

> "*it's that* m*agic at the end of the day, getting the day out of your system" (Rachel).*

However, some parents described this being challenged by homework, which intruded upon their free time, and impacted negatively upon homelife. Homework was viewed as being the parent's responsibility which resulted in a sense of conflict for parents who wanted to restore and protect their child's wellbeing but also had to ensure their child's homework was completed:

> *"when we get to it, she is in no place to learn, and I think the anger comes from a place of disappointment and also fear. And I just think, I think why are we doing this with her? but at the same time school says it is the parents responsibility so that's how homework is. It makes home life difficult" (Heather)*

These findings highlight the ways in which parents act to reduce and limit the impact of pressures on their children in order to try and reduce the negative impact of these on their children's mental health but of the challenges parents face in doing this, in terms of the responsibilities enforced by

school, the difficulties understanding social media and instilling boundaries around this and lessening of power as their children transition and grow.

4.5 Category 2: Holding the responsibility

Category 2: Holding the responsibility	○ *'Parent' identity* ○ *Knowing their child* ○ *Feeling uncertain*

Whilst holding concerns about the influence of the pressures upon their children, the parents felt that the responsibility to promote their children's positive mental health and identify problems was ultimately theirs, resulting in feelings of frustration and concern as highlighted above, and uncertainty. Encapsulated within the concept of responsibility, was a striving towards "doing the right thing", parents indicated that at times they felt uncertain and insecure, feelings which resulted from their experiences as they implemented actions to promote and support their children's mental health.

Whilst this category is connected with all other categories, its underpinning focussed codes are descriptive of the factors that explained 'why' parents saw themselves as holding the responsibility, this data leant itself into three focussed codes 1) 'parent' identity, 2) knowing their child and 3)feeling uncertain.

4.5.1 'Parent' identity

In describing themselves by using the term "as a parent" the parents categorised themselves in relation to an assumed shared understanding of this word between themselves and me. Occasionally, the word 'parent' was used to indicate a sense of distinction between themselves and others, for example, in discussing school, some parents referred to themselves in the third person using the terms "we" and "us" further indicating a collective identity, a group that they belonged to and identified with. In the following quote, Roger depicts a view of parents as somewhat disconnected from school in discussing school-based mental health promotion: *it's not something we as parents see*" (Roger). Whilst parents saw other people as playing a key role, they believed that *it's down to the parents at the end of the day*" (Bob).

The phrase "as a parent" was used frequently by the parents to describe, define, justify and defend this part of their identity, and whilst other aspects of their identity informed creative opportunities to promote positive mental health and build resilience, it was apparent that the label 'parent' was associated with protection, advocacy and a sense of overarching responsibility.

"*my role is to ensure their happiness*" (Stephanie)

There was a sense that the parents desire to ensure their children's happiness was motivated by a perhaps intrinsic drive, where their child's happiness and their own happiness were two sides of the same coin. Perhaps related to the feeling of responsibility associated with being a parent, there was a sense that effectively ensuring their children's happiness had meaning for their identity as a parent. Therefore, when parents struggled to resolve problems, they were left holding negative feelings of insecurity and a motivation to continue to seek help. Thus, in supporting parents to be effective within their role, there is a potential to enable them to feel fulfilled alongside their child's mental health being supported.

4.5.2 Knowing their child

> *"They are little souls aren't they. It's a bit like watering a plant, if you give it the right bedding, it will flourish and it might not be as tall as you want it, and it might not have as many petals as you'd like, but it's its own thing. They've got to have a right to be who they are*." (Stephanie)

The parent's narratives drew attention towards their deep knowledge of their child, a level of knowledge that was perceived to be related to their intimate knowing of their child. This data was categorised as "knowing" because of the sense that parents seemed to know and understand their child better than anyone else could. This level of knowing meant that they were naturally placed to recognise problems as soon as they arose; parents knew how to read their child "*It's picking up on cues and knowing your children*" (Stephanie). This did not necessarily mean that parents knew what the problem was, which sometimes required parents to implement creative strategies to help their child to share with them, "*If you keep quiet, they will fill in the gaps*" (Dave).

Parents stories suggested that they also knew the child, better than the child knew themselves, having insight into their children's lives, the way they might be feeling and how they might respond, and they also knew what was good for their children, resulting in actions that their children did not necessarily understand or enjoy (such as reducing time on social media for example). In the following quote, Debbie describes a level of knowing relating to her son Jayden's early life experiences (prior to her adopting him). Debbie described a period of time around a year ago where her son Jayden had begun struggling with experiences that she felt were related to the trauma in his early life, before he was adopted by her. Her narrative illuminates her level of insight into the effect of Jayden's experiences upon his body. This informing her sense of responsibility to promote and support Jayden's positive mental health:

"he doesn't actually remember anything. Because he was taken at the age of one, and then came to us at 2, so they had foster care urm, so I don't think he actually remembers anything, but he knows, his body knows".

'*Knowing their child*' invites consideration of the need to provide opportunities for parent to share concerns and be heard. They are well-placed to identify problems as they occur and well-placed to know what kinds of things might work to support their child.

4.5.3 Feeling uncertain

There was a sense that in seeking to fulfil their role, parents were at times unsure, their views indicating that feelings of uncertainty and self-doubt were perhaps characteristics of how some parents experienced their role; "*I think you struggle as a parent to know if you are doing the right thing*" (Suzie), *"yeah I probably don't do a very good job at all" (*Debbie*),* this view implying a belief that there is "right way" to do things. This focussed code informed the category "Holding the responsibility" were it was perceived that the concept of responsibility brought with it the sense of uncertainty.

Mental Health – Hidden from view

The parent's views about mental health varied widely. Some of the parents shared a view that the term "mental health" is overused; "*I don't use the term mental health because they band it around so much at school and it's almost become a word that doesn't mean anything" (Stephanie)*. Others described refraining from using the term because they were wary of "*planting a seed*" (Debbie); whereby talking about mental health was somehow linked to an increased likelihood of their children experiencing a mental health problem. Other described how the term is being used as "*an excuse*" (Claire) whereby they felt their child was using it to "*get out of doing things*"(Claire) or encouraging "*kids to become a bit precious*" (Claire).

Despite holding strong opinions about mental health, the parents found it challenging to define the meaning of the term. Their definitions of mental health came with caveats that this was 'their personal understanding'; "*my understanding*" (Rachel) or "*the way I see it is*" (Bob)……indicating a possible lack of confidence in their understanding. I wondered if this was influenced by their perception of the dynamic between myself and them, me as a researcher (with the label of TEP and the potential associated connotations between the words psychologist and mental health). I tried to reassure them by suggesting that there was no right or wrong answer and in later interviews I stopped asking them how they would define mental health feeling that it potentially created an implicit power dynamic. Whilst the parents did not readily talk about *their understanding* of mental health, their desire to participate in the research and their articulations "around" the topic suggests

that this is a subject of which there is no shared understanding but a topic which we all can relate to in some way, despite the lack of shared understanding. The parents seemed more comfortable discussing their views of mental health indirectly, in relation to a story or an anecdote, themselves or their child, their views widely varied.

Some parents drew attention to the dynamic nature of mental health; "*these things change, and you've got to keep your eye on it"* (Roger), Rogers view indicating that change can happen without being noticed, therefore requiring a level of monitoring. Related to this was a sense of uncertainty; the metaphors of 'hiding behind a smile' or 'behind the scenes' suggested that parents felt in some way distanced from their child's mental health.

> *"but you just never know do you, what is going on behind the scenes**,** they tend to laugh and smile but actually it's **what's going on behind the scenes** and I think the society that we are in now, there's so much pressure to portray a perfect life"* (Suzie)
>
> *"they are always smiling I know sometimes they are **hiding behind the smile**, but they genuinely are happy children"* (Debbie)
>
> "*when you use the words mental health, it's the mental bit that you get stuck on because I think it's the quality of what they are feeling inside, what their thoughts are and understanding their emotions*" (Rachel)

Some parents defined mental health as a euphemism for wellbeing:

> "*so I would say, its resilience, urm the ability to cope with more or less any situation that's chucked at you, the ability to be happy and to not feel guilty for being happy*" (Claire)

whereas other saw it as a euphemism for mental illness:

> "*I describe it as being really lonely and being in a body that you are not comfortable with, because I think a lot of, I see people who have mental health as not liking themselves and urm, therefore you would struggle to like anything else or you know engage in anything" (*Suzie*).*

Roger and Debbie made comparison between mental and physical health, and Rob described mental health as related to how you think.

Heather saw mental health as having two meanings which she believed people were less accepting of one than the other. In describing these two meanings she sees school promoting positive mental health, but not responding to mental health problems, feeling that there is not enough support for mental health problems:

> *"I describe it as having two meanings; so I describe it as having the nice clean meaning that I see most of in school. Which is the healthy ten, I can't quite remember what it is but there's this poster, and it has urm, I think it's healthy ten, so it's like drink your water, have your sleep, eat your food, dadadadadada all of that helping mental health…but I…and I think all of that is very true but I think there is a whole second tier of mental health, that is, I see the term sort of grubby……..and I know what I mean by that but it's the sort of mental health that doesn't…, so yeh sleeps going to help but it's not going to get to the root of the problem, and yeh you can eat fruit all you like and get your exercise and things but sometimes those things just don't meet the need, and it's just not enough for a whole level of children and I think there's been a sort of a,….they've almost sanitised mental health to the point of…and I do think everyone has mental health issues but, you know, everyone has the same mental health issue and I really think it's a graduation, and I think people aren't as understanding or tolerant of that end of it (gesturing). So, the children who…there's no-where for them."*

Heather later describes that there needs to be more information about the brain so that parents don't feel blamed, reflecting a belief that mental health problems are related to biological/pathological issues.

In listening to these broad and varied understandings, I felt obliged to consider the challenge facing parents, their role is experienced with such ambiguity; shifting landscapes with regards to school changes, children growing up and changing, complex beliefs and fears about mental health, mental health as something hidden and unseen alongside seeing pressures upon their children that represent barriers to positive mental health and ultimately feeling that they hold the responsibility for their children's mental health.

Navigating media, information, and negativity

Further adding to the complexity of this role, parents described being exposed to information about mental health in various different formats on a frequent basis *"Every day! Every single day! Whether it be on social media, the news, something from school, urm in work" (Claire).* A number of parents described campaigns related to mental health, which when considering the lack of shared meaning seemed to influence a sense of anxiety.

> *"I just… I think the mental health campaign that has come out recently, it kind of just makes you think god, you know, anyone could be going through anything at any time, urm therefore, I'm just kind of really bombarding him with "you are ok aren't you?" (*Suzie).

Some parents were reflective and critical of this information, not taking it at face value but instead demonstrating frustration:

"it is all very polarised, and often very extreme it misses out on the fact that there is a lot of children that just exist, they're not clinically depressed they're not the definition of anxious but they don't necessarily find life easy." (Claire)

"but why do we know stats like you know 25% of kids under the age of 14 have experienced anxiety and depression, why do we know that? And why do kids know that? And why didn't we used to know that? What's changed? And has anything actually changed? or have we just started saying it?" (Roger)

4.6 Categories 3, 4 and 5

Category 3: Actions	○ *Promoting and maintaining good mental health*
	○ *Responding to possible mental health problems*
	  ○ *The problem-solving stage*
	  ○ *The help seeking stage*
	  ○ *The self-seeking knowledge stage*

Category 4: Experiences of disempowerment	○ *Exclusionary experiences* ○ *Not feeling heard*
Category 5: Experiences of empowerment	○ *Through strengths-focussed approaches* ○ *Through inclusion* ○ *Through support from friends, family, school*

In order to 'ensure their children's happiness' the parents described fluid and responsive, implicit and explicit actions that served to either promote and maintain their positive mental health or respond to a possible mental health problem. The parents shared narratives to indicate the actions that they implemented to promote and support their children's positive mental health. This category is made up of two focussed codes: 1) Promoting and maintaining good mental health 2) responding to possible mental health problems. How successful the parent felt in their ability to implement these actions was influenced by their experiences with others, since their actions often involved working alongside others. As such, Categories 4 (Experiences of empowerment) and 5 (Experiences of disempowerment) are discussed alongside category 3.

4.6.1 Promoting and maintaining good Mental Health

Many of the actions that parents implemented with regards to promoting and maintaining their children's positive mental health have already been discussed; interwoven within their role in intrinsic and implicit ways; preserving and protecting childhood, advocating strengths and individuality, managing social media, providing down time after school, identifying and managing

problems as they occur. The parents who took part, represented parents who cared about mental health and parents who were in a position to be able to meet their children's basic needs, and whilst as suggested by Eckersley, (2011) mental health difficulties are no longer confined to the disadvantaged, a number of these parents were able to provide their children with experiences and access to resources that may contribute towards positive mental health which other parents may not be able to (such as horse riding, bike-riding and going to the beach). Having said this, when discussing with parents the ways in which they actively promoted their children's mental health, they described ordinary and relational factors such as spending time with children.

> *"there's something around mental health of kind of like just not worrying about stuff and just taking away the stress of how you do it just so that whatever boosts mental health or gives people mental health is kind of just like in the background you know rather than being something that you go out to do" (Roger).*
>
> *"I think it's just really important to find that time and if they are looking for something from you, you need to be able to find that time and give it to them……but I think it's really important to try and factor in that* [time], *even if you are going to read a bed time story and you need to skip out big chunks, at least you've sat down with them for five minutes, at the end of the day and* ***made them feel like you are there and they are your world" (****Samantha****)***

It is acknowledged that this is difficult for parents who may be managing social disadvantage, poverty and other challenges.

4.6.2 Responding to possible Mental Health problems

When they observed problems in their children or had worries or concerns, the parents implemented explicit actions to try and resolve these. Importantly, some parents had positive experiences which enabled then to "*stop small problems from turning into big problems*" (Samantha), therefore maintaining their children's wellbeing, whereas others felt the problem remained unresolved potentially getting bigger. The actions of others were key to the success of these processes.

4.6.3 The Problem -solving stage

Parents discussed that in noticing a problem or a change in their child, the first thing they did was speak to their child or provide ways for them to open up to them. They sought to understand the problem from their children's perspective. In discussing the issues that their children had faced, the parents seemed to put themselves in their children's shoes and really feel those issues alongside their child. The parents described listening to their children, comforting them, advising them and

helping them to solve the problem, describing how “a big problem in his head is usually a small problem” (Samantha).

Often parents described seeking to work with school to “nip problems in the bud”:

> *“knowing how much time my children spend at school that’s where having the **lines of communication** with them, with the teachers at school is my first port of call” (Rachel).*

4.6.4 Experiences of empowerment- through inclusion

For some parents this experience of problem solving was facilitated by open communication and supportive school relationships:

> *“you also have the opportunity to drop into school with any queries, they are always happy to answer any questions that you’ve got”(Samantha)*

The parents who indicated that they felt that communication with school was good spoke about the school environment feeling open;

> *“we are blessed as parents with the school environment we have, we have full access to all the staff anytime of the day that we choose, we are urm, we see them in the morning and we see them at pick up, we are not kind of held back at the gates if you like and it’s a very **open environment**” (Rachel)*

These parents demonstrated a sense that communication was two way perhaps promoting a sense of themselves being valued by the school:

> *“they like to keep parents informed of what’s going on. Urm within the school. If there’s an opportunity to discuss curriculum plans and that sort of thing it’s separate for a parents evening” (Samantha)*

4.6.5 Experiences of disempowerment- exclusionary experiences

For other parents the experience of problem solving was less positive, influencing feelings of parental exclusion and de-value.

> *“she had been having since the end of year 5 and into the beginning of year 6, which I didn’t know about, urm maths sessions with a teacher at lunch time, and she hadn’t told me. But nobody else told me either. Perhaps if they’d told me then I could have had an opportunity to do something”(Claire).*

Other parents described formal and inflexible communication systems making it challenging for parents to access or speak with anyone. In the following transcript Annie discusses some issues that she has experienced in seeking communication with school:

"I drop her at 8 o clock, her teacher is arriving, so I grab her, and I'm sure she has probably tried to avoid me, but I just don't let her and I go ah, how's the…and you know when you think someone goes "oh yeah" and you think hmmm, have you even thought about my question? I don't think you have, I think you are just saying that to try and get me to go away…... So I think it would be much better if they had something where you could go in, and make it quite easy to go in, sometimes you ring and say can they ring you, and you don't actually hear anything……

……they have parents evening don't they, but it's not, I think they could do more to make it, maybe they could have a drop in thing or that you can go and see them because it's very hard to get to see the teacher unless it is open day. You can request it and they go ohhhh, but it's never very easy to actually get to see anyone"

Interviewer: to open the communication up?

Annie : yeah, yeah and sometimes it's nothing but you just wanna ask, like there's been few times where I keep trying to grab her but I've never managed to

Interviewer: the teacher?

Annie: yeah, just to ask her about how Ellen's getting on now…And also, sometimes you might want to see them without your child, because I am on my own, so single parents they find it hard because how can you do it, I mean I'm very lucky because I've got my mum and my sisters and thing but if you haven't you've got to then take them with you and that's hard, it makes it more stressful and you can't say what you want to say."

4.6.6 The help-seeking stage

For parents who identified specific concerns with their children's mental health they sought help and advice from school, GP and CAMHS. Of importance, all of these parents highlighted the significance of the first experience of help-seeking from school and the importance of being taken seriously;

"I suppose an important thing is that when parents do approach schools with a concern, I think schools need to take them seriously." (Heather)

4.6.7 Experiences of disempowerment – not feeling heard

The parents described the importance of being heard, explaining that ***"a leaflet is not enough, a leaflet is not enough."*** *(Heather)*

"it seems to take an awful lot for them to be told. I was once told that I think the problem is with you, I think you need to ring your mental health worker and then you go off for the day

and you are just sort of….. I think you are not, I think you are blaming their mental health on parents when actually it could be more than that….., I came in once about Molly's temper tantrums and I was told well she's just angry with you because you were in hospital and she's very angry about it. And it…and I felt like I wasn't being taken seriously, I felt belittled by it and so I think that when parents do, school's got a responsibility to listen" (Heather).

Heather felt blamed and belittled by her experience. Her narrative invites concern especially given that she was experiencing her own mental health difficulties. Heather goes on to discuss that in not being given the advice she felt she needed, she blamed herself;

"we can sit in meetings and everything and they can say do this and do that and don't have too much ipad time and I think as a parent you sometimes feel, oh well I'm doing all those things and I'm not seeing any change so Its ME! Urm and then you sort of put it on yourself, blame yourself……"

The two parents, Debbie and Stephanie, who had sought help from either a GP (Stephanie and Debbie) and CAMHS (Debbie) reported seeking further help from their own family members, friends or searched for human stories online, feeling that they had not been understood or that the support offered was not enough:

"I went to the doctor with her, and I thought "you just haven't got a grasp of what my daughter is feeling" and then I went to several websites to kind of understand ***how I could deal with her****" (Stephanie)*

Similarly, Debbie described that when she sought help, it was with the hope of finding out how she could help her son to feel safe. In not establishing this, her own wellbeing was negatively impacted:

P:"we went to the doctor to see if he could give him anything to just make him sleep really, just to shut him down a bit, urm, and he couldn't he wasn't allowed to give us anything so he said you know, refer him to CAMHS, and so we did. But urm I didn't find them very helpful to be fair, sorry"

I: "there's no need to apologise, can you tell me more about what happened?"

P: "what we needed at the time was, well I don't know what we needed, ***we just needed for him to feel safe and for us to feel like we were able to give him that****, you know and it was naaa it went on for a while where we were just"……. "it was really my sister that did more help than anything else"*

4.6.8 The self-seeking knowledge stage

As described, some of the parents felt unsuccessful in their help seeking, this resulting from feeling that they had not been heard, they had not been empowered, and they did not believe that their child was going to be helped. As a result, as described above parents sought ways to empower themselves.

Some parents actively sought information about mental health in order to develop their own knowledge and understanding.

> *"what is really tricky is that when you get into google you can fall into quite a* ***deep hole*** *and some of it is very statistical so it feels very much you know: 1 in 4 children suffer from this, and 1in 8 have this condition and 1 in 10, and I think what works better is actually having those human stories, I think that is always more helpful" (*Stephanie)

4.6.9 Experiences of empowerment – through support from friends, family, school

The parents spoke positively about the support that they received from family, friends and in some cases school. It was perceived that this support was resultant from trusting relationships that enabled them a safe space place to explore their worries and gain reassurance free of criticism or judgement.

> *"I always used to bounce things off him when I wasn't sure, because I have had moments when I've wondered about Ellen, you know, she's quite intense sometimes, so I always used to ask him, but he would always go noooo, no she's fine, and I felt so much better" (Annie).*

> "*I have a parent who works in an educational setting and a younger sibling who also works in education. They are good sounding boards*" (Samantha).

4.6.10 Experiences of empowerment – strengths focussed approaches

It came to light that discussing their role and the things that they do to support and promote their children's positive mental health was not only a novel experience but also an empowering and positive one. A number of parents informed me at the end of the interview that they had enjoyed being listened to and some were reflective throughout the course of the interview on the positive experience of it:

> *"It's nice talking about this, makes you realise you are trying, there's lots of things that you are doing without even knowing it, that's it, and its only when you talk about it you think yeh, it takes a conversation like this to think about it, you know I wouldn't be able to easily answer that if someone said to me just off the cuff, you know sitting over beer, what kinds of things do you do to boost your child's wellbeing I wouldn't know what that is. It's quite*

therapeutic just talking about it. This as a forum would be great to get parents together, in a semi-formal way" (Roger)

"it was actually really lovely to talk about him really to kind of think about more what's important and what's working" (Samantha)

This finding drew attention towards the potential of strength and solution focused approaches in empowering parents within their role. Parents described other ways of gaining validation such as through observing positive changes in their children;

"it's really important as a parent to go "d'ya know what, you are gonna hate me for it but everybody's putting everything down and we are going out And actually….when you've done that they are a much happier person, and everyone can see what a great day it's been, and they all say "I've had a really good time , I'm really glad I came!" even though they didn't want to come," (Samantha)

4.7 Category 6: Personal facilitators and barriers to the parent role

Category 6: Personal facilitators and barriers	○ *Time, resources, support network* ○ *Personal constructs* ○ *Parental mental health*

This category incorporated the data which illuminate factors that either supported parents within their role or represented a challenge to their role. This category is completed by three focussed codes: 1) time, resources and support networks, 2) personal constructs, 3) parental mental health.

4.7.1 Time, resources and support networks

As noted, the parents spoke of leaning upon friends and family for support and advice. They also utilised resources available to them. The concept of time and resources was a theme running throughout all of the interviews that represented a facilitator or a barrier, having the time to spend with children. The parents described various means through which they utilised resources to support their children, some discussed the challenge of managing money:

"and I think it comes down to maybe not having enough money, money makes you stressed doesn't it, I mean at the moment, I'm so stressed I've got loads of money on the credit card, I mean I do worry about it sometimes but then I think, well its only money isn't it, and you need to make sure, its like I just keep adding stuff and like for Christmas I did the trampoline (Laughing) so there's no space out there all! But I I love that, and I love seeing them out there playing on it. So, I might be having racked up loads of debt on a credit card but, my kids are happy so yeh" (Annie).

4.7.2 Personal Constructs

Alongside their parent identity, the parents shared personal stories and anecdotes which emerged as a way of capturing different perceptions of themselves. It appeared that the parents saw themselves as holding multiple roles and dynamic identities, and that there were times when being a parent needed to be balanced with these other identities, in order to accommodate the parents' own wellbeing.

> *"I'm a human being, I may be a mum and I may do all this stuff and I may be able to pull out a world book day costume the night before but I'm a human being" (Stephanie).*

The parents' narratives illuminated a number of ways in which the parent role sat alongside other identities including: being human, work-related identities, being a single mother, being a stay a home mother, being a mother with mental health difficulties, being a single father, being a man, being a woman. These differing types of identity seemed to influence different ways of thinking about their role in relation to their children's mental health, with some parents acknowledging that work-related pressures resulted in time away from their children, and others describing how beliefs about being a man or being a woman made them more or less in-tune with their child; for example, Dave stated at one point of the interview that "*men don't talk about mental health*", but he later described himself as needing to be a role model for his son and "*talk more*". Similarly, both Rachel and Stephanie viewed themselves as well-placed to support their daughters, related to being female themselves. In discussing these multiple roles, it was clear that they saw themselves as role-models, coaches and teachers recognising their range of persona's as offering ways to support their children, build resilience and promote positive mental health.

4.7.3 Parent Mental Health

The parents acknowledged the importance of supporting their own mental health, especially in relation to being able to be there for their children:

> *"As a parent your mental health needs to be looked after because if you need looking after yourself there's no way you can look after your kids"* (Stephanie).

Two parents, Heather and Debbie shared personal stories about their own struggles with mental health. Throughout these conversations I gained a sense that there was much turmoil associated with the experience of being a parent and having a mental health difficulty, such that these two concepts were in some ways in conflict with each other. The parents put themselves in their children's shoes to demonstrate this to me:

"oh just I think for about a period of a month I was just in tears and… and he sees that and thinks that I can't cope you know, "shit if mum can't cope, how am I gonna cope" (Debbie).

Debbie worried about the impact of her difficulties on Jayden and his mental health. Debbie explained that her sister moved in with them and helped them through the difficult time, fulfilling her role when she was unable to be fully present within it.

Heather also shared her experiences, highlighting the concerns that she had, regarding how the processes associated with her mental health had impacted upon her daughter Molly;

"I've learnt a lot about mental health and it's made me quite concerned about urm, my own daughters mental health I suppose, the impact that my mental health might have on her……I had that inpatient stay and once I got to that level I was put in hospital. I received a lot of support afterwards, but Molly hasn't, and urm I don't know if she should have really, I suppose but, I know that Molly hasn't had anything. It's difficult for me to talk to her about it, and I mean how much do you tell a child? Also if your mum does go into hospital for two months, I'm sure it has an impact on you, you're gonna worry and I worry"

Both Heather and Debbie's experiences illuminates the need for support for parents who have mental health difficulties within their parenting role, and support for children of parents with mental health difficulties, they highlighted concerns about how and if to communicate with their children about their experiences, which were potentially burdening. Heather as discussed previously, described her experience of seeking help from school around these concerns, unfortunately Heather describes a negative experience where she felt blamed, belittled and not taken seriously. This not only left Heather feeling upset but also that there was no-where else to go to with her concerns, left holding them herself. This is a potentially damaging experience for Heather.

At the end of the interview Heather humbly stated that she felt as if she had been listened to; "*It's been really nice just to be listened to, thank you"* (Heather), the importance of being listened to and feeling heard is realised as pivotal in supporting parents in their role and in problem solving with them.

4.8 Category 7: Seeing school as a partner

Category 7: Seeing school as a partner	○ *Beliefs about school role* ○ *Challenges* ○ *Suggestions for improvement*

Whilst parents saw themselves as holding the responsibility, they viewed other people as playing a key role alongside and with them. All of the parents viewed school as holding a key role. This category includes the data which contributed towards parents seeing school as a key partner.

Encompassed within their belief of school as holding a key role, the parents were all motivated towards being involved in their children's school. It is suggested that only through opportunities for parents to be present in their children's school life can acts of love, care and joint problem solving be integrated into the school experiences for children. Whilst parents sought to be involved, their ability to be so was facilitated by relational, systemic and environmental school-based factors. This category is underpinned by three focussed codes: 1) beliefs about school role, 2) challenges and 3) suggestions for improvement, relating to the ideas parents shared about how the school role could be improved.

4.8.1 Beliefs about school role

The parents discussed a view that school should have an "equal responsibility" for supporting their children's mental health and wellbeing, *"as parents are the number one expert on their child then I think it's really important to have a 3 way triangle, were you've got your child, yourself and the school all working towards a common goal of supporting your child's wellbeing" (Samantha).* This view was related to a number of factors including the amount of time children spend at school, the positive influence of people in school on their child's mental health and reflections about their own school experiences and how these have influenced or shaped their own lives.

4.8.2 Challenges

In discussing the pressures imposed by the education system, parents highlighted that this represented a barrier towards the success of the schools ability to promote positive mental health role, "*She said she sees posters saying don't struggle come and see us, but they are the ones causing it. And I see that" (Rachel).*

Parents also discussed grievances regarding how they saw school promoting mental health. Some parents indicated that they did not know of the ways in which their child's school might be acting to promote positive mental health "*it's not something we as parents see*" (Roger). Those who did shared an understanding of the actions implemented by school, but felt that these were superficial and sometimes damaging to their child. For example in the following quote Annie talks about the "existence" of a "worry box:

> *"it's like they have something called a worry box at school, so they put their worries in it, but like Ellen said to me, she said I put a worry in there Mum, and no-ones come to see me about*

it. And to me I just think, don't have the worry box, if you are going to have a worry box it needs to be read". Similarly, Stephanie discussed how "*school talks a lot about mental health but they do very little to actually promote it. So there's lots of posters up, you know, one in four teenage girls have mental health issues go and talk to someone, but actually on the ground they are not giving kids tactics or the support systems to actually help themselves*".

4.8.3 Suggestions for improvement

Parents volunteered various suggestions of ways in which they felt their child's school could better promote mental health, demonstrating that they had thought about this topic but perhaps not had an opportunity or opening to share these ideas with school themselves. These ideas included ways in which they themselves would like to be more involved:

- Building relationships: *The head only ever stands out at the front of the school if there has been a problem with the traffic recently, just to move cars on, it's quite hard just to catch her eye to say hello" (Roger)*
- Empowering all staff: "*everybody has got their part to play and it is important that all staff members realise that they contribute to every child's wellbein*g" (Samantha)
- Engraining mental health within the school: *I think it needs to be not taught as a subject but engrained* (Claire)
- Using the curriculum to teach children about mental health*: "It's all very well learning about history but urm the dealing with adversity on a personal level isn't there. I wish they could learn about healthy eating, mental health, wellbeing"* (Rachel)
- Helping class teachers to have a bigger role: "*teachers should have more of a role to be honest because they are the ones that they go to, so like if Ellen is upset or worried she will go to the teacher"* (Annie)
- Educate parents on mental health: "*I think they have got a role to, identify problems and speak with parents maybe there is a role for schools to educate parents, about the signs and symptoms so that you know what to look out for"* (Bob)
- Share resources with parents: "*those resources need to be made available to parents so the parents that do wanna follow it up, do want to work with their children at home, have some help" (Stephanie)*
- Communicate with parents about what they are doing to support mental health: "*there could be more communication if they are doing things to boost wellbeing"* (Roger)

- Set less homework: "*they can't go on about mental health and look after yourself and then set loads of homework" (*Stephanie*)*
- Provide opportunities to meet with other parents: "*Sharing stories and forums to focus on what works" (*Stephanie and Roger*)*
- Communicating with parents when things change: "*She'd gone from excelling or exceeding or whatever the nominated phrase is in English to only just meeting expectations. And I would have expected somebody to have picked up on that slide and said to me is she alright*?" (Claire)
- Providing children with opportunities to explore their own lives within school: *"You know I don't know if there's time to always share their experiences and do what they would like to do all the time. I think R is regularly taking things in and oh you know I'm gonna talk about this, and then he comes home and he hasn't talked about it*" (Roger).
- Listening to parents and providing opportunities for talking: "*I think when parents do, schools got a responsibility to listen"* (Heather)

4.9 The grounded theory

The process of theoretical development as discussed within the methodology section was built upon the relationships between categories and codes. This resulted in the identification of "*Holding the responsibility*" and "*feelings of uncertainty*" as having the highest levels of explanatory value. Whilst parents saw themselves as holding the responsibility for their children's mental health, their experiences of this role were not always easy leaving them feeling uncertain. Four key factors are perceived as contributing to this uncertainty including:

1. the perceived changeability and fragility of childhood meaning that the parent role is constantly changing and adapting to the child,
2. confusion around the meaning of mental health and the plethora of information available (found in categories relating to **actions to respond to possible mental health problems**)
3. challenges associated with working with school (or seeking to)
4. managing personal challenges (such as different roles alongside being a parent, and managing own mental health and wellbeing)

'*Holding the responsibility*' was perceived to represent a key position with regards to these interrelations and connections (as indicated within the conceptual map), this was deemed important in highlighting that the parents felt a deep motivation to look after their children's mental health, and did so through the implementation of implicit and explicit actions. Their experiences of success

in implementing these actions was affected by multiple factors, which represented how much they were recognised within their role, included and valued, and ultimately therefore empowered.

This understanding is summarised within the following in-vivo code which is felt to capture the overarching theory engrained within the research findings:

"we just needed for him to feel safe and for us to feel like we were able to give him that"

The following two theoretical statements encapsulate answers to the two research questions:

1. *Parents see themselves as holding the responsibility for their child's mental health, however, their role is often experienced with uncertainty*
2. *Enabling parents within their role involves approaches that recognise, include and empower them.*

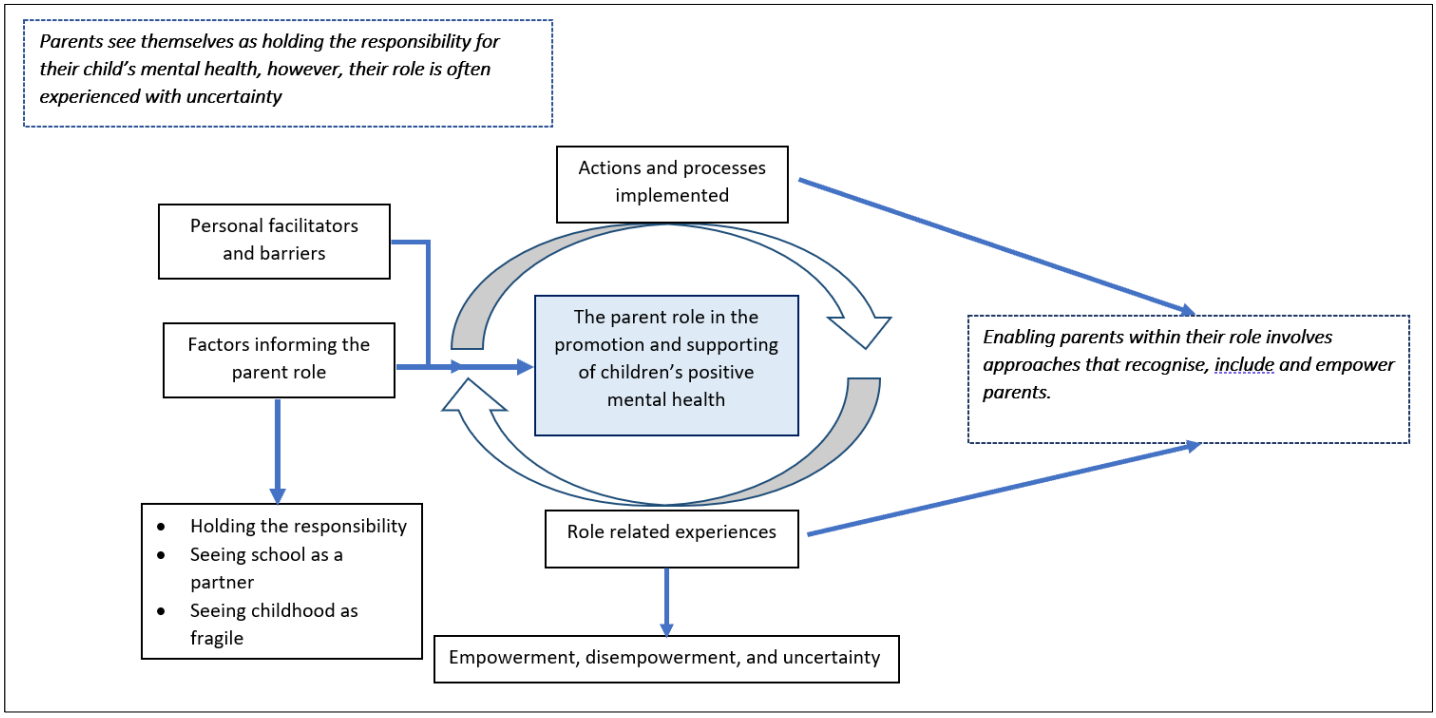


Figure 10 Figure of grounded theory

The theory is explored in relation to previous established theory and research in the following chapter. The term 'sensitising concepts' is used within GT to define 'starting points' of knowledge or existing theory as well as knowledge gained through a researchers own professional experience (Glaser, 1978 cited in Allen, 2011) therefore providing suggestions about the ways in which to look. The following terms were developed from the proposed GT and used as sensitising concepts to aid the exploration of related theory and research; *Parent uncertainty, parent empowerment and parent disempowerment*.

4.10 Summary

This chapter has outlined the findings of the research, the following chapter will explore the literature relating to the key findings of the research. Chapter 6 will then discuss the findings of the literature review in relation to the findings of the research.

Chapter 5: Second Literature Review

In keeping with CGT methodology, a second literature review was implemented centred upon the theoretical codes and their underlying focused codes. This literature review is structured in a way that enables exploration of the theoretical backdrop first, before exploring the more focused search of the literature connected to the research findings. In keeping with a CGT approach and as highlighted by Wuest (2000) the researcher's knowledge of related theory, research and literature come into play at this stage with the researcher's existing knowledge and previous experiences enhancing theoretical sensitivity (Corbin & Strauss, 2008) and signposting the researcher in terms of "where to look". The emerging theory is merged with previous theory and research, which provides a mechanism to demonstrate the usefulness of the emerging theory.

The following concepts provided a framework for the review, from which other codes and categories were interwoven when relevant and in relation to connections with the literature review:

- Holding the responsibility
- Feelings of uncertainty
- Experiences of disempowerment and Experiences of empowerment

5. 1 Search strategy for second literature review

Between June 2020 and August 2020, the following databases were searched for peer-reviewed relevant research; PsycINFO, ERIC (Educational Resources Information Centre) (via EBSCO host) and British Education Index (Via EBSCO host). Literature was explored relating to '*Parent uncertainty' , 'parent empowerment'* and '*parent disempowerment'* (combined with 'mental health', 'wellbeing', 'promotion', 'prevention' and 'school'). This literature review therefore drew upon elements of a systematic search, with focus upon the meaning that could be drawn from this literature in relation to the research findings.

Adopting a narrative approach (Bryman, 2016), this literature review explores first of all literature relating to the category "*Holding the responsibility*" exploring theoretical explanations that inform understanding of why parents might see themselves in this way. This literature was informed by my identification of attachment theory, self-determination theory and personal construct psychology as potential sensitizing concepts, thus these provided directions in which ways to look. Exploration of these theories further develops the code "holding the responsibility". This provides an anchor from which the rest of the literature is explored relating to *parents' feelings of uncertainty and experiences of empowerment and disempowerment*.

5.2 Holding the responsibility

- *Knowing the child*

- *"parent" identity*

Holding the responsibility referred to the parents view of their role, describing how "*at the end of the day, it has to be down to the parents*" Bob). Underpinning this category was a view of themselves as uniquely placed to support their children's mental health, due to their close relationship with their child, their ability to know the child on a level deeper than anyone else could. These assertions resonate with theories that emphasise the significance and importance of the parent (or primary care giver) relationship with the child, theories of human motivation, and theories of identity.

5.2.1 Attachment theory

Attachment theory illuminates the importance of relationships in a child's development (Bowlby, 1969, 1973). Attachment theory conceives that children are inherently and genetically driven to seek relationships with adults and that when they do this the adult's 'caregiving system' becomes activated (Thompson, 2016), therefore 'caregiving' becomes complementary to 'care seeking' between the parental figure and the child (George & Solomon, 2008), the parent and child systems shared goal is the child's survival (George & Solomon, 2008). The success of meeting this goal relies upon cooperation between the child and parent system (Feeney & Woodhouse, 2016). This was reflected in the finding that parents viewed themselves as "knowing their child", being able to pick up on cues as they emerged and recognise changes.

As the child grows and develops the relationship changes and adapts to respond to the child's changing needs (Ainsworth et al, 1978; Bowlby, 1988). Masten (2018) suggests that several 'windows of opportunity' exist across the developmental period during childhood and early adolescence, posing challenges and opportunities for growth (Masten, 2015). For example, during transition from primary to secondary school, accompanied by pubertal changes and social/ emotional pressures, children are more vulnerable, which may reflect the increase in mental health difficulties, but they are also amenable to change (Masten, 2018). Models of resilience emphasise the importance of timing in exerting efforts towards the promotion of resilience, which highlight that parents represent the person most well-placed to recognise changes in their children and work with them throughout such changes (Masten, 2018). This resonates with the research findings that illustrated that parents saw childhood as a fragile and changeable time requiring them to be adaptable and responsive but also influencing feelings of uncertainty.

5.2.2 Self-determination theory

Drawing upon the symbiotic nature of the attachment relationship, the research found that responding to and supporting their children's mental health both met their children's needs, and met the parent's needs; the parents appeared to be intrinsically motivated to promote and maintain their children's mental health. This resulting in the implementation of implicit and explicit actions to

support and promote their children's positive mental health. This finding can be grounded within self-determination theory (Deci & Ryan, 2000) which describes how humans are instinctively oriented towards individual growth and development (Deci & Ryan, 2012). The theory proposes that humans have three fundamental needs encompassing the need for competence, relatedness, and autonomy (Deci & Ryan, 2000). Competence describes the sense of effectiveness that a person has of their ability to assert and influence change on their life, relatedness describes the level at which an individual feels connected to other people and autonomy relates to an individual's sense of control relating to their own actions (Ryan & Deci, 2006). The research findings suggest that parents are intrinsically motivated to ensure that their children are happy, with this benefitting their child, themselves and confirming their parent identity self-construct.

Self-determination theory asserts that individuals who experience autonomy and an internal locus of control see themselves as active agents within the reaching of their goals, however those who experience an external locus of control are more likely to feel powerless and be less motivated towards their goals. This is in line with the findings of the research where it might suggested that the parents were intrinsically motivated to support their children's mental health, and their sense of control is challenged or promoted through experiences of empowerment or disempowerment resulting in feelings of uncertainty and dissonance.

5.3 Parental Uncertainty and Disempowerment

Experiences of disempowerment

Feelings of uncertainty

5.3.1 Theories of parental uncertainty

The concept of parental uncertainty has been explored within a medical field, examining for example the experiences of parents whose children have medical conditions. Theories of uncertainty draw attention towards this as a negative state and one which the person experiencing seeks to resolve (Clayton et al., 2018). Literature exploring uncertainty, resonates with the findings of the current research suggesting that the uncertainty experienced by parents seeking to promote positive mental health or prevent a mental health problem is a dynamic phenomenon. Moreover, that the 'uncertainty' of mental health shares characteristics existent within medical conditions, whereby the uncertainty related outcomes and recovery in a medical condition is similar to the uncertainty experienced in understanding the concept of mental health.

Mishel (1983) conceptualised the "uncertainty in illness theory" describing parental uncertainty as a parent's "inability to determine meaning relative to illness in a family member, specifically a child" (p.76). Uncertainty exists when situations are unpredictable, often due to inconsistent or unavailable

information (Clayton et al., 2018). Uncertainty in illness is believed to have four dimensions, exploration of which encourages consideration of the similarities to the current research findings, for example these four dimensions include: 1)ambiguity about the illness state, 2) lack of information about the illness, its treatment, side effects, and management, 3) complexity in what information is known, the system of care, and relationships with health care providers, and 4) unpredictability of a person's prognosis, quality of life, and ability to function (Clayton et al., 2018). These four categories resonate with the research findings, suggesting the feelings of uncertainty experienced by parents of children with illness, is similar to those related to mental health, reflecting the 'unknown' or 'unclear' aspects of mental health and how to support and promote it.

Research indicates that parental uncertainty is associated with a perceived lack of control, and reduced optimism (Madeo, et al., 2012), higher levels of emotional distress, reduced quality of life (Carpentier et al., 2006). Mishel (1988) suggests that the experience of uncertainty is affected by individual and environmental factors, including the persons own mental health and beliefs (Mishel, 1988) and environmental factors such as social support, relationships with health care providers, and the sociocultural context of the illness (Mishel, 1988). These findings are relevant to the current research indicating that there are similarities between the concept of mental health and the sometimes unknown status of a physical illness. This literature draws attention towards the discomfort parents feel in experiencing uncertainty and the need therefore to work towards reducing the uncertainty that characterises mental health (promotion and prevention) as a way of reducing parental uncertainty.

5.3.2 Uncertainty and personal construct psychology

The focussed code "parent identity" illuminated that parents held beliefs and ideas about what it meant to be a parent, related to their seeing of themselves as holding the responsibility and the actions that they undertook to support their child. According to social identity theory (Tajfel, 1978) individuals construct their identity in relation to other people, this was indicated within the research findings, where parents made different comparisons including between themselves and other parents, themselves and their own experiences of being parented and their own and other people's children. The research findings demonstrated that parents categorised themselves "as a parent" and that this categorisation was one factor informing their view of themselves as the person most responsible for their children's mental health, built upon an assumed shared understanding of the duty of a parent between themselves and myself.

In exploring experiences of uncertainty, we are drawn towards personal construct psychology (PCP), conceptualised by George Kelly (1955). PCP explains that individuals understand their worlds through a system of personal constructs, one example of this being "I am most responsible for my

child's mental health", these constructs are linked to a set of beliefs and values, for example those relating to a "parent identity" . PCP is based upon the philosophical assumption that individuals not only construct worlds, but that reconstruction is possible and that events, beliefs and values can be open to alternative constructions. The theory explains that people "operate like scientists" (Winter, 2017 p.1) formulating hypotheses, testing them out, to have them invalidated or validated. This perhaps reflects what happens when parents seek to support their children's mental health.

A person's constructs are organised within a hierarchical structure, where some carry more implications than others, for example depending upon how much value these hold in relation to a person's identity. Importantly, PCP illuminates the importance of people in relation to each other, illuminating the power or interactions in shaping and forming an individual's view of themselves and the world. Kelly (1955) described the importance of viewing people holistically and in relation to the social world. Kelly (1955) explains that experiences such as anxiety occur when core aspects of a person's constructs are threatened or challenged, or when the world becomes unpredictable and uncertain. Similarly, guilt is described as occurring when a person finds themselves behaving in ways not consistent with their core beliefs.

PCP offers a way of pulling together the findings of the research, providing a framework for understanding the conflict parents experience in "*holding the responsibility*" but experiencing "*feelings of uncertainty*" and "*feelings of empowerment*" and "*feelings of disempowerment*" and drawing attention towards the need to enable parents to be able to act in ways consistent with their values and beliefs therefore reducing uncertainty. The rest of the literature review will explore the ways in which parents experience disempowerment and empowerment alongside working with schools, drawing attention towards the ways in which we work with parents to enable their security within their role.

5.3.3 Uncertainty and Socio-cultural disempowerment

Literature draws attention towards how the parent role is understood within a socio-cultural context and how these understandings can impact upon parental behaviour. Furedi (2002) for example, describes the parenting role as one of the most highly valued and highly monitored roles in society with multiple stakeholders (Furedi, 2002). This perhaps playing a role in the sense of uncertainty that parents depicted in stating for example that they were unsure if they were "doing the right thing", implying a belief that there is a right way of parenting to support a child's mental health and wellbeing.

Research and literature highlight that socio-cultural changes over time have influenced changes in the parenting role and in the parent-child relationship. For example, Timimi (2010) discusses how

changes in family structures over time have affected aspects of parenting and the parent-child relationship, including the fragmentation of "local" family networks interrupting opportunities for quality time between children and their parents. This potentially impacting upon the opportunities for important close bonding activities as well as a reduction in the chance for children to learn self-help skills from their parents. Alongside this it has also been highlighted that parenting has become a less autonomous role with the shifting of ownership from parents to professionals[10] when it comes to understanding children's problems (Timimi, 2010), potentially resulting in increased levels of parent uncertainty within their role and a gradual disempowerment of parents over time. Jorm (2000) discusses the ways that these changes deskill parents, suggesting that the seeking of help and advice from "experts" results in the "*intrusion of expert knowledge into everyday life, undermining lay knowledge and challenging local contro*l" (Jorm, 2000, p.397). This is further problematised by Foster (2006) who points out the growth in websites, blogs and forums, which provide recommendations for concerned parents, but rarely have a well-established evidence base (Foster, 2006). The findings of this research perhaps reflect changes since Foster's (2006) suggestions, whereby the parents were actually critical and sceptical of the information available to them, perhaps indicating that parents have become aware of the inaccuracies of information available on the internet but nonetheless still confused by them.

Relating to this, others demonstrate that an increased perception of the risks posed to children (Niehues et al., 2013) coupled with increased levels of scrutiny, vigilance and monitoring of parents (Furedi, 2002), have resulted in parents becoming increasingly 'risk aware' over recent decades, and therefore less likely to expose their children to perceived risk in order to avoid being labelled as a 'bad' parent (Nomaguchi & Milkie, 2017). This means that parents may unintentionally limit their children's access to a range of opportunities needed for happiness, wellbeing and resilience (Brussoni, et al., 2012; Cohn, et al., 2009; Niehues et al., 2013; Gray, 2011).

Niehues et al. (2013) highlight how parents can unintentionally limit their children's access to a range of wellbeing promotion opportunities as a result of seeking to keep them safe. They explain that parents experience internal conflict in recognising the importance of their children experiencing risks in order to develop resilience but struggle to provide risk experiencing opportunities. Niehues et al. (2016) found that keeping children safe was viewed as a more time-efficient strategy than weighing up risks and benefits, concluding that the collective safety of children is compromised by individualism; by overprotecting each individual child, there are fewer children playing out therefore

[10] Where previously parents would seek advice from older generations, now they are more likely to turn to "experts" (Timimi, 2010)

increasing the risk to individual and collective wellbeing. They suggest that there is a need for parents to develop a sense of collective responsibility in order to build and sustain the happiness of all children. The findings of the research suggest that the parents did have a sense of collective responsibility, since they shared views about their concerns for all children's mental health (as well as their own children). Perhaps it is not a question of developing collective responsibility, but a question of how collective responsibility can be actioned bearing in mind the socio-cultural pressures upon parents.

As suggested by Bornstein (2013) parents do not parent within a vacuum, their behaviours, beliefs, actions and values are shaped by the cultures in which they and their children live and different cultural beliefs related can result in different mental health related trends in CYP. Bornstein (2013) suggests that it is important that practitioners take time to learn about and understand the cultural contexts influencing a parent in order to effectively enhance children's mental health.

5.3.4 Uncertainty and parental Mental Health

The research found that parents experienced a range of personal factors which facilitated or represented a barrier towards the fulfilment of their role. Previous research has explored extensively the impact parent factors on children's mental health outcomes. One particular area of importance is research that shows that children of parents with mental health problems are at an increased risk of developing mental health difficulties themselves (NSPCC). Hinshaw (2010) highlights that much of this research is situated within a medical model and is often pathologically focussed, examining the symptomology of children whose parents experience mental health difficulties.

Nolte (2014) draws attention to the limited amount of research exploring with parents how having a mental health difficulty impacts upon their parenting role. Nolte (2014) aimed to explore this using a GT approach, she explored the social processes that affected how parents with mental health difficulties talked to their children about this. In this emotive piece of research, Nolte (2014) draws attention to the consideration's parents make about how, what and when to talk to their children about their mental health difficulties, demonstrating that this is a complex and individual process.

Nolte's (2014) research resonates with the findings that emerged from two of the parent's narratives in this research. Both of whom signed up to the research with a passion to support their child's mental health, their narratives illuminating the challenges experienced in having a mental health difficulty alongside being a parent. Particular attention was placed on the lack of advice, support and guidance around being a parent in this context, in comparison to being a person with mental health needs. Equally, they highlighted a lack of support and guidance for their child.

Both parents spoke in retrospect about being taken away from their parent role by their mental health needs both emotionally, and in Heather's case physically too. Both of the parents had sought help from school reflecting a sense of responsibility and a desire for help. Debbie received support from school perhaps enabling her to re-build a sense of empowerment whereas Heather felt labelled, stigmatised and blamed by school. Literature demonstrates that it is not the diagnosis of a mental health problem, but the social and interactional factors experienced alongside the diagnoses that pose the biggest risk factors to children of parents with mental health difficulties (Cooklin, 2010).

5.3.5 Uncertainty and disempowering processes

Consistent with the current research findings, previous research indicates that parents seek to engage with their child's school in order to support their child both when they have concerns and when they do not (Mkenna & Millen, 2013). Research has considered how parents can feel included or excluded as a result of their interactions with their child's school (Dunsmuir et al. 2014). Conclusions from this research indicate that experiences of parental exclusion exist across diverse parent groups and in relation to children with a range of different needs, suggesting that it is not the characteristic of "being the parent of a child who…." but their interactions with others that inform feelings of empowerment or disempowerment.

Reeder and Morris (2020) draw attention towards the need to address traditional hierarchies that might exist within professional-parent collaboration, in order to enable parents to successfully implement their role as empowered partners alongside professionals. They explain how power imbalance and the parent's perspective of the relationship can influence how successfully they take up their position in the partnership. This is supported by Day (2013) who highlighted how power imbalances can be implicitly upheld by systemic factors such as the way in which parents are labelled. Day (2013) explored the views of parents described as "*hard to reach*" on how schools should engage with them. Using active listening, solution orientated psychology and problem solving to understand parents' views, the research indicated that the development of constructive relationships, communication and partnerships was key to parental empowerment. Parents valued specific qualities in members of staff, including being "open, friendly and non-condescending" (Day, 2013, p.46) which benefited the quantity and quality of their interactions. The parents' made suggestions for engagement which emphasised the need for opportunities to "have fun with other parents and their children and activities and workshops in school where they learned together" (p.49). Day (2013) presents "terms of engagement" as offered by the parents who participated as a way of empowering them within their role.

Some have argued that parents are more likely to feel empowered if their expertise, skills, resources and knowledge are incorporated with equal regard to that of the school (McQueen & Hobbs, 2014; Norwich & Lunt, 2009; Wolfe, 2015). Such processes seek to demystify the notion of an expert by seeking to create relationships that are truly collaborative and equal, by focussing on the strengths and resources of individuals (Norwich & Lunt, 2008). Relating to this, Scorgie (2015) explored the views of 28 parents of children with SEND on their sense of school belonging. The findings suggest that in successful partnership there is a need to define the parent and school roles, Scorgie (2015) introduces the term 'ambiguous belonging' to describe parent perceptions regarding membership within the school community. Scorgie (2015) suggests that the home/school boundary becomes blurred by activities such as homework which contribute towards parents sense of role ambiguity Scorgie (2015) concluded that "it is evident that parents interviewed experienced boundary ambiguity and boundary intrusion that affected their sense of belonging as equal and valued members of their school communities" (p.46).

Other research has explored how processes surrounding information and knowledge gathering can be disempowering for parents. Cobb (2014) 'knowledge awareness', 'knowledge gathering', and 'knowledge use' represent three processes parents of children with SEND undertake to support their child, these three processes reflect those understood by parents in the current research in relation to mental health. Knowledge awareness referred to parents having an awareness of the support services that are available, knowledge of their own rights as parent. as well as the rights of their child and knowledge about the ways in which they could contribute towards decision-making and planning processes. Knowledge gathering referred to the processes undertaken as a parent becomes aware of the gaps in their own awareness (of special education in the case of this research), these processes were supported by school staff who provided "encouragement and informative support". Finally, knowledge use refers to the way parents utilise the knowledge gained in an effective way. These findings are deemed coherent with the findings of the current research indicating that the processes relevant to support parents of children with SEND are important too for parents who seek to promote and support their children's mental health. These findings are coherent with the findings of the present research which indicated that parents sought knowledge about mental health and viewed it as important to know more about how their child's school implement mental health promoting activities so that they could be better equipped within their role. The parents found it challenging negotiating the field of mental health information, which reflected a lack of consistency in messages.

McKenna and Millen (2013) examined parents views on engagement with school using a GT approach with eight mothers. They found that the parents were passionate and motivated and

sought to be involved in their child's school but that school-based factors were not always conducive to this. Through inviting parents to write (hypothetical) letters to teachers, and encouraging them to write openly and honestly (in the knowledge that the letters would not go to the teachers) the researchers found that parents shared detailed and rich information about their children that they wanted school to know, in particular the classroom teacher. The parents shared information not only about concerns but also about their children's strengths and qualities, they also wanted the classroom teachers to believe that they were good mothers, talking about their own strengths. McKenna and Millen (2013) suggest that children's wellbeing is central to the interactions between parents and schools, and that the affordance of such interactions is a product of schools providing openings for them, they suggest that schools should not only provide opportunities for parents to share their voices and be present but that they should be respectful towards the context and culture of individual parents. McKenna and Millen (2013) argue that parental participation should be "fluid, robust, and specific to context and culture" (p.9).

These findings resonate with previous research findings that demonstrate the need to empower parents within the home-school relationship. According to Hodge and Runswick-Cole (2008), "parents suspect that their intimate knowledge of the child is devalued within the context of the parent–professional relationship" (p.7). Lunt and Norwich (2008) suggest that anyone who feels that their concerns are not being respected by others and that a process is being dominated by another person can feel excluded and disempowered. They suggest that relationships have to be respectful, demonstrating an awareness of a person's experience of a problem and seeking to understand a problem from the persons viewpoint.

5.4 Empowerment to reduce parental uncertainty

5.4.1 Strengths-focussed approaches

As indicated, listening to the voices and including parents helps to value and empower them within their role (McKenna & Millen, 2013). The parents in the research used terms such as "reassuring" and "therapeutic" to describe how they had experienced talking about their role. Researchers have highlighted that drawing attention to parent qualities can boost parental empowerment (Jensen, 2008; Olin et al., 2010). Bryan and Lynette (2018) discuss how strengths-based approaches can empower parents by bringing awareness to the resources that they possess and the actions that they implement to support their children, similarly Sanders (2019) highlights that there is a need for more evidence about "what works" by harnessing positive parenting that promotes wellbeing. Strengths-focussed approaches aims to develop resilience (Rutter, 1987) and build an internal locus of control (Rotter, 1975), thus empowering parents in contexts where power imbalances can easily and often exist. It is possible that actions could be taken to better promote the parental role as a

resource within the promotion of children's mental health, by working collaboratively with them and by recognising parents/carers for what they can offer in relation to their own skills and expertise.

5.4.1 Inclusive and Humanistic approaches

Lunt and Norwich (2008) suggest that children and parents should be included as partners with their "own needs as they themselves define them" (P.96). Therefore, demonstrating value of their beliefs and avoiding the assigning of labels or making stigmatising assumptions. As suggested by Green et al. (2005) stigma and biases exist in the spaces between people, as opposed to the person themselves, they are socially constructed. Exclusion in the context of mental health is reflected in stigma and blame.

The findings of the current research indicated that for one of the parents, who openly shared her own mental health difficulties, the experience of blame and stigma was real and existed in the exchange that took place with school staff when seeking help. This demonstrates that discriminatory messages related to mental health can exist and be played out in primary schools, amongst adults. Given the focus upon the role that schools play in the improvement of children's mental health and wellbeing, this finding indicates that there is perhaps some way to go. Informed by the position that knowledge is socially constructed, these interactions and experiences play a role in the development of children's learning and behaviour in relation to mental health and wellbeing, if discrimination can exist between adults around mental health, then it can exist between children. As positioned by the UNESCO Salamanca statement, schools with an inclusive orientation are "*the most effective means of combating discriminatory attitudes and building an inclusive society*" (Hick et al., 2008, p. xii).

Inclusive approaches are likely to foster an environment where parents to feel able to share their concerns and seek help. Given the importance of feeling heard when they shared their concerns, we are drawn towards humanistic approaches; those built upon the work of Carl Rogers (1957) who highlighted the need for unconditional positive regard, empathy and active listening. Humanistic approaches seek to foster a warm and caring atmosphere through active listening, drawing upon the skills of unconditional positive, respect, genuineness, congruence, and acceptance of the emotions, beliefs and thoughts a person brings to a situation (Rogers, 1957). Weger et al. (2014) highlights that active listening is an important communication skill during initial interactions. This is particularly important in light of the findings of the research, that school represents the first port of call.

The importance of including parents as a part of the school community is recognised by Norwich (2005) who suggested that inclusive schools embrace all kinds of diversity and promote participation and collaboration with all, including parents. This experience of inclusion is facilitated and enabled

by the behaviour of those in contact with the individual (such as school staff), and by the values, norms, practices, and processes that operate in the individual's organisational and societal context, as well as the parent's own attitudes, beliefs and behaviours (Fedman et al., 2014).

Thomas and Vaughn (2004) discuss that the push for inclusive practices has been facilitated by a decline in the power of professionals, increased parental power, an emphasis on parental choice and increased attention to the voices of children. Whilst this is echoed in policy changes such as the SEND code of practice (DfE, 2015), it remains that certain systems and structures can represent and uphold power imbalances between professionals and parents, systems that may fundamentally be experienced as exclusionary for parents (McQueen & Hobbs, 2014). Indeed, as Kinsella and Senior (2008) suggest such a decline in expertism and the corresponding increase in the power of service users and their advocates are likely to be occurring to varying degrees within different systems (Health or Education) and even within different schools. They argue that this shift of power from experts to parents, requires a "monumental cultural shift" which they suggest is unlikely to happen by chance in the course of natural institutional development. Qvortrup and Qvortrup (2018) similarly draw attention to inclusion as a dynamic concept that is always shifting and changing reflecting changes that happen naturally within a school context. Kinsella and Senior (2008) highlight the important fact that every school is different suggesting that approaches which recognise and respond to a school's individual differences are more likely to be effective, they suggest that the application of organisational psychology can help schools in implementing inclusive approaches.

Woodcock and Woolfson (2019) suggest that systemic efforts which require minimal effort but result in maximal impact can optimally lead to improvements in inclusion within schools, and that the engraining of an inclusive ethos can uphold the processes required to inform inclusion that may otherwise be viewed as additional work. Indeed research exploring the promotion of inclusion has highlighted that factors such as funding, (Glazzard, 2011), time constraints, lack of resources and budget cuts are frequently cited as barriers towards inclusion (Glazard, 2011). Such research indicates that inclusion is viewed by school staff as something you do, as opposed to a way of being. This potentially poses a barrier towards the development of inclusive school ethos's when school budgets and resources are already stretched and pressured. Successful inclusion of parents as suggested by Slee (2006) involves educational reconstruction and school reform, issues cannot be remedied by targeted professional development.

As highlighted within chapter two universal or whole school approaches are frequently framed as a way of improving children's mental health and wellbeing, whereby the idea of a "climate and ethos which supports wellbeing builds school 'connectedness'" is positioned alongside "working with

parents and carers" (Weare, 2015). Given the findings of the literature reviewed highlighting the array of factors that promote parental involvement and support collaborative working, it makes sense to suggest that working with parents is something that can best be achieved in a school environment that promotes an inclusive ethos not just for children, but for parents too.

5.5 Conclusion

The literature reviewed here followed the directions that arose in the research findings. The literature has provided further grounding of the research findings with existing theory and research. Exploration of the concept "holding the responsibility" and "feelings of uncertainty" and "experiences of empowerment and disempowerment" provided a framework for the literature, related to the theory that emerged from the findings. The theory and literature provides support for the findings of the research, indicating that there is a need to recognise the parent role, include and therefore empower and enable them. These findings have implications both for schools and EPs

5.6 Chapter Summary

This chapter comprised the second literature review. In the following chapter, the findings of the research will be discussed in relation to the literature reviewed, leading to implications for EPs, recommendations for future research and strengths and limitations of the research.

Chapter 6 Discussion

6.1 Introduction

This chapter seeks to consider the findings of the research in relation to the research questions and the literature reviewed, examining how the research findings extend or add to our understanding of the parent role in the context of improving children's mental health. It aims to take stock of the research, examining its quality and contribution. Implications will be considered in relation to policy and practice relating to the improvement of children's mental health, implications for EPs and the findings will also be considered in light of issues related to the covid-19 pandemic. The quality of the research will then be assessed before a discussion of the strengths and limitations of the research and recommendations for future research.

6.2 Conclusions relating to the grounded theory

The research set out to explore how parents view their role in supporting their children's mental health. Using a CGT approach, a framework has emerged to explain two distinctive but connected concepts; how parents view their role (and the factors informing this) and how parents experience their role (and the processes relating to this). The GT proposes that parents see themselves as holding the responsibility for their children's mental health, this is supported by theories relating to attachment, social identity, and self-determination. Parents are believed to be intrinsically motivated to support, maintain and promote their children's good mental health and seek to do this in implicit and explicit ways. Parents experiences of this are often characterised by feelings of uncertainty, disempowerment and empowerment. The research findings indicated that parental feelings of uncertainty stemmed from four key areas:

1. the perceived changeability and fragility of childhood meaning that the parent role is constantly changing and adapting to the child
2. confusion around the meaning of mental health and the plethora of information available
3. challenges associated with working with schools (or seeking to)
4. managing personal challenges (such as different roles alongside being a parent and managing their own mental health)

Exploration of the literature relating to uncertainty, disempowerment and empowerment indicated that inclusive approaches that recognise the key role that parents see themselves as holding, are most likely to empower and enable parents within their role. The research has implications for policy and practice.

6.3 Implications for policy and practice

The findings contribute towards theory, research and guidance concerned with the improvement of children's mental health. As established within the preliminary literature review, considerations around the parent role within this agenda often reflect a power imbalance and call upon parents to fit into systems and processes upheld by services and professionals (Todd, 2003; McQueen & Hobbs, 2014). The research found that parents represent passionate advocates for the improvement of children's mental health and provide a distinctive contribution with regards to their knowledge and perspective of their child, this is supported by literature that highlights the need to listen to parents and provide opportunities for them to share their voices (McKenna & Millen, 2013; Day, 2013).

6.3.1 Universal and inclusive approaches

The findings support the need for collaborative approaches that view parents as equal, supporting the recommendations of universal approaches that views parents as a part of the school community (Cefai & Cavioni, 2016). This research draws attention towards some factors which may be helpful in the establishment of such an ethos including:

Environmental:

- a welcoming school environment
- spaces for parents to be able to present within school
- presence of school staff within the environment (e.g., in the playground in the morning)
- an 'open door policy'

Systemic:

- open and flexible communication systems
- the development of shared language around mental health
- clear information relating to prevention and promotion
- opportunities for parents to share their views outside of formal events
- opportunities for parents to meet with other parents and talk about "what works"/share "human stories"
- a clear help-seeking system
- communication with parents about mental health promotion approaches

Relational:

- active listening
- respectful and non-judgemental interactions

- the building of supportive relationships
- strength-focussed approaches

6.3.2 Attainment versus wellbeing

The research findings illuminated issues with the position of schools as platforms for the promotion of positive mental health, with regards to the conflict between academic attainment pressures and positive mental health. Parents suggested that the push for attainment is not conducive to positive mental health often representing a barrier both in terms of the pressure this posed upon their children and in relation to the time this occupied that could otherwise be spent engaging in promotive activities. This has implications for policy and invites consideration as to how these competing agendas can become more compatible.

6.4 Implications for Educational Psychologists

As outlined within the preliminary literature review, the role of EPs is currently under recognised within policy and guidance relating to the improvement of children's mental health. Despite this, research shows that EPs are well-placed to promote and support children's mental health (Squires, 2007). In exploring the role of parents, this research inadvertently draws attention towards opportunities and implications for EPs with regards to the improvement of children's mental health.

6.4.1 Systemic implications

Whilst schools are positioned as holding a key role, this research (whilst small in scale) indicates that there is some way to go in supporting them within this role with only one school adopting an explicit approach to mental health and wellbeing support. EPs are described as playing an important role in bridging the gap between policy and practice (Cameron, 2005) and therefore it can be argued that EPs are implicated to support schools in understanding and actioning their role within this agenda. In light of the research findings, it is suggested that EPs are well placed to support schools in implementing actions that include and empower all parents within a school community. Whilst "working with parents" is cited as an important aspect of a mental health policy, there is a need to ensure that this is actioned in a meaningful way drawing upon the range of environmental, systemic and relational factors needed to support positive inclusion of parents.

6.4.2 Transition/Change

Of particular importance is the need for consideration around the impact of 'transition' and the 'changeable period of time' towards the end of primary school. This is a time when children may be particularly vulnerable to mental health challenges and a time when parents may also be feeling increased uncertainty around their role. EPs are well-placed to facilitate the fostering of supportive

school-parent relationships and contribute towards carefully planned and smooth transitions between primary and secondary school.

6.4.3 A shared language

Relating to this is the finding that mental health, despite its prominent presence in our lives, is a concept not well understood. There is confusion around its meaning and a lack of shared understanding. If we are to reduce parental uncertainty and empower them within their role, there is an important need to address this uncertainty. EPs are well placed to work with schools and parents in the co-construction of a shared and clear language around mental health.

6.4.5 Implications related to casework with parents

The research suggests that through empowering parents within their role there may be an opportunity to develop a more resiliency-based approach to the improvement of children's mental health. Through positioning the parent as a 'natural support' we are encouraged to notice the key role that they occupy and consider how we are supporting parents to be resources for their children. Research draws attention to how parents have become undermined and perhaps alienated within their role over time, and of the implicit ways this may be upheld within hidden power dynamics between parents and systems, and parents and professionals. There is a need to empower parents within their role in order to boost a system of resiliency and potentially reduce the numbers of children being referred for mental health support.

Use of strengths-focussed approaches perhaps facilitated through consultation models may support the opportunity for EPs to work with parents in a resiliency-oriented capacity, bringing attention towards the resources and skills that parents hold and have access to.

6.4.6 Supporting parents

The research illuminated that parents experience personal facilitators and barriers to their role. Whilst acknowledging that further research is a need to explore this in greater depth, some tentative conclusions can be drawn. The research found that parents are facilitated through support networks, friends, families, and positive relationships with school as well as resources and time. Knowledge of these factors can be built upon when working with parents.

Parents experiencing personal challenges impacting upon their ability to implement their role need supportive, non-judgemental approaches, especially when seeking help. It is argued that schools represent a place where socio-political and socio-cultural messages can be upheld and played out including stigmatising beliefs about mental health. Building upon Slee's (2006) argument that the fostering of inclusion involves school reform, it is argued that there is a fundamental need to consider how this can be achieved especially in light of increasing challenges posed upon families

during recent months (related to the covid-9 pandemic). The philosophy of an inclusive approach is one that seeks to support all people. Therefore it is highly recommended that parental inclusion is promoted as a corner stone in school-based approaches seeking to improve children's mental health.

6.5 Implications in relation to the Covid-19 pandemic

Knowledge gained through my practice as a TEP alongside a brief exploration of literature relating to the impact of the pandemic on children's mental health indicates that the pandemic is likely to have significant implications for family and child mental health. With regards to the research, the findings have increased pertinence. During the lockdown period, children were shifted from spending much of their time at school, to spending most or all of their time at home. The lockdown has resulted in new ways of working with parents, for example utilising virtual platforms and technology. This may be a positive factor for parents who otherwise may struggle to communicate with their child's school, for others, the lack of physical contact and the reliance upon technology may represent an increased barrier.

Since schools have re-opened the continued need for social distancing is likely to have impacted upon parents' opportunities to communicate with school about issues that may be concerning them. Factors such as staggered school drop off's, parents being not allowed in school buildings and cancelled formal opportunities for contact (such as parents evenings). This alongside likely increases in parental concerns for their children's mental health related to the pandemic, calls for increased communication with school, and a need to recognise how best professionals can support and work collaboratively with parents at this time.

Arguably, there has never been a more important time to support schools in how they work with parents. EPs are well-placed to advise and support schools in finding ways to work with parents during changeable times.

6.6 Examining the quality of the research

The quality of the research is evaluated in relation to the criteria suggested by Charmaz (2014), these criteria include credibility, originality, and usefulness.

Credibility

It is accepted that there are some limitations of the research (discussed later) including the relatively small but somewhat heterogenous sample of participants, which represents a potential threat to the credibility of the research (Charmaz, 2014). Additionally, the time constraints and other factors that posed a barrier to a rich process of theoretical sampling may also limit the credibility of the research.

However, it is viewed that the research holds credibility; GT was adopted as a suitable method for exploration of the relatively unknown area of the parent role in relation to the improvement of children's mental health. The outcomes of the data analysis have resulted in answers to the research questions therefore contributing to the field of mental health research. The credibility of the GT was assessed via a presentation to my EP colleagues and TEPs who felt that the research conclusions were useful. The categories and the theoretical assertions are grounded in the data and are traceable back through the processes of analysis and coding.

Originality

The research explored a previously under-explored area and revealed new insights to offer to the field of knowledge regarding the improvement of children's mental health with regards to the parent role and the implications of this for EPs.

Resonance

It is felt that the research revealed taken for granted meanings and deeper insights into the worlds of parents (for example the parents reminding us that childhood is short and transient, the finding that parents are constantly striving to support their children's mental health). Further in discussions with EPs it was found felt that the GT held resonance with them as parents.

Usefulness

The categories and the final GT were shared with EP colleagues and trainee EPs (see appendix Q) and have been used to inform service level guidance relating to the promotion of emotional wellbeing in schools. The categories have illuminated taken for granted concepts regarding the parent role, drawing attention to areas requiring attention.

6.7 Strengths and limitations of research

The findings of this research are informed by my own theoretical viewpoints and experiences. I acknowledge that my own world views, values, beliefs and experiences, will have influenced the research conduction and conclusions drawn. The data was collected prior to the covid-19 pandemic, however some of the analysis of it took place during the pandemic at which time the experience of life changed significantly and quickly, it is possible that the stresses associated with the pandemic may have implicated my perceptions and view of the data, given the contextual changes of my life experiences, and my interactions with schools and parents as a trainee EP during this time.

The research draws attention towards an important yet under-researched topic that is enveloped with educational psychology practice. The research enabled a platform from which parents could

share their voices in a way which they may otherwise not have had about the topic of children's mental health. It explored with care and sensitivity their views, and it identifies several strategies to support educational psychology practice, informed by the views of parents themselves. A relative strength of the research was the inclusion of fathers within the sample in comparison to previous research in this area where fathers' viewpoints are lacking. However, the research involved a small sample of 11 white British parents, therefore considerations relating to the research findings need to be further explored in relation to other cultural groups and ethnicities. Additionally, 10 of the participants represented biological parents, 1 parent represented an adoptive mother. As such, it can also be suggested that exploration of the relevance of the findings for different groups of parents, such as carers, adoptive parents, special guardians for example should also be further explored. The findings of the research are only reflective of parents of children in primary school, further research is recommended to explore the views of parents of children in other settings such as secondary or specialist settings.

Additionally, it can be positioned that the parents who took part in the research had a natural interest in mental health and wellbeing and were motivated towards supporting their children's wellbeing. They were all white British and all were all able to cater for their children's basic needs. It is acknowledged that parents from different groups such as differing socio-economic status or parents from a black, Asian or minority ethnic communities may have different experiences and views relating to their role. The research findings may not be relevant for all parents, further research is needed to explore the viewpoints of a wider representative population of parents and specific populations of the parent such as those with their own mental health difficulties.

Finally, the 10 interviews conducted for this research were rich with information. The balance in pursuing theory whilst valuing individual narratives is recognised as fragile and asked me to condense large amounts of information into restrictive word counts, as such, it is possible some of the intricacies and nuances of participants' individual experiences were reduced in some ways.

6.8 Suggestions for future research

The findings of the research uncover important areas relating to the improvement of children's mental health and wellbeing. One key area which emerged includes that relating to parental mental health. The findings of this research highlight that there is a need for more information and support for children of parents with mental health needs, and a need for information and support for people with mental health difficulties who are also parents. Of particular importance is the need for research examining how children understand parental mental health difficulties, how parents can be supported to appropriately share their mental health difficulties with their children and what kind of

a role EPs might hold in supporting these processes. Relatedly research should also explore this topic with schools; the ways in which schools are working with parents who have mental health difficulties themselves and children of parents with mental health difficulties, in order to illuminate successful practice and areas for improvement.

Other suggestions for future research include; research exploring the views and experiences of parents of children in secondary school, this would seem particularly important given the likelihood of mental health difficulties in older children, the increased stresses relating to the transition to secondary school and the potential increase in disconnection between schools and parents. Additional research on the perspectives of fathers would appear to be of key importance, particularly given stigma relating to men and mental health. Research exploring the approaches that work to empower and include parents is viewed as important in order to continue to build on strengths focussed approaches and identity what works. Research relating to the positive factors that support effective transition from primary to secondary in a mental health context is felt to be important. Finally, I believe the research holds implications for EP practice, in terms of EPs supporting the building of supportive school communities and the inclusion of all parents. It strikes me that EP's are well placed to recognise and actively address implicit power dynamics within educational settings, further research may seek to support the acknowledgement of this.

6.9 Reflections on the research

The research set out to explore how parents understand their role in supporting their children's positive mental health. Within a context of needing to improve children's mental health, it was viewed that a better understanding of the parent role would support the integration of resiliency based approaches into children and young people's mental health.

The research set out to answer the following questions:

- How do parents view their role in promoting positive mental health and preventing mental health problems?
- What learning can be gained to inform how EPs work with parents and schools in the improvement of children's mental health?

Through adopting a CGT approach it is believed that the research provides a position in answering these questions. The current situation regarding children's mental health is one of concern, especially in light of the covid-19 pandemic and the uncertain future relating to this. EPs are in a fundamental position to be able to offer support to schools and families and to work both directly and indirectly with parents. This research drew attention towards the often overlooked position of

parents between their child and their child's school. The careful balancing act that they implicitly employ to maintain relationships whilst seeking to advocate on behalf of their child to meet their emotional needs. As an EP a the start of their career, I feel that this research has brought home to me just how important it is to acknowledge the place of the parent and voice of the parent in my working with schools, families and children.

6.10 Summary

This chapter has discussed the research in relation to its contribution to policy and practice, implications for EPs, it has assessed the quality of the research and made recommendations for future research. Chapter 7 follows, drawing a close to the research.

Chapter 7 Conclusion

In keeping with government guidance which advocates the need for promotive and preventative efforts in order to improve children's mental health and wellbeing the research sought to examine how parents view their role within this context. Given that universal approaches are recognised as a successful way to achieve positive mental health, the research sought to capture the views of parents both with and without concerns for their children's mental health and wellbeing. Drawing upon resiliency theory, the research positioned parents as representing a key resource in a child's life, and one which the better understanding of which might help to promote children's mental health. The research aimed to work collaboratively with parents, recognising the influence of implicit socially constructed, systemic and relational power imbalances existing within current conceptualisations of the parent role within the context of children's mental health. Providing parents with a platform to explore how they view their role, the research represents an acknowledgement of the value of the parent role within the context of children's mental health improvement. The parents who participated valued and embraced this platform as a novel yet needed space to share their voice.

Using a CGT approach, the research indicated that parents viewed themselves as holding the responsibility for their children's mental health, seeking to work alongside and with other key partners including school. Parents experiences of their role were affected by factors that empowered or disempowered them or resulted in feelings of uncertainty. These findings drew attention towards the need to enable parents within their role through inclusive approaches that recognise and empower them. EPs are well-placed to support the implementation of processes geared towards empowering parents within their role.

7.1 Final concluding reflections

This research was driven by my passion to improve children and young people's mental health. Reflecting upon my experiences of working with CYP who were experiencing significant mental health difficulties often needing inpatient support, I have been privileged to have had the opportunity to explore this topic in such depth. My decision to implement this research was underpinned by my personal view that mental health is best supported by structures that promote resilience by tapping into the resources that already exist within our lives, and that there is an economical and moral need to notice and better act upon this. My research enabled the very humbling opportunity to listen to parents and their experiences of supporting their children's mental health and wellbeing, to which I feel completely grateful and privileged.

From my limited time with the parents who participated, it was clear that the parental role is a role that involves balance, adaptability, support from others, accurate information, time and resources and the need to support their own wellbeing. The role is a challenging one even with these factors in place, given the changing nature of childhood and the changing systems and contexts in which children live and parents parent. For parents who struggle with these factors the challenge is increased. EPs represent an, at present, under-recognised resource in the improvement of children's mental health, this research has provided not only a way of exploring the parent role, but also I hope a way of illuminating the well-placed position of EPs in the improvement of children's mental health.

Childhood is a short and transient time and perhaps there is no-one better placed to remind us of this important fact than parents, parents who are avidly fighting to preserve and protect childhood in the name of their children's happiness.

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Appendices

Appendix A: Literature Searches, Strategies and results

Preliminary Literature Review

Search 1: Factors relating to the increase in children's mental health difficulties	
Inclusion Papers exploring causal factors Published post 2005	Exclusion Papers evaluating treatment Papers describing impact Papers published pre 2005 Early years
Search Terms	Findings
Child* Young person Mental health and/or Onset Causes, factors, explanations	14 papers included

Included in narrative review	
Title	**Relevance to thesis**
1. Horwitz and Wakefield 2007	Children's emotions medicalised
2. Holder 2012	Change in perspective needed from deficit model to strengths focussed model
3. Fusar-Poli 2019	Children's mental health services built on an adult model of recovery - not resiliency focussed
4. Friesen 2007	Lack of translation of resiliency theory into policy. Need to improve links with parents.
5. Timimi, 2010	Childhood medicalised; parents alienated
6. Gray (2011)	Change in children's lifestyles. Less opportunity to play, increased depression and anxiety
7. Eckersley 2011	Public narratives regarding mental health not reflective of reality. mental health not confined to the disadvantaged
8. Horwitz 2007	Medicalised pathways of care mean children more likely to be diagnosed.
9. Horwitz and wakefield 2009	Screening for mental health issues means more children will be identified to have mental health issues
10. McGorry 2018	Gap between help seeking and support
11. Soneson et al 2018	Parents believe screening could result in inaccurate labelling and lack of support
12. Crenna-Jennings & Hutchinson (019	Many CAMHS referrals "inappropriate" not meeting threshold
13. NHS Digital 2019	Average of 50 days waiting time between referral and treatment
14. Yap and Jorm 2012	Parents represent a key person to make referrals to specialist. Parents not always aware of themselves as a resource.

Search 2 – scoping review Parent role in relation to prevention of mental health problems and promotion of good mental health	
Inclusion	Exclusion
Research from parents' perspective Research produced after 2005 Qualitative and quantitative research Primary oy secondary school age Peer reviewed Research with parents of children still in community (not in-patient) Research with a focus on parent role, experiences, views, actions Clinical and school based	Research focussed on parenting programmes Research produced before 2005 Early years Research with parents of children in in-patient care Research focusing on specific diagnoses Focus on parent characteristics Focus on carer/other parent type
Search terms	
Parent* AND Role or Occupations OR Actions AND Prevent* OR Respon* OR Promote Child* AND Mental health or Wellbeing OR Well-being Search terms employed alongside "title search"	
Search Results	
Total number of papers identified through database and hand searches	1126 (PsycINFO=120; Web of Science=248; JSTOR=13, British Education Index=20; ERIC=8; hand searches=14, web of science=686, Total items identified through journal and internet searches including grey literature = 17
Snowballed results/relevant results from preliminary searches	35
Total items initially generated through searches (with duplicates removed)	123
Total after title scan	67
Total after abstract scan	63
Total after irrelevant results removed (included within review)	25

PREVENTION									
Author	**Year**	**Title**	**Journal**	**Where**	**Methodology**	**Key points**	**Implications for thesis**	Age	**Quant/Qual**
Clarke, J.N	2012	Surplus suffering, mothers don't know best: Denial of mothers' reality when parenting a child with mental health issues	Journal of child health care, Vol.16(4) pp. 355-366.	Canada	Qualitative: interviews with 16 mothers of children with mental health diagnoses (age of child not stated)	Explored mothers experiences of noticing problem and seeking help. Highlights negative responses from professionals and family members	Negative experiences/denial increases suffering experienced by concerned parents. Parents who seek help at early stages represent an opportunity to provide support.	not stated	Qual
Harden, J.	2005	"Uncharted Waters": The Experience of Parents of Young People With Mental health Problems.	Qualitative Health Research, Vol.15, No.2, pp.207-223	scotland	Qualitative interviews with 25 parents (18 mothers, 7 fathers of teenage children aged 13-16 with a diagnosed mental health condition) 18months after CAMHS treatment .	Parents were deskilled by the condition and by the medical profession. At the same time, parents engaged in a range of actions through which they were reskilled and their parental caregiving role was re-established.	Parents wanted to be involved and found ways to do this without professional help, suggests there is a need to focus on their key role in prevention/treatment. Parental re-skilling is a key aspect of support	13-16	Qual

Brown, J	2018	Parents' experiences of their adolescent's mental health treatment: Helplessness or agency-based hope	Clinical Child Psychology and Psychiatry 2018, Vol. 23(4) 644 – 662	Australia	Qualitative interviews with 14 sets of parents interviewed at admission, discharge, and 6 months following discharge. 12-18 mixed diagnoses	Parents more likely to see themselves as a resource for their child recovery if they had high hope. Continuum of hope from low to high, correlated with self-efficacy and agency	if parents are actively involved in changing themselves as part of their child's treatment, they experience increased hope and effectiveness in contributing to their child's recovery, which leads to better outcomes	12 to 18	Qual
Stapley, E., Midgley, N., Target, (2016)	2016	The experience of being a parent of an adolescent with a diagnosis of depression	Journal of Child and Family Studies. Vol.25(2), 2016, pp. 618-630	London	Qualitative: Semi-structured interviews with 48 parents of children aged 11-17. Recently referred to CAMHS and diagnosed with depression	Strain and stress experienced by parents of children diagnosed with mental health problems is significant. Emotional turmoil, parenting on overdrive, feelings of helplessness and lack of awareness that their child was experiencing depression.	Earlier intervention and prevention could also benefit parents as well as children. Implications of parental response to the diagnosis was to parent on 'overdrive' may further exacerbate problem. Parents need support and advice around what they could do, what their role is.	11 to 17	Qual

Stapley,E., Target, M., Midgley, N., (2017)	2017	The journey through and beyond mental health services in the United Kingdom: A typology of parents' ways of managing the crisis of their teenage child's depression.	Journal of Clinical Psychology. Vol.73(10), 2017, pp. 1429-1441.	uk	total of 85 semi - structured interviews were conducted with one or both parents of 28 adolescents at 3 time points, and qualitatively analysed using ideal type analysis.	Three distinct types or patterns of parental experience were identified: the learning curve parents, the finding my own solutions parents, the stuck parents. Conclusion: These patterns of parental experience could perhaps provide a basis for clinicians working in CAMHS to reflect on the families that they see and to adapt their ways of working accordingly to best support these families		11 to17	Qual
Boulter, E., & Rickwood, D. J. (2013).	2013	Parents' experience of seeking help for children with mental health problems.	Advances in Mental health, 11(2), 131–142.	Australia	15 parents (14 mothers, 1 father) Parents with children up to the ages of 18 if they had sought help	Found it difficult to understand the process to obtain help and encountered numerous obstacles.	There is a need for clearer guidance around pathways of care and a lack of information regarding the role of the school	up tp 18	Qual

					from a mental health professional				
Shanley, D. C., Reid, G.J., and Evans, B (2008).	2008	How Parents Seek Help for Children with Mental health Problems.	Administration and Policy in Mental health and Mental health Research, Vol. 35, No.3, pp. 135-146	Canada	60 parents contacting a children's mental health centre were interviewed regarding their efforts and rationale in seeking help for their child	Parents sought help for two different types of problems, contacted five different agencies or professionals for help, and parents and/or children received two different treatments. One fifth of the time parents said they accepted treatments that they did not want.	Parents did not seek help from education setting. Need to consider the role of school; if and how parents seeks help from schools. Parents accept treatment they did not want, not explored as to what it was they were hoping for	up to 18	Qual
Reardon, T., Harvey, K., Baranowska, M.; O'Brien, D., Smith, L., Creswell, Cathy (2017). .	2017	What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children andadolescents? A systematic review of qualitative and	European Child & Adolescent Psychiatry, Vol. 26, pp. 623-647	UK	Quantitative Systematic review 44 studies	barriers/facilitators: structural issues, views and attitudes towards treatment, knowledge and understanding of mental health problems, family circumstances. parents views and attitudes effect persuing of treatment.	alongside understanding barriers and facilitators we also need to understand what makes parents search for this type of help in the first place		Quant

		quantitative studies							
Reid, G.J., Cunningham, C.E., Tobon, J.I. *et al.*	2011	*Help-Seeking for Children with Mental health Problems: Parents' Efforts and Experiences.*	Adm Policy Ment Health 38, 384–397 (2011)	Canada	Parents who contacted 1 of 15 children's mental health agencies in Ontario, Canada reported on where and why they were seeking mental health services for their 4- to 17-year-old children.	Complex pattern of help-seeking; Parents were looking for either multiple types of treatment, or help for different problems, across multiple agencies. Increased burden on services	Didn't explore why they searched for help from specific agencies, their hopes from help-seeking. Important to know.	4to17	Qual

Sayal K, Tischler V, Coope C, Robotham S, Ashworth M, Day C, Tylee A, Simonoff E (2010) P	2010	Parental help-seeking in primary care for child and adolescent mental health concerns: qualitative study.	British Journal of Psychiatry, Vol. 197, pp. 476–481	UK	Focus group discussions with 34 parents from non-specialist community settings who had concerns about their child's mental health.	Continuity of care and trusting relationships with general practitioners (GPs) who validated their concerns were perceived to facilitate help-seeking.	Primary care = GP's. finding that supportive relationships faciliated help-seeking is important to consider in the context of school.	2to15	Qual
Ohan, Jeneva L, Seward, Rebecca J, Stallman, Helen M, Bayliss, Donna M & Sanders, Matthew R. (2015).	2015	Parents' barriers to using school psychology services for their child's mental health problems.	School Mental health: A Multidisciplinary Research and Practice Journal, 7, 287-297.	Australia	explored barriers that parents report to engaging in services with school psychologists (parents with and without concerns)	Reported barriers were similar for both groups, with just four categories accounting for the majority of barriers: stigma, lack of school resources, perceptions that school psychology is ineffective, and concerns about lack of confidentiality. For parents reporting no barriers, a strong positive relationship with	Could EP represent a barrier to parent seeking help from school?	elemetary school	Qual

						school staff was key.			
Crouch, L., Reardon, T., Farrington, A., Glover, F; Creswell, C (2019)	2019	"Just keep pushing": Parents' experiences of accessing child and adolescent mental health services for child anxiety problems. [References].	Child: Care, Health and Development. Vol.45(4), 2019, pp. 491-499.	uk	Parents of 16 children (aged 7-12 years) referred for difficulties with anxiety were interviewed about their experiences of seeking and accessing treatment within Child and Adolescent Mental health	High demands on services and parents' uncertainty surrounding the help-seeking process presented key hurdles for families. The critical role of parental persistence and support from general practitioners and school staff was evident across interviews.	parent uncertainty in helpseeking. - no exploration of parent role	7To12	Quant

					Service (CAMHS).				
Research exploring the actions parents take (outside of helpseeking)									

Yap, M.B.H., Fowler, M., Reavley, N., & Jorm, A.F.(2015).	2015	Parenting strategies for reducing the risk of childhood depression and anxiety disorders: a Delphi consensus study.	Journal of Affective Disorders. Vol.18, No.3, pp. 330–8.	Australia	Delphi methodology to establish expert (44 international experts) consensus on parenting strategies important for preventing depression or anxiety disorders in children aged 5-11 years.	Study found 171 strategies that were written into parenting guidelines with 11 subheadings	Strategies may also be relevant for promoting good mental health and wellbeing. When are parents provided with the parenting guidelines?		Quant
Honey, A., Alchin, S., & Hancock, N. (2014).	2014	Promoting mental health and wellbeing for a young person with a mental illness: Parent occupations.	Australian Occupational Therapy Journal, 61,194–203.	Australia	Interviews with 26 young people (15-24 years old being treated for mental illness) and 32 parents were analysed using	78 occupations aimed at promoting: appropriate treatment; positive activities and actions; positive thoughts and feelings; and an ordinary life.	It highlights the need to establish an evidence base for various mental illness related occupations so that parents can have more knowledge and thus confidence in these critical occupations.	15 to 24	Qual

					constant comparative analysis.				
Honey, A., Chesterman, S., Hancock, N., Llewellyn, G., Hazell, P., & Clarke, S. .	2015	Knowing what to do and being able to do it: Influences on parent choice and use of practices to support young people living with mental illness.	Community Mental healthJournal, 51,841–851.	Australia	Interviews with 32 parents of young people living with mental illness were analysed using constant comparative analysis.	Parents' choice of and ability to carry out particular practices are shaped by: their knowledge and beliefs; their personal resources and constraints; and their social and service networks. Further, parents took active measures to optimize these influences.	Through understanding the complexity of their own potential influence on knowing what to do and being able to do it, EPs can better enable parents to support young adults experiencing mental illness.	15 to 24	Qual

Kelly, M and Coughlan, G (2019).	2019	A theory of youth mental health recovery from a parental perspective	Child and Adolescent Mental health, Vol.24, NO.2, pp. 161-169	Ireland	14 parents (2 males, 12 female) of children open to CAMHS (8-17years) . Interviews using constructivist grounded theory	A theoretical model of youth mental health was developed. The model provides an understanding of (a) the characteristics of youth mental health recovery, (b) the facilitators of recovery and (c) the barriers to recovery. The theory suggests that due to developmental factors youth mental health recovery occurs within the ecological context of complex social systems.	parents well placed to implement developmentally appropriate strategies and promote resilience. Also highlights the importance of valuing parental input in recovery related research	12 to 25	Qual
Yap, M. B., & Jorm, A. F. (2012).	2012	Parents' beliefs about actions they can take to prevent depressive disorders in young people: Results from an Australian national survey	Epidemiology and Psychiatric Sciences, 21, 117–123.	Australia	982 telephone based parental interviews, using a vignette of a child with mental	Most parents believe that certain parenting behaviours can protect young people from depression, a significant minority do not; highlighting	There is a need to improve parental self-efficacy in their role improving children's mental health	12 to 25	Quant

					health problems. Parents assigned a vignette of same age and gender and their child	the need to improve parents' understanding of their role in prevention.			
PERSPECTIVES ON SCHOOL BASED PROGRAMMES									
Puolakka et al.,	2014	Mental health promotion in school Schoolchildren's and families viewpoint.	Nursing research and practice.1-10	finland	grounded theory 4 mothers	Found key factors that parents viewed as important for promoting wellbeing.	Need to listen to parents views	12 to 16	qual
Wolfe	2014	Wolfe, V. (2014).The of the Parent: Perceptions of the United Kingdom Resilience Programme	, Educational & Child Psychology, 31 (4), 57-71.	uk	grounded theory 7 mothers 1 father	Need to empower parents in order to promote collaboration with them	Need to empower parents in order to promote collaboration with them	11to13	qual
Skryabina et al. (2016	2016	Teacher and Parent Perceptions of the FRIENDS Classroom-Based Universal Anxiety Prevention Programme: A Qualitative Study.	*School Mental health, 8(4),* pp.486-498	Australia	20 parents whose children had been included in Friend	Parents were unable to attribute childrens positive development to friends because they had not been involved I the programme.	Need to work with parents to enable them to support school based outcomes	7to11	qual

vulpen 2018	2018	Rural School-Based Mental health Services: Parent Perceptions of Needs and Barriers,	*Children & Schools*, 40(2), 104–111	marylan d	607 parent responses	parents support of schools addressing the mental health needs of students. Lack of parent support, understanding that mental health issues even exist in youths, and lack of supportive school programs	Need to improve parent understanding f MENTAL HEALTH problems and iprive school based support for parents	primary and secondar y	quant
Askell-Williams, H (2016)	2016	Parents perspectives of school mental health promotion initiatives are related to parents self-assessed parenting capabilities	Journal of Psychologists and counsellors in schools. Vol.26, No.1, pp.16-34	Australi a	Survey to 287 parents	association between parental self assessed parenting capabilities and engagement with school initiatives	Need to boost parent self-efficacy in order to help them to see themselves a a resource		quant
HOW DO EP's work with parents with concerns									
Squires et al.,	2007	Educational psychologists' contribution to the every child matters agenda: The parents' view.	Educational Psychology in Practice, 23(4) , 343-361.	uk	Survey of 91 parents	Parents valued EP support if it matched their concerns	doesn't inform understanding of how EP's might work with parents/what the parent role is within SEBD/SEMH	1to16	quant

Zafeiriou et al. (2020)	2020	A grounded theory of educational psychologists' mental health casework in schools: connection, direction and reconstruction through consultation	*Educational Psychology in Practice*	uk	grounded theory with 5 EP's	EPs used two processes supporting staff and parents 1: facilitating a secure base offering emotional containment for overwhelmed adults (staff, parents), 2: engaged problem-solving activities, challenging perceptions, leading to cognitive and behavioural change,	EPs support parents in mental health casework through containment and problems solving.	NA	qual
Greig et al.,	2019	Supporting the mental health of children and young people: a survey of Scottish educational psychology services	Educational psychology in practice	scotland	survey to 20 EP's	saw working with parents as part of their role supporting mental health, through training and interventions	need more information about how EP's work with parents	NA	quant

Appendix B: Reflections and Memos

Reflexive diary: developing and maintaining methodological self-consciousness

Who am I?

A daughter, a sister, a wife, an auntie, a sister in law, a daughter in law, a friend, a colleague

- How might I relate to parents' self-constructs? How might being a daughter or being a sister affect the sense I make of mothers and fathers with daughters and sons?

A woman

- Socio-cultural beliefs about women and men in relation to mental health. Suicide is the biggest killer of men under 35. How will female and male parents relate to me? How will I relate to female and male parents?

Not a parent

- How will parents relate to me as someone without children? How can I understand what it is like to be a parent without any children of my own? How will this impact upon my interpretation of their narratives? And their views about my capacity to understand the information that they share with me?

In many ways a privileged person

- a white person, a home-owner, an employed person, a healthy person physically and emotionally, someone without mental health difficulties –I have access to resources and I am privileged in many ways. How will parents relate to me? How will I relate to parents?

Someone without mental health difficulties

- how can I possibly understand the experiences of parents with mental health difficulties if I have not had them myself? How will this influence the sense I make of their narratives?

The daughter of a person with mental health difficulties

- my father has mental health difficulties that I have grown up with from a young age. This influences my passion for improving mental health. I believe that the stigma he feels has hindered his life. How might I respond to parents with conflicting views to my own, when my own views have such personal significance?

A trainee educational psychologist

- as trainee EP I have become an advocate for a social model approach to mental health, how might this affect my interpretations?

The wife of a GP

- being the wife of a GP means that I regularly engage in conversations about the challenges of mental health problems on the economy, on people's lives, on adults' lives. This motivates me even more to promote change at the root-childhood. How might this insight influence my understanding of what parents' experience?

What are my values?

Humour, kindness, equality, acceptance, caring, compassion, connection, fairness, humility, independence, justice, love, respect, trust, Self-compassion, being healthy, keeping fit

How do I support my mental health?

Exercise, running, sleeping, reading, eating, spending time with friends and family, exploring new places, having things to look forwards to, achieving, practicing mindfulness, walking, fresh-air, limiting my exposure to the news, asking for help, being honest with people,

- Will my own beliefs about what works influence/shape how I respond to parents descriptions of what they do to support their child? I need to be mindful of how I respond, what I may emphasise or focus upon

Experiences that have shaped me and my beliefs

Working with young offenders

- Some of the most resilient young people I have met in my life were those most vulnerable. Often without parents- what does this mean for my research?

Working for CAMHS

- What might my insights from working in CAMHS mean for my interpretations of the parents narratives?

Working with teachers and schools to deliver mental health training

- How might my previous role of delivering mental health training to schools be underpinning this research and might my experiences encourage me to focus upon particular aspects of the parents narratives that I believe to be important for schools?

Being bulled in primary school

- I moved from Yorkshire to Devon at the age of 7. I was bulled in my new school, I struggled to sleep and each morning before school I felt physically sick, I could not eat, I was very unhappy. My mum spoke to the head teacher about what I was experiencing and the advice she received was to take me to the doctor for a blood test; the problem was me! Of course, anxiety and bullying does not show up on a blood test and so we were left with the problem going no-where.
  Had someone taken the time to listen to me, given me the opportunity to talk about what was happening, maybe a blood test would have seemed like a silly solution. Had someone found a way of building on the little bits of ordinary magic in my school life, perhaps the anxiety I felt would have reduced. The messages that we indirectly give to children can last a long time.
  This experience has influenced my desire to undertake the research. how will it affect the way I experience the interviews and the sense I make of them?

Reflections born out of the research

Memories of childhood ignited through the research

Meeting Heather has taken me back to my own childhood. Heather spoke with me about her own mental health difficulties and being hospitalised for these. She spoke of the dilemma and conflict she experienced in how to talk to her daughter about this/whether she should/what she should say and the lack of advice and guidance available to her to support her with these decisions.

I was taken back to being 7 again, shortly after moving to Devon I became aware of my father's mental health difficulties. One night I was woken to the sound of him crying, something I had never heard before. I asked my mum in the morning if he was ok, and she told me that he was "not very well". I remember feeling confused and scared and I just wanted him to be happy. I had never really thought about people being unhappy before. I was confused about why my dad needed to see doctor when there was nothing 'physically' wrong with him.

My experience was 22 years ago. Hearing Heather's story I feel saddened to think about how my parents might have felt in communicating to me and my younger sister about his mental health. I also feel that despite the progress that has been made with regards to talking about mental health, this challenge of how parents communicate with their children about their own mental health exists.

I had never heard the words 'mental health' at the age of 7, and even probably for a few years following I did not hear the words. I can't remember when I began to understand it, but I do remember feeling scared.

Me as a helper

The interview I held yesterday has left me feeling uncomfortable, and I have been trying to understand why, I think it is because it ignited a sense of wanting to help. A parent shared with me a desire for things to be different in her life, and instead of exploring this with her, I stuck with the interview schedule. I have been pondering this since, and today I made the decision to call her back and check that she is ok and knew where to receive support if she needed to.

This decision was in keeping with my ethical framework since the interview may have encouraged her to consider/reflect upon her own life and in doing so may have created some distress. In most cases, I would have explored this at the time, but the presence of her husband seemed to be a barrier to me doing this.

When I spoke with her today, I reflected upon the things that she had said and explained that I was calling to check that she knew where she could receive some help/guidance. She was grateful of the call and thanked me for holding her in my thoughts; this statement was emotive.

Despite feeling I had done all I could within the parameters of the research, I still hold this feeling of wanting to help more.

The wellbeing rhetoric

Yesterday, whilst out walking my dog, Roxy, I observed the beauty in the different types of grass as it blew in the wind of midsummer, I enjoyed the views across the rolling hillsides, the sea standing blue in the background, I enjoyed the peace, the sound of the birds, the gravel crunching under my trainers and the smell of the fresh air. Despite all of this, I wondered if there was something more I should be doing for my wellbeing? I considered sitting to practice mindfulness or doing some yoga; these thoughts led me to consider that the "wellbeing rhetoric" that we are regularly exposed is potentially distracting us away from what we are already doing and stopping us from noticing the ordinary ways in which we support our wellbeing everyday. Do more, do more – distracts us from what we are doing and by default may make happiness harder to reach?

Black lives matter

The recent events of the past few weeks have really encouraged me to reflect upon my taken for granted privileges. In a way it has put my research into a new perspective. People are losing their lives because of racism…. How are mental health difficulties experienced for children who are black? are they recognised in the same way? Are there differences in the causes of mental health difficulties between black and white people? What are these differences? Are mental health diagnoses a white privilege? Educational psychology is a predominantly white profession, how do EP's support anti-racism? How do black parents experience school interactions? With parents? with school staff? How do we support children to be anti-racist?

The process of writing a thesis challenging my views

Over recent weeks the experience of completing this thesis and the processes and pressures surrounding it have challenged my beliefs that I am a resilient person and that the most effective way of supporting a person who is struggling is through ordinary resources. This is the most selfish and selfless thing I have ever done, it has taken me away from the people and activities that I love and forced me to live my life on a pressured timescale where every moment must be productive. It is all consuming, much like what I imagine it must feel like to be coping with depression, it is the first thing I think about in the morning and the last thing I think about a night.

This experience has challenged my view that 'ordinary magic' can help a person who is struggling, since I have found it very difficult to prioritise my mental health over the thesis during the last few weeks of writing. Despite knowing/believing that continuing with the ordinary resources will most likely enable me to keep going with the thesis, I have put the thesis first. I have felt I have had a choice really. My belief that there is a light at the end of the tunnel is getting me through, and the support of my friends and family and making time to engage with everyday activities has never felt so important.

Memos

Words and phrases recorded immediately after each interview

Samantha

Protection, advocating,

giving love,

spending time, giving time and making time,

Being there

Communication and involvement with school

Knowing children (parent role)

Nipping problems in the bud (linked to knowing children)

Practical and emotional actions (linked to school)

Problem solving

Sounding boards

Self as most important but others as key players

Childhood as short and transient time, parent 'needed' for only a short period

Parents knowing what's best, understanding children see

Social media biggest biggest barrier (practical and emotional)

Balancing act

Significance of five minutes

Claire

Protecting childhood

Preserving childhood

Pressure, responsibility, expectations too high

Childhood changed over time – more pressure today

Medicalising children's emotions

Mental health used too much

Children too 'precious' not resilient

SATs too much pressure

Square peg round whole – education system

Creativity, play, ideas

Being a role model

Being grounded by other people

Communication as two way

Parent as middleman

Solving problems

Knowing child

Building resilience and problem-solving skills

Rachel

Empowering children

Vulnerability

Multiple transitions at once -school and self

Conflictual transitions; becoming older, appearing responsible,

struggling with responsibility and being vulnerable

Pressure increased, more pressure than her generation

Communication with child

Communication with school

Friendship issues

Fresh air, being outside, weather

Curriculum not reflecting life

Recognising challenges and areas where things could change or be improved.

Worry about the future

Being on the edge of something

Heather

Healthy ten

Real distress

Root of the problem

Blame, stigma, belittled

Dirty and clean

Sanitised

Schools have a responsibility to listen

Need for clear advice

Dismissive

Listening when approached with a concern

Education system – attainment gone crazy

Too much pressure

Pressure increased on children today

Children vulnerable

Parent gatekeeper

Protective and preventative work to offset the effects of school

No support for children who are struggling

Health-illness spectrum, people more accepting of one end than other

Debbie

Powerlessness, helpless

Unknown childhood experiences

Trauma

Coping and not coping

Sleep

They don't know who they are

Hiding behind a smile

Promoting involvement in social activities

Seeking support from family

School have been brilliant

On a journey

Menta health or attachment difficulties seen as separate by CAMHS

Needed for him to feel safe and for them to feel that they could keep him safe

Parent struggling to cope is scary for the child

Open communication and supportive relationship with school

School backing up what parents say

Bob

Friendship

Giving love

When I was a child

School is a barrier because of the time she spends there

Worry about her future

Advice for parents – what to look out for

Being proud of her

Spending time with her

Conflict between how much to push her and what makes her happy

What constitutes happiness

Comparing self with others

Annie

Playful, fun-loving sociable and friendly

Strong sense of giving people a chance

Reflecting upon own experiences as a child, as a student, as a parent, as a daughter

Comparing self with others

Seeking informal communication with school

Increased worry when no communication

Lip service "to make me go away"

Fear of how she is perceived by school "one of those women"

Concern about 'traits'

Seeking knowledge through conversations with friends

Parents as most responsible -it starts at home

Advocating on behalf of her child

Solving friendship issues

Solving school-based issues – extra maths

Feeling that school don't understand and don't listen

Punishment for struggling with maths

Protecting children from personal problems

Hiding them from rows

Hiding emotions

Suzie and Dave

Worry about boys especially, not communicating, pressure upon them

Views of self

Parent relationships

Conflict played out

What is going on, on the inside

Behind the scenes

Happy on the outside

As a parent, you just don't know

Worry about the future

Worry about social media

Too much pressure to portray a perfect life

Unachievable expectations

Reflecting upon own experiences of school

Speaking with other parents

Knowing about mental health through problems at school

School as a source of problems

Roger

Physical health easier to see than mental health

Strives to improve physical heath but not sure about mental health

Links between physical and mental health

Talking about what's working is therapeutic, never really thought about it before

Implicit wellbeing actions

Childhood changed over time – more readily available,

Easily distracted – Frustrating

Knowledge from previous experiences of parenting

Knowledge from what works for him, personal and work-life

Hope and optimism for future

Communication with school – parents evening

'We' as parents, 'we' as adults, 'we' as separate from or part of school

Stephanie

They are little souls

Independent beings

External world – frightening

Social media

Mental health used too much

Lots of talk but not enough action to promote wellbeing

Need a more joined up approach

Needing to feel understood

Educating herself to support her daughter

Simple things that makes them happy

My role is to make sure that they are happy

Exploring emergent ideas: memos recorded at the stage of initial and focussed coding

Fragile childhood - protection

I have noticed a few threads that seem to be emerging across the interviews. There seems to be something around recognising children as vulnerable, changeable, different people at different times, childhood as being transient and short. The transition to secondary school being a significant and clear step, but there being multiple other transitions less visible going on at the same time, remaining a child but some aspects of childhood filtering away, such as playing with toys or being easily upset. Parents are describing a pressure upon their children to grow up, to be responsible and to be able to deal with pressures and expectations that are too big and bigger than those previous generations of children had to experience. Parents are implicated within this fragile time period, as noted by the

first parent, your children only 'need' you for a very short period of time, parent identity is also changing at this time, but it is a blurred and grey area. Parental identity is perhaps directly affected by their child's identity, parents are left in an unsure position, whilst their children are changing and navigating too. This is challenging for parents. There is a desire to protect and preserve childhood, slow down the pressure to grow up, whilst at the same time parents see a need to begin building their children's ability to be problem solvers, to be resilient and to be empowered. There is worry about the future, and a desire to build their children's skills so that they can manage the difficulties of the future. Parents view the future as a time when their children might not communicate with them so much and this is a cause of worry for them.

Knowing the child

There is something unique about the parent role, that they 'know' the child best, they recognise the intricacies of their child's behaviour and what this might be communicating unlike other people who know the child well but not as well as the parent. This knowing is linked to the parents ability to be able to recognise problems and 'nip them in the bud' by having a chat with school, and in particular the classroom teacher. Parents are viewing themselves as key in managing their child's wellbeing, but they are also viewing there to be countless other stakeholders, identifying 'everybody' who comes into contact with the child life as having an impact. The parent is like a gatekeeper or a manager, a beacon for communicating between the systems of child and school. Parents feel that school and themselves should work together to support their children and key to this seems to be an open communication system and free relationships.

Simple ordinary activities

All parent so far highlighted simple activities as important for positive mental health, these simple activities have involved a motivation to get away from technology; 'fresh air' has seemed symbolic with this. Parents view themselves as knowing what is best for their child, but battling with their child who wishes to do other things, not conducive to wellbeing, parents experience these conflicts in order to promote their children's wellbeing.

Education, attainment, childhood

There is something around the education system not quite fitting the child…..parents wanting it to be more creative, less pressured, no more SAT's, less homework, and teaching children strategies to manage and promote their wellbeing.

Memos with a more theoretically exploratory stance

Questioning the pursuing of theory….

Parents are far from homogenous it is challenging pursuing a theory that accounts for the parenting role. Having interviewed 11 white British parents within a similar age bracket, the diversity within their views, experiences, understanding is varied. Instead of pursuing theory and potentially treading down important elements of their individual stories should I cease the perusal of theory at the stage of categories?.....

Balancing in fragile systems?

Parents descriptions of the tentative nature of their actions in relation to the naturally changeable nature of their child alongside their managing of multiples of parent role, and seeking to work with the school system where relationships and communications were fragile.

How does this potential theoretical code reflect the experiences of all parents? I'm not sure that the word balancing accurately reflecting how all of the parents feel.

Parents as gatekeepers?

"Parents as gatekeepers" Heather has described herself as gatekeeping; "playing a gatekeeper role, protecting from the effects of the education system on her mental health" how does this fit what previous parents have said? Does this work?

Parents as gatekeepers could account for how parents are seeing themselves as playing a protective role, seeking to manage the negative influences upon their children and promote their positive mental health by opening the gate to positive opportunities. However, it doesn't appear to account for or reflect the affective factors of the parent's experiences, which I feel need to have greater acknowledgement in any explanatory framework, since the emotional experiences seem to be pivotal in how parents feel about and experience their role.

'Holding' responsibility

It is becoming apparent that parents are seeing themselves as 'holding' the responsibility, whilst valuing the support and influence of others, it seems that the responsibility is ultimately theirs.

The word 'responsibility' is interesting, it implies a sense of accountability, have I imposed this work or has it come from parents? parents have discussed their "role" as ensuring happiness, implying a sense of accountability. The notion of accountability also resonates with their regular referring to themselves "as parents" implying that their role as a parent is distinctive.

Appendix C: Ethics

On 30 Oct 2019, at 15:11, Beth Tarleton <Beth.Tarleton@bristol.ac.uk> wrote:

Dear Rebecca
Thank you for submitting your application to the SPS REC regarding the following study:

Parents understanding around who and what can help to support children's mental health and wellbeing (paper ref: SPSREC/1920/072)

Thank you for responding so fully to the SPS REC comments regarding the project above. Please take this email as confirmation of ethical approval from the SPS REC.

If you require a formal letter of approval, please contact Hannah Blackman.

I hope your research goes really well. Please do let me know if your project changes, you may need an amendment to your ethical approval.

With very best wishes.

Beth Tarleton

School for Policy Studies

SPS RESEARCH ETHICS
APPLICATION FORM: STAFF and DOCTORAL STUDENTS

- This proforma must be completed for each piece of research carried out by members of the School for Policy Studies, both staff and doctoral postgraduate students.
- See the Ethics Procedures document for clarification of the process.
- All research **must** be ethically reviewed before any fieldwork is conducted, regardless of source of funding.
- See the School's policy and guidelines relating to research ethics and data protection, to which the project is required to conform.
- Please stick to the word limit provided. **Do not attach** your funding application or research proposal.

Key project details:

1.	**Proposer's Name**	Rebecca Lumb		
2.	**Proposer's Email Address:**	Rl17889@bristol.ac.uk		
3.	**Project Title**	Parent's understanding around their role supporting children's mental health and wellbeing		
4.	**Project Start Date:**	December 2019	**End Date:**	September 2020

Who needs to provide Research Ethics Committee approval for your project?

The SPS REC will only consider those research ethics applications which do not require submission elsewhere. As such, you should make sure that your proposed research does not require a NHS National Research Ethics Service (NRES) review e.g. does it involve NHS patients, staff or facilities – see http://www.hra-decisiontools.org.uk/ethics/

If you are not sure where you should apply please discuss it with either the chair of the Committee or the Faculty Ethics Officer who is based in RED.

Social care research projects which involve NHS patients, people who use services or people who lack capacity as research participants need to be reviewed by a Social Care Research Ethics Committee (see https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/social-care-research/). Similarly research which accesses unanonymised patient records (without informed consent) must be reviewed by a REC and the National Information Governance Board for Health and Social Care (NIGB).

Who needs to provide governance approval for this project?

If this project involves access to patients, clients, staff or carers of an NHS Trust or Social Care Organisation, it falls within the scope of the Research Governance Framework for Health and Social. You will also need to get written approval from the Research Management Office or equivalent of each NHS Trust or Social Care Organisation.

When you have ethical approval, you will need to complete the research registration form:

http://www.bristol.ac.uk/red/research-governance/registration-sponsorship/study-notification.html

Guidance on completing this form can be found at: http://www.bristol.ac.uk/red/research-governance/registration-sponsorship/guidance.pdf. Contact the Research Governance team (research-governance@bristol.ac.uk) for guidance on completing this form and if you have any questions about obtaining local approval.

Do you need additional insurance to carry out your research?

Whilst staff and doctoral students will normally be covered by the University's indemnity insurance there are some situations where it will need to be checked with the insurer. If you are conducting research with: Pregnant research subjects or children under 5 you should email: insurance-enquiries@bristol.ac.uk

In addition, if you are working or travelling overseas you should take advantage of the university travel insurance (see http://www.bristol.ac.uk/secretary/insurance/travel-insurance/).

Do you need a Disclosure and Barring Service check?

The Disclosure and Barring Service (DBS) replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). Criteria for deciding whether you require a DBS check are available from:

https://www.gov.uk/government/organisations/disclosure-and-barring-service/about

You should specifically look at the frequency, nature, and duration of your contact with potentially vulnerable adults and or children. If your contact is a one-off research interaction, or infrequent contact (for example: 3 contacts over a period of time) you are unlikely to require a check.

If you think you need a DBS check then you should consult the University of Bristol web-page:

http://www.bristol.ac.uk/secretary/legal/dbs/

5. If your research project requires REC approval elsewhere please tell us which committee, this includes where co-researchers are applying for approval at another institution. Please provide us with a copy of your approval letter for our records when it is available.

NA

6. Have all subcontractors you are using for this project (including transcribers, interpreters, and co-researchers not formally employed at Bristol University) agreed to be bound by the School's requirements for ethical research practice?

Yes		
No/Not yet		Note: You must ensure that written agreement is secured before they start to work. They will be provided with training and sign a detailed consent form.
Not applicable	**X**	

7. If you are a PhD/doctoral student please tell us the name of your research supervisor(s).

Dr. William Turner – First Supervisor

Dr. Dan O' Hare – Second Supervisor

Please confirm that your supervisor(s) has seen this final version of your ethics application?

Yes	**X**
No	

8. Who is funding this study?

NA

If this study is funded by the ESRC or another funder requiring lay representation on the ethics committee and is being undertaken by a member staff, this form should be submitted to the Faculty REC.

Post-graduate students undertaking ESRC funded projects should submit their form to the SPS Research Ethics Committee (SPS REC).

9. Is this application part of a larger proposal?

No	**X**
Yes	

If yes, please provide a summary of the larger study and indicate how this application relates to the overall study.

10. Is this proposal a replication of a similar proposal already approved by the SPS REC? Please provide the SPS REC reference number.

No	**X**
Yes	

If Yes, please tell us the name of the project, the date approval was given and code (if you have one).
Please describe any differences (such as context) in the current study. If the study is a replication of a previously approved study. Submit these first two pages of the form.

ETHICAL RESEARCH PROFORMA

The following set of questions is intended to provide the School Research Ethics Committee with enough information to determine the risks and benefits associated with your research. You should use these questions to assist in identifying the ethical considerations which are important to your research. You should identify any relevant ethical issues and how you intend to deal with them. Whilst the REC does not comment on the methodological design of your study, it will consider whether the design of your study is likely to produce the benefits you anticipate. **Please avoid copying and pasting large parts of research bids or proposals which do not directly answer the questions.** Please also avoid using *unexplained* acronyms, abbreviations or jargon.

1. IDENTITY & EXPERIENCE OF (CO) RESEARCHERS: Please give a list of names, positions, qualifications, previous research experience, and functions in the proposed research of all those who will be in contact with participants

Name	Rebecca Lumb
Position	Trainee Educational Psychologist – Year 2
Qualifications	MA Education (Special Educational Needs) – Merit (Exeter University, July 2016)
	Bsc Psychology - 1st class (The University of Plymouth, July 2012)

Previous research Experience

Jan 2018 – July 2018

As a year 1 trainee Educational Psychologist I worked alongside a co year-1 trainee to implement a piece of research commissioned by an independent school. The research explored pupils' experiences of sport to examine whether their experiences corresponded with the schools purported ethos. It employed interviews and thematic analysis to analyse the data. This research contributed towards the requirements of completing year 1 of the Doctorate in Educational Psychology.

Jan 2017 – July 2017

As an Assistant Educational Psychologist I worked with a year 2 Trainee Educational Psychologist (from Exeter University) to conduct a piece of research that was commissioned by Devon County Council. The research aimed to explore why there were higher rates of Fixed Term Exclusions for pupils who had been in care for less than 1 year, compared to those who had been in care for longer. We conducted semi-structured interviews with 5 Designated Teachers of Pupils in Care within schools across Devon. We used Braun and Clarke's (2006) Thematic Analysis to analyse our data.

Jan 2016 – September 2016

During my Masters I independently carried out a piece of research which aimed to explore the impact of Teacher Stress on their ability to promote positive mental health and wellbeing in school. I used a questionnaire which was completed by 19 primary school teachers and thematic analysis was used to analyse the results.

September 2011 – March 2012

During my psychology Degree, I conducted a piece of research which investigated whether knowledge of placebo impacted upon individuals' behaviour immediately or whether there was a delay. I used an experimental method which measured participants reaction time to stimuli on a computer screen. Data was analysed using SPSS.

2. STUDY AIMS/OBJECTIVES [maximum of 200 words]: Please provide the aims and objectives of your research.

Improving the mental health and wellbeing of children is a key priority of current political agendas, with schools recognised as having a fundamental role (DH and DfE, 2015). Whilst research has considered the perspective of school around this agenda, little research has considered the role of parents, or the understanding parents hold around the role that they hold.

This research intends to contribute towards the understanding of what works in promoting children's mental health and wellbeing, by exploring parents understanding of this topic.

Research aims:

2. To explore parental understanding of their role in promoting children's positive mental health and preventing children's mental health problems

Research questions:

3. How do parents view their role in promoting positive mental health and preventing mental health problems?
4. What learning can be gained to inform how EPs work with parents and schools in the improvement of children's mental health?

RESEARCH WITH HUMAN PARTICIPANTS

(If you are undertaking secondary data analysis, please proceed to section 11)

3. RESEARCH METHODS AND SAMPLING STRATEGY [maximum of 300 words]: Please tell us what you propose to do in your research and how individual participants, or groups of participants, will be identified and sampled. Please also tell us what is expected of research participants who consent to take part (Please note that recruitment procedures are covered in question 8)

Sampling strategy

The research will be open to all parents who have children within a Primary School setting (not just the parents of the children with possible mental health difficulties). Participants will be recruited from a patch of 10 primary schools within the researchers Educational Psychology Team, thus, the research intends to capture the views of parents from a range of socio-economic status and representing rural and urban areas. It is hoped that there will be at least two parents from each school. Due to time constraints it will not be possible to interview more than 20 participants, it is hoped that there will be at least 10 participants involved.

Research Methods

Parents who agree to take part in the research will be invited to meet the researcher in order to partake in a semi-structured interview within the Primary School setting. The interview is expected to last up to one hour. The interviews will be recorded using a Dictaphone. Parents may be contacted again via telephone call if clarification is needed after the analysis.

4. EXPECTED DURATION OF RESEARCH ACTIVITY: Please tell us how long each researcher will be working on fieldwork/research activity. For example, conducting interviews between March to July 2019. Also tell us how long participant involvement will be. For example: Interviewing 25 professional participants for a maximum of 1 hour per interview.

- Contacting headteachers to inform them of the research. Meeting with them to gain consent for the research to be advertised in the school and for them to provide a room for the interviews.
    - **November 2019 (no longer than 2 weeks)**
- Recruiting participants; putting up and handing out posters (see appendix 3) and disseminating recruitment letters (see appendix 5). Providing schools with printed recruitment letters (appendix 5) to give to parents of years 6 and advertising by other means agreed with the school headteacher such as such as on the school newsletter/school text system (see appendix 1)
    - **January 2020 – February 2020**
- Conducting semi structured interviews
    - **March 2020 -April 2020**
- Analysing the data
    - **May 2020**
- Writing Thesis
    - **Over the course of the research project November 2019 – July 2020**

5. POTENTIAL BENEFITS AND TO WHOM: [maximum 100 words] Tell us briefly what the main benefits of the research are and to whom.

Parents who participate

Given the topical nature of children's mental health, it is possible that the parents who participate in the research will appreciate having the opportunity to share their views and be listened to.

Children

In exploring parents' views about what works to promote positive mental health, it is possible that some of the ordinary ways in which they support their own children will be talked about. This may influence parents in a positive, self-affirming way which may ultimately have a positive impact upon their children.

The Educational Psychology Service

The findings of the research will be presented to the Educational Psychology Service. It is hoped that these findings will promote and inform thinking about how the EP's could further contribute to the improvement of children's mental health and wellbeing in schools.

6. POTENTIAL RISKS/HARM TO PARTICIPANTS [maximum of 100 words]: What potential risks are there to the participants and how will you address them? List any potential physical or psychological dangers that can be anticipated? You may find it useful to conduct a more formal risk assessment prior to conducting your fieldwork. The University has an example risk assessment form and guidance : http://www.bristol.ac.uk/safety/media/gn/RA-gn.pdf and http://www.bristol.ac.uk/safety/policies/

RISK	HOW IT WILL BE ADDRESSED
Participants may be struggling with their own mental health difficulties and may become upset during the interview	Prior to starting the interview, a verbal acknowledgement of the potential difficulty of the topic will be provided. If a participant becomes upset during the interview, the researcher will acknowledge the difficulty and explore the issue with sensitivity. The interview will be temporarily stopped if the participant becomes increasingly upset, to allow the participant to calm, permission to continue will be sought before doing so. The researcher will provide information and signposting to support agencies if this is required.
Participants may become upset about their child mental health during the interview	Prior to starting the interview, a verbal acknowledgement of the potential difficulty of the topic will be provided. If a participant becomes distressed, the interview may be temporarily stopped allowing the participant the time and space needed to regulate themselves.
Participants may become angry or upset about an issue that they may have with the school during the interview	Participants will be reminded at the outset of the interview, that the topic of discussion could provoke strong emotions. The interviews will be conducted in a way that draws upon psychological skills to enable participants to feel genuinely listened to. If a participant needs a moment to calm down, they will be provided with the time to do this.
Participants may inform me of illegal activity or harm to themselves or another person	Participants will be reminded of the limits to confidentiality at the outset of the interview and informed that the researcher will share the information disclosed if she feels that they or someone else is at risk of harm.

*Add more boxes if needed.

7. RESEARCHER SAFETY [maximum of 200 words]: What risks could the researchers be exposed to during this research project? If you are conducting research in individual's homes or potentially dangerous places then a researcher safety protocol is mandatory. Examples of safety protocols are available in the guidance.

RISK	HOW IT WILL BE ADDRESSED
Participants may behave in a way that causes the researcher to feel uncomfortable	The researcher will stop the interview if she is concerned about her safety. Safety measures will be checked with the Headteacher before commencement of the interviews. Other safety measures will be taken such as sitting in close proximity to the door, keeping a window open and ensuring that a member of staff is ware that the meeting is taking place.
Participants may seek advice or support from the researcher knowing the dual role held as both a trainee psychologist and a researcher.	The researcher will be clear about her role as a researcher and will provide a reminder of this as the start of each interview. The schools sampled will not be recruited from the researchers patch as a TEP to reduce the possibility of parents knowing her as a TEP. See recruitment section.
Driving to and from the school, risk of accident.	The researcher will ensure that her vehicle is fully serviced and in good working order. The researcher will take necessary driving precautions before travelling to any schools.

8. RECRUITMENT PROCEDURES [maximum of 400 words]: How are you going to access participants? Are there any gatekeepers involved? Is there any sense in which respondents might be "obliged" to participate (for example because their manager will know, or because they are a service user and their service will know), if so how will this be dealt with.

An initial telephone call will be made to the Headteachers of 10 the Primary schools that fall into the Researchers, Placement-supervisors patch, to explain the aims of the research and gain interest in the research.

A meeting will be arranged with the Headteachers who agree to support with the research. The meeting will involve a deeper conversation about the research and will involve gaining written consent from the headteacher, to provide a space for the interviews and to allow advertisement of the research on the school premises. At this point recruitment procedures will be discussed and arranged, and it will be explored as to whether or not the school have any capacity to facilitate the distribution of advertising relating to the research.

Parents will be invited to participate via a poster and an information letter. Those who are interested in participating will be invited to complete an expressions of interest form (attached to the poster and the information letter see appendix 4), to be returned to a box that will be left in reception for the attention of the researcher. Those who return the expression of interest form to the school, will be contacted by the researcher to arrange a time to meet and implement the interview.

If a maximum number of participants is achieved, parents will be thanked for their interest in the research but informed that they will not be required to take part because of the limits of time restrictions (see appendix 9)

Before conducting the interviews, participants will be verbally explained the aims of the research by the researcher and written consent to participate will be gained before beginning the interview.

9. **INFORMED CONSENT [maximum of 200 words]:** How will this be obtained? Whilst in many cases written consent is preferable, where this is not possible or appropriate this should be clearly justified. An age and ability appropriate participant information sheet (PIS) setting out factors relevant to the interests of participants in the study must be handed to them in advance of seeking consent (see materials table for list of what should be included). If you are proposing to adopt an approach in which informed consent is not sought you must explain in detail why this is not considered to be appropriate. If you are planning to use photographic or video images in your method then additional specific consent should be sought from participants.

- Written informed consent will be gained from the headteacher of the school (appendix 2)
- Written informed consent will be gained from each participant (appendix 6)
- The researcher will recap the research study aims, what taking part involves and will check whether participants wish to continue participating before the interview takes place.

Please tick the box to confirm that you will keep evidence of the consent forms (either actual forms or digitally scanned forms), securely for twenty years.	X

10. If you intend to use an on-line survey (for example Survey Monkey) you need to ensure that the data will not leave the European Economic Area i.e. be transferred or held on computers in the USA. Online Surveys (formally called Bristol Online Surveys) is fully compliant with UK Data Protection requirements – see https://www.onlinesurveys.ac.uk/

Please tick the box to confirm that you will not use any on-line survey service based in the USA, China or outside the European Economic Area (EEA).	X

11. **DATA PROTECTION**: All applicants should regularly take the data protection on-line tutorial provided by the University in order to ensure they are aware of the requirements of current data protection legislation.

University policy is that "personal data can be sent abroad if the data subject gives unambiguous written consent. Staff should seek permission from the University Secretary prior to sending personal data outside of the EEA".

Any breach of the University data protection responsibilities could lead to disciplinary action.

Have you taken the mandatory University data protection on-line tutorial in the last 12 months?
https://www.bris.ac.uk/is/media/training/uobonly/datasecurity/page_01.htm

Yes	**X**

No	

Do you plan to send any information/data, which could be used to identify a living person, to anybody who works in a country that is not part of the European Union?
See https://ico.org.uk/for-organisations/data-protection-and-brexit/data-protection-if-there-s-no-brexit-deal/the-gdpr/international-data-transfers/)

No	**X**	
Yes		If **YES** please list the country or countries:

Please outline your procedure for data protection. It is University of Bristol policy that interviews must be recorded on an encrypted device. Ideally this should be a University owned encrypted digital recorder (see http://www.bristol.ac.uk/infosec/uobdata/transcription/).

If you lose research data which include personal information or a data breach occurs, you MUST notify the University immediately. This means sending an e-mail to data-protection@bristol.ac.uk and telling your Head of School. See additional details at http://www.bristol.ac.uk/secretary/data-protection/data-breaches-and-incidents/

The UK Data Protection Act (2018) include potential fines of up to €20,000,000 for not protecting personal data – so please provide details about how you plan to ensure the protection of ALL research data which could be used to identify a living person.

- All interviews will be recorded on an encrypted device. These will be transferred onto a protected and secure file accessible only via the University of Bristol server.
- Participants names will only appear on the consent forms. A pseudonym will be provided for the participant which will be used on all documentation to ensure anonymity.
- Consent forms will be scanned and stored electronically on the University of Bristol secure server. The paper copies will be destroyed.
- Scanned consent forms will be stored separately from the data.
- Participants will be made aware of the terms of confidentiality within the information sheet and consent form and will be reminded of this prior to the interview.
- Any other names mentioned within the interviews for example children, teaching staff will be given anonymised.

12. CONFIDENTIALITY AND ANONYMITY	**Yes**	**No**
All my data will be stored on a password protected server	**X**	

I will only transfer unanonymised data if it is encrypted. (For advice on encryption see: http://www.bristol.ac.uk/infosec/uobdata/encrypt/device/)	X	
If there is a potential for participants to disclose illegal activity or harm to others you will need to provide a confidentiality protocol.	X	
Please tick the box to **CONFIRM** that you warned participants on the information and consent forms that there are limits to confidentiality and that at the end of the project data will be stored in a secure storage facility. https://www.acrc.bris.ac.uk/acrc/storage.htm	X	

Please outline your procedure for ensuring confidentiality and anonymity.

Anonymity:

- Participants names will only appear on the consent forms. A pseudonym will be provided for the participant which will be used on all documentation to ensure anonymity, any other personal characteristics will also be anonymised.
- Any other names mentioned within the interviews will be anonymised.
- Consent forms will be scanned and stored electronically on the University of Bristol secure server. They will be saved separately from the data. The paper copies will be destroyed.
- Audio recordings will be destroyed once the degree has been awarded.

Confidentiality

- Participants will be made aware of the terms of confidentiality and anonymity within the information sheet and consent form and will be reminded of this prior to the interview.

DATA MANAGEMENT

13 Data Management

It is RCUK and University of Bristol policy that all research data (including qualitative data e.g. interview transcripts, videos, etc.) should be stored in an anonymised format and made freely and openly available for other researchers to use via the data.bris Research Data Repository and/or the UK Data Archive. What level of future access to your anonymised data will there be:

- Open access?
- Restricted access - what restrictions?
- Closed access - on what grounds?

This raises a number of ethical issues, for example you MUST ensure that consent is requested to allow data to be shared and reused.

Please briefly explain;

1) How you will obtain specific consent for data preservation and sharing with other researchers?
2) How will you protect the identity of participants? e.g. how will you anonymise your data for reuse.
3) How will the data be licensed for reuse? e.g. Do you plan to place any restrictions on the reuse of your data such as Creative Common Share Alike 2.0 licence (http://creativecommons.org/licenses/by-sa/2.0/uk/)
4) Where will you archive your data and metadata for re-use by other researchers?

Open Access

- Information regarding data preservation and sharing with other researchers will be included within consent forms and explained again verbally prior to interviews being completed.
- Participants will be provided with a pseudonym which will be used on all documentation to protect their identity. All other identifiable information will be removed from transcripts, the transcripts will be completely anonymised.
- I do not plan to place restrictions on the data.
- Data will be archived at the University of Bristol for re-use by other researchers**.**

SECONDARY DATA ANALYSIS

14. Secondary Data Analysis

Please briefly explain (if relevant to your research);

(1) What secondary datasets you will use?
(2) Where did you get these data from (e.g. ESRC Data Archive)?
(3) How did you obtain permission to use these data? (e.g. by signing an end user licence)
(4) Do you plan to make derived variables and/or analytical syntax available to other researchers? (e.g. by archiving them on data.bris or at the UK Data Archive)
(5) Where will you store the secondary datasets?

NA

PLEASE COMPLETE FOR ALL PROJECTS

15. DISSEMINATION OF FINDINGS [maximum 200 words]: Are you planning to send copies of data to participants for them to check/comment on? If so, in what format and under what conditions? What is the anticipated use of the data, forms of publication and dissemination of findings etc.? .

The data will be used to write a full research report which will be submitted as the researcher's thesis for the Doctorate in Educational Psychology course at the University of Bristol.

A summary document will be developed to the shared with the educational psychology service. The findings will also be presented to the Educational Psychology Service in Devon. The findings may be circulated more widely to other LAs. The researcher aims to publish the findings in a peer reviewed journal.

16. ADDITIONAL INFORMATION: Please identify which of the following documents, and how many, you will be submitting within your application: Guidance is given at the end of this document (appendix 1) on what each of these additional materials might contain.

Additional Material:	**NUMBER OF DOCUMENTS**
Participants information sheet/Recruitment letter (headteacher and participant)	2
Consent forms (headteacher and participant)	2
Confidentiality protocol	0
Recruitment letters/posters/leaflets (poster, expression of interest, email response to parents not required)	3
Interview Schedule	1
Photo method consent form	0
Support information for participant	0
3rd party confidentiality agreement	0

Please DO NOT send your research proposal or research bid as the Committee will not look at this

SUBMITTING AND REVIEWING YOUR PROPOSAL:

- To submit your application you should create a **single Word document** which contains your application form and all additional material and submit this information to the SPS Research Ethics Administrator by email to sps-ethics@bristol.ac.uk

- If you are having problems with this then please contact the SPS Research Ethics Administrator by email (sps-ethics@bristol.ac.uk) to discuss.
- Your form will then be circulated to the SPS Research Ethics Committee who will review your proposal on the basis of the information provided in this single PDF document. The likely response time is outlined in the 'Ethics Procedures' document. For staff applications we try to turn these around in 2-3 weeks. Doctoral student applications should be submitted by the relevant meeting deadline and will be turned around in 4 weeks.
- Should the Committee have any questions or queries after reviewing your application, the chair will contact you directly. If the Committee makes any recommendations you should confirm, in writing, that you will adhere to these recommendations before receiving approval for your project.
- Should your research change following approval it is your responsibility to inform the Committee in writing and seek clarification about whether the changes in circumstance require further ethical consideration.

Failure to obtain Ethical Approval for research is considered research misconduct by the University and is dealt with under their current misconduct rules.

Chair:	Beth Tarleton (beth.tarleton@bristol.ac.uk)
Administrator:	Hannah Blackman (sps-ethics@bristol.ac.uk)
Date form updated by SPS REC:	January 2019

Appendix D: School Information Sheet

Rebecca Lumb

School for Policy Studies

University of Bristol

8 Priory Road

Bristol, BS81TX,

RL17889@bristol.ac.uk

[redacted]

Dear Headteacher,

Thank you for expressing an interest in my doctoral research project; *Parents understanding around their role supporting children's mental health and wellbeing.* My name is Rebecca Lumb and I am a third year Educational Psychology student at the University of Bristol. I am currently on placement as a Trainee Educational Psychologist with Babcock Educational Psychology Service, in Devon.

What is the purpose of the research project?

The research intends to explore parent's understanding around the role of school, themselves and other people in promoting the positive mental health development of children. As yet, there has been little research exploring the views of parents within the context of children's mental health and wellbeing. It is important to gain their views in order to understand how Educational Psychologists could work with parents and schools to support children's mental health and wellbeing. This research is aiming to gather the views of parents from a number of Primary Schools across North Devon.

This research intends to contribute towards the understanding of what works in promoting children's mental health and wellbeing, by exploring parent's understanding of their role. I am inviting all parents to participate in the research. Their views are important, and the research hopes to gain the views of all parents, whether they have current/ongoing concerns about their child's mental health or if there are no concerns. The topic of mental health can be a sensitive subject to talk about, but it is important that we do, in order to find out how we can support children and young people.

In what way will the school be involved?

1. I would like to invite all parents to participate in the research. Participation will involve the parents meeting with me, to take part in a one to one semi-structured interview which will last around one hour. I would really appreciate a space to be provided for the interviews to take place.
2. If possible, I would appreciate your support to facilitate the distribution of my recruitment poster and information letter to parents. This may involve advertising in a school newsletter

or use of a school text system. I would like to leave a box in an accessible place for parents to submit an expressions of interest form

If you are unable to provide a space for the interviews to take place, then I will not be able to carry out the research with parent from your school.

How will confidentiality and anonymity be maintained?

Pseudonyms will be used for the parents who take part and any personal characteristics about them will be anonymised. Any identifiable information about the school will be anonymised (names of school/names of staff), specific details that may make a person identifiable will carefully anonymised and any identifiable information will not be included in my written report.

All data provided by the parents will be stored on an encrypted device or secure system during the analysis stage and then will be moved to the University of Bristol secure data storage system in the longer term.

What will the parent's information be used for?

The information gathered through the research process will be used to gain an insight into parent's understanding of what works in promoting the positive development of children's mental health and wellbeing. This will form the basis of my thesis and will be included in my thesis.

The data gained will be archived with the consent of the parents and may be used by other researchers in the future for similar research purposes. Any identifiable information about the school will be anonymised.

Ethical permission has been granted for this research project from the University of Bristol Ethics Committee.

If on the basis of the information provided, you are happy for your school to participate, or you would like to know more, please get in touch with me to arrange a date for us to meet.

Yours Sincerely,

Rebecca Lumb

Trainee Educational Psychologist

RL17889@bristol.ac.uk

[redacted]

If you have any complaints of concerns, please contact my research supervisor at the University of Bristol; William Turner (PHD) W.Turner@bristol.ac.uk

Appendix E: School consent form

Parent's understanding around their role supporting children's mental health and wellbeing

This consent form refers to the study named above. Please read the following information carefully and complete the information at the bottom of the page if you give consent for your school to participate in the research.

Please indicate your agreement with the statement by putting a X under either Yes or No.

	Yes	No
I have read and understood the study information sheet. I have been able to ask questions about the study and my questions have been answered to my satisfaction.		
I am happy for the researcher to advertise the research within the school grounds. I am happy for fliers to be sent home to the parents, to request their participation in the research		
I am happy for the researcher to leave a box in school for parents to submit their expressions of interest form into		
I am happy to provide a place for interviews to be conducted with parents within the school setting		
I understand that the information gathered during the research will form the basis of a research dissertation and potentially future research articles		
I understand that data may also be presented to other Educational Psychologists and published in an online journal.		
I understand the anonymity of staff and children will be protected through the use of pseudonyms throughout all reports and possible future articles		

I, _____of_____
School/Academy have read and agree to all of the above.

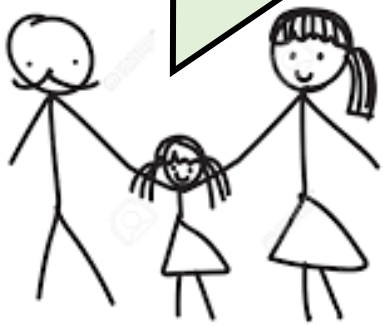
Signed: _____

Appendix F: Recruitment poster

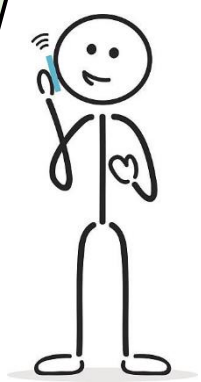
"Calling all PARENTS"

I want to hear **YOUR VIEWS** about **CHILDREN'S MENTAL HEALTH**; how you see your role, whose responsibility it is, what works, and what could be better.

YOUR VIEWS ARE REALLY IMPORTANT



Interested? If you would like to be involved or find out more please contact me, Rebecca Lumb on 01392 880714 or RL17889@bristol.ac.uk



Appendix G: Parent information letter

Rebecca Lumb

School for Policy Studies

University of Bristol

8 Priory Road

Bristol, BS81TX,

Dear Parent,

My name is Rebecca Lumb and I am a third year Trainee Educational Psychologist at the University of Bristol. I am currently on placement with the Devon Educational Psychology Service. I am writing to you to provide you with information about a research project that I am conducting, and to invite you to take part.

Research Project: Parent's understanding around their role supporting children's mental health and wellbeing.

What is the purpose of the research?

Improving the mental health and wellbeing of children is a key priority within schools. Whilst research has considered the perspective of schools, little research has considered the role of parents, or parent's understanding around what and who can help to promote mental health. This research intends to contribute towards the understanding of what works in promoting children's mental health and wellbeing, by exploring parent's views.

I am inviting all parents to participate in the research. Your views are important, and the research hopes to gain the views of all parents, whether they have current/ongoing concerns about their child's mental health or if there are no concerns. The topic of mental health can be a sensitive subject to talk about, but it is important that we do, in order to find out how we can support children and young people.

What will happen if I agree to take part?

If you agree to take part;

- I will contact you to arrange a suitable time for us to meet and carry out a semi-structured interview. The interview will ask you about your views about promoting children's mental health and preventing mental health difficulties. The focus of the interview is on your child, however the interview will ask some questions about your own mental health and wellbeing as your own experiences may inform your views about what works for your child.

- The interview will take place at your child's school and will last for no longer than one hour. The interview will be recorded using an audio-recording device.
- Following my analysis of the interviews I may need to contact you again via a telephone call to clarify any points.
- The findings from the research will form a key part of my written research report.
- Your participation in the research is entirely voluntary and you can choose to withdraw from the research without having to give a reason for this. However, once information has been anonymised, it will not be possible to withdraw from the research.
- Involvement in the research will not impact on your relationship with/support from school as the research is completely independent
- The interview will be recorded on an encrypted recorder, then stored securely on the university server before then being archived at the end of the research (data will only be archived with your consent).

How will confidentiality and anonymity be maintained?

All participants taking part in the research will be assigned a pseudonym (alternative name) and information that might enable identification will not be included. If you share any information that causes me to believe that you or someone else is at risk of harm, then I will need to pass this information on to someone who has a safeguarding role within your child's school.

What will the information be used for?

The information gained through the project will be used to help understanding of the Educational Psychologists role in the promotion of children's mental health and wellbeing. All data will be stored in an encrypted device during the analysis stage and will then be moved to the university of Bristol's secure data storage in the longer term. The recorded interview will be deleted once it has been transcribed. The data gained may also be used by other researchers in the future for similar research purposes, so long as your consent to the data being archived.

Ethical approval for this research has been granted by SPS Research Ethics Committee at the University of Bristol

How to give your consent:

If you would like to participate in the research, please complete the attached consent form.

Yours Sincerely,

Rebecca Lumb

Trainee Educational Psychologist

Tel: [redacted]

If you have any complaints or concerns, please contact my research supervisor at the University of Bristol; William Turner PHD W.Turner@bristol.ac.uk

Appendix H: Expression of interest form

Expression of Interest Form

Please complete this form and hand into reception (marked FAO Rebecca LUMB)

I ……(PRINT NAME)

Am interested in taking part in the research titled: *"Parent's understanding around their role supporting children's mental health and wellbeing"*

The best number for Rebecca to contact me on is

……

Appendix I: Parental consent form

Informed Consent for:

"Parent's understanding around their role supporting children's mental health and wellbeing"

Please tick the appropriate boxes	**Yes**	**No**

1. Taking part in the study

I have read and understood the study information, or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction. ☐ ☐

I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason. ☐ ☐

The interview will be audio-recorded interview which will take place in your child's school.

Audio recordings, will be transcribed as text, and the recording will be destroyed. I understand that only the researcher will listen to this interview.

I understand that if I withdraw from the research, all information collected from me will be destroyed and will not be used in the research. However, once the data has been anonymised, I will not be able to withdraw from the research

2. Use of the information in the study

I understand that information I provide will be used within a written research report ☐ ☐

Extracts of the anonymised interview transcript will be presented within the researcher's written report.

Data may also be presented to other Educational Psychologists and published in an online journal.

I understand that personal information collected about me that can identify me, such as my name, will not be shared beyond the study team. ☐ ☐

I understand that the demographic questionnaire will be linked to the transcribed data ☐ ☐

I agree that extracts of the anonymised interview transcript will be presented within the researcher's written report ☐ ☐

I understand that data may also be presented to other Educational Psychologists and published in an online journal. ☐ ☐

3. Future use and reuse of the information by others

I give permission for the data from my interview to be archived so that it can be used for future research and learning. ☐ ☐

"Data" includes anonymised interview transcripts (audio recordings will be destroyed)

I understand that, in line with The Data Protection Act, data collected will be stored in a password protected file on the

4. Signatures

_____	_____	_____
Name of participant [IN CAPITALS]	Signature	Date

I have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

_____	_____	_____
Name of researcher [IN CAPITALS]	Signature	Date

Appendix J: Interview Schedule

Semi-structured interview schedule

Rapport building and information gathering

Can you tell me what made you interested in taking part in this research?

Can you tell me about your child?
Who are they? How old are they? How are they growing up? What are you proud of about them? What are you worried about?

How would you describe the term "mental health"?
What does it mean to you? What words would you use to describe it?

Where do you go to find out information about mental health?
Have you sought information or have you gained information without seeking it e.g through social media? How often do you see messages/information about children's mental health? What is the main source of information?

(What were you hoping to find? What agencies did you look at? Why did you look at certain agencies how did you think they could help?)

How would you describe your child's mental health?
How has it been throughout primary school? Has it remained the same/stable?
What kinds of things do you feel negatively impact on their mental health? What kinds of things have positively impacted upon their mental health?

How would you describe your own mental health?
Are there ways (activities/routines/shared interests) in which your wellbeing is supported that also support your child? What actions do you take to promote your own mental health?

How do parents view their role and the role of others in promoting positive mental health and wellbeing?

Who do you think has a key role in promoting the positive mental health and wellbeing of your child?
What are your views on the role of school in promoting positive mental health? Are there ways in which your child's school works with you and other parents to support your childs wellbeing?
Is there anyone else who has a key role in promoting the wellbeing of your child? (health services, communities, sporting clubs, wider family members, political leaders)

How do you see your role in supporting your child's mental health and wellbeing?
What is important about your role? What kinds of actions do you take to support your child's wellbeing? are there things that you do with your child with the intention of promoting their wellbeing? What helps you to be able to do these things? How do you know that your child's wellbeing is supported?

In your view, who is most responsible for helping your child to foster positive mental health?
Why do you think this? What is it about their/your position that makes them most responsible?

What kinds of actions do parents take to prevent mental health problems in their children?

Have you ever been concerned about your child's mental health?

If yes:

Can you tell me about what happened, What made you concerned?
What actions did you take if any?
Did you seek help from anyone? Who/where did you seek help from? (professionals or others)
Why did you seek help from these people/sources? What were you hoping would be the outcome of seeking help? Why did you think this would help your child? What did you do before seeking help?
What was the outcome?
In what ways did you support your child during this period?
What kinds of things helped your child the most?

What kinds of actions do you take to prevent mental health problems in your child?

If no:

What would you do if you were concerned about your child's mental health or wellbeing?

What kinds of actions do you take to prevent mental health problems in your child? If they say speak to a professional – is there anything they would do/try before this?

Has your child received any support from school for their mental health and wellbeing and if so how have you been involved?

What are parent's views on what works to promote wellbeing?

In what ways is your child's mental health supported each day?
At home? At school? Why/how do these things support your child's mental health?

What kinds of resources help to promote your childs wellbeing?
(*environment, people, activities)*

What kinds of barriers exist to make it challenging to promote positive mental health development in children? At school? At home? Everyday barriers? What makes these things a barrier?

What good things are currently happening that you want to continue for your child?

Thank you for your time, the interview is now over,

How was the experience of the interview for you?
Do you have any questions?

Appendix K: Reflections: School settings and parents

School 1

Where I met with Heather, Mother of Molly Year 4

School information

The school was part of a multi-academy trust with 7 primary schools spread over a 45 mile radius, I wondered how this distance might impact upon parental sense of the school community and sense of belonging to the school. It was a large primary school with over 200 pupils, located in a seaside town close to a small beach. The SENCo described there being a high level of need in the area, with 17% of the school having access to free school meals. The town neighbours another town, identified as being in the top 10% of the most deprived areas in England.

MHWB Approach (gained through examining website, written materials in school and observations of environment when in school).

There was no explicit approach to mental health, policies related to this area included a behaviour policy and exclusion policy (no mention of mental health and wellbeing in these policies). The SEN policy describes children with SEMH as those with needs such as "ADHD", suggesting a behaviour led understanding of mental health, focussing on the behaviour as opposed to the need underpinning it. There was a poster depicting the 'Healthy 10' displayed in the school entrance containing ten activities to support mental health everyday. I wondered how meaningful this poster was for parents and how else this sort of information might be communicated by the school.

The SENCo described the use of targeted approaches to supporting children with emotional difficulties giving the examples of nurture groups, Thrive and adult support in lessons, alongside working closely with external agencies to support children and families.

Working with Parents

A family link worker maintains contact with "harder to reach" (phrase used by school) parents on a daily basis. Parents can request meetings with class teachers when they need to, and teachers try to be available in the mornings each day. TAF (team around family) meetings are held regularly with parents who need support and early help services work closely with them. Given the time and resources that are dedicated to supporting parents in targeted ways, I wondered how much opportunity there was to promote wellbeing in this school via universal/preventative structures and also what this might look like for a school with a high level of deprivation.

Heather

Heather was a mum of one daughter, Molly who was in Year 4. They lived together with Molly's father in a small seaside town. Heather spoke openly about her own mental health problems, that had resulted in an inpatient stay two years ago. Heather felt there had been a lack of support for her daughter throughout this process. Heather wanted to talk to Molly about it, but was unsure about what to say and unsure as to whether she should. Heather worried about her daughter's mental health, she spoke of having a heightened awareness to mental health problems. Heather was reflective of this and had many questions surrounding it, which she seemed to ponder regularly. Heather was passionate in her desire things to change for all children, not just her own daughter, she

felt that the school system is stressful and a trigger for mental health problems. Heather had sought advice from school around her concerns for her daughter's mental health

School 2

Where I met with Debbie, Mother of Jayden, Year 4

School Information

This was a small rural primary school with only 64 pupils, part of a multi-academy trust including 16 schools. This school was surrounded by countryside and positioned within a village. There was an open and friendly feel to the school, with Debbie (the parent) offering me a cup of tea seemingly comfortable and familiar with the environment and friendly with the SENCo. They laughed about Debbie's offering of a cup of tea, acknowledging that this level of familiarity is perhaps not the norm in a school. There was a clear sense of rapport between Debbie and the SENCo.

MHWB Approach

There was no explicit approach to MHWB. The SENCo described targeted approaches to working with small groups of children who struggle with managing their emotions, parents are informed of the group, but not involved. In addition to this, the SENCO seeks to work with other agencies when there are concerns about children's mental health, including their EP, CAMHS and behaviour support teams.

Working with parents

There is no specific way of working with parents around the promotion of wellbeing, or responding to mental health problems (as described, they use targeted approaches with children but parents aren't involved). However, there was a clear sense of parental involvement within the school community, with parents talking to each other and other interactions going on between parents and staff when I arrived. I noted a small and comfortable room available for meeting with parents. Thus, there seemed to be implicit ways of upholding parental inclusion within the school.

Debbie

Debbie and her husband had adopted their two sons when they were aged 2 and 3 (now 8 and 9). Debbie reflected on a difficult time that she had been through with her son Jayden two years ago. She described how Jayden had showed signs of finding life increasingly hard to cope with, he had been struggling to sleep and had made suicidal threats, such as that he wanted to jump out of the window. Debbie explained that she had been the GP and CAMHS, but the most supportive people during this time were school and her sister.

School 3

Where I met with Stephanie, Mother of Sophie, Year 5

School Information

This school was located close to a rural village and had close physical links with the secondary school in walking distance just across the road. There were around 200 pupil and it was a part of a MAT with 4 primary schools and the secondary school opposite. It was busy in the morning with school buses and cars bringing children from a wide geographic area. The

schools being provider for multiple small rural villages. I noted that here was a small entrance to the school with a few parents sat waiting to speak to someone.

MHWB Approach:

I explored the school's website, policies and other information to glean an idea of the approach to MHWB. I couldn't find anything to suggest that there was a specific approach adopted by the school, but as with other schools I noted suggestions of targeted approaches with individual children.

Working with parents

Reading through the paperwork and policy information available I noted that parents were invited to contact the school with any worries or concerns and he school phone number was provided. Additionally, it was described that the school work closely with external agencies to provide parents who are struggling with additional support. In the website there was a link to a parent forum and an invitation to share views.

Stephanie

Stephanie was a mum of two daughters, one in secondary and one in primary school in year 5, they lived at home with her husband, the girls' father. Stephanie worked full-time as did her husband, she spoke of the potential challenge of coronavirus upon her job (Pre-lockdown). Stephanie had chosen to sign up to the research because she was concerned about the stress that her daughter was under from school, she appeared frustrated with the imbalance between what the school said about supporting mental health and wellbeing, and what they did, speaking of a dissonance between the two.

School 4

Where I met with: Annie, mother to Ellen, Year 6; Claire, mother to Sinead, Year 6; Bob, Father to Anabelle Year 5. Roger father to Jack Year 5, also attended this setting but I met with him at the Educational Psychology Office due to the fact that it was February half term and school was therefore closed..

School Information

This school was part of a multi-academy trust including 7 primary schools and one secondary school. The school was located on the edge of a large town and situated next to a busy road, I noted lots of traffic when I arrived. The school has over 500 pupils attending, including a pre-school attached to it. This school is located in an area with high levels of deprivation but with pockets of affluence in the local area, meaning that there is likely to be differences in the socio-economic status of families attending the school.

MHWB Approach

Whilst there was no guidance relating to a specific approach, there seemed to be a universal approach towards promoting children's wellbeing (not staff or parents), whereby within the behaviour policy various approaches to promoting children's self-esteem were listed, including celebrating achievements, and using a growth-mindset approach to failure (seeing failure as an opportunity to learn).

Speaking to the senco, I found that the majority of work around mental health and wellbeing involved targeted approaches with specific children, but also listening to parents concerns and working with other agencies to support parents.

Working with parents

Perhaps because of the size of the school, contact with parents is facilitated via appointments only. Parents can speak with staff in the morning, but unlike other schools this does not happen on a playground but via a reception area. I noted a parent dropping off a child's forgotten PE kit by handing it to reception who then phoned another member of staff to have it taken to the child. Exploring the website, I noted a tab for parents with access to a survey designed for parents to give feedback. I wondered how accessible this would be for parents who may prefer face to face contact or who struggle to access it based information.

Claire

Clare was a mum of three children, two boys who were at university and her daughter Sinead who was in Primary school in year 6. Claire described experiencing much upheaval over the past year, she had separated from her husband, moved to a new house, and her mother had died. Claire had been worried about how this had affected Sinead's wellbeing, describing how Sinead was in tears most days before going to school, Claire had sought help from school which she felt was going well.

Annie

Annie was a Mum of two living in the centre of town. Her daughter was in year 6 at Primary school and her son was a toddler. They had different fathers, and whilst Annie was in a relationship with her son's father, she described that she classed herself as single because she lived separately from him and was a very independent person. Annie spoke frequently about her daughter Ellen's father having a diagnosis of Asperger's (which Annie classified as a mental health condition) and of the worry that she had about Ellen also having it.

Bob

Bob did not have any concerns for Anabelle's mental health, but he was contemplative about the potential impact of the decisions he made upon her wellbeing, for example around which secondary school she may go to. He regularly drew upon his own experiences of being parented.

Roger

Roger was a father of three sons, two who were at university and one who was in Primary school in year 5. He valued keeping fit and healthy and viewed this as important for mental health as well as physical health. He took time to think about his answers to questions, and often highlighted how the things that you do to promote wellbeing are natural and implicit and not something that is consciously thought about. Roger was not concerned about his son's mental health or wellbeing, he felt that he was stable but that it was something that he needs to keep his eye on as "these things change".

School 5

Where I met with Samantha, Mother of Max, Year 4

School information

This school was part of a Multi-academy trust containing 5 primary schools. It was the smallest school in the MAT containing 47 pupils and felt rural in that it can only be accessed by car/school bus (there were no houses surrounding the school). The school felt welcoming and friendly and was rural. I wondered if this might facilitate parent-school contact being that parents often dropped their children off and how therefore schools in other areas where children may walk by themselves maintain physical contact with parents.

MHWB Approach

The school used targeted approaches for individual children, including relational and attachment-based approaches to build attachments in school with children and adults in school but not parents.

Working with parents

In discussion with the receptionist, an "Open door policy" was described, where parents can ask to speak to any members of staff when they drop off or pick up and can request appointments throughout the day. On the website I noted that parents are advised to speak with SENCo, however she is only in school 1 day a week due to covering whole MAT.

Samantha

Samantha spoke about her four children, a daughter aged 17, two children in secondary school and her youngest son Max who was in year 4. They lived on a working dairy farm with her Husband, who she had recently married and who had three daughters of his own, but who did not live on the farm. Samantha was a busy person, she valued 'time' with her children and enjoyed doing things together as a family. Samantha did not have concerns about her Max's mental health, she felt that he was a happy child, but described things about him that she felt she needed to keep an eye on, which could become problems in the future.

School 6

Where I met with Dave and Suzie, Parents of Zak, Year 5

School Information

This school was also a part of a MAT including 7 primary schools and one secondary. There were nearly 200 children on role. The school was located in a small village around 5 miles from a larger town, with expansive views of countryside, I noted a busy-ness of cars with some parts dropping off their children and some walking with their children. There were parents stood talking to each other and to school staff in the playground, and other parents dropping off their child and leaving

MHWB Approach

The SENCo described a MHWB approach that encompassed the school values, giving me the equality policy to have a look at. This suggested to me that their views of mental health and wellbeing were embedded with a view of equality and actions associated with respect of diversity and difference and the promotion of equal opportunities. I found it quite refreshing. A tour of the school taught me that there is a small sensory room for children to use when they "need a break" and area of the playground including a small area of woodland for children to play in with an adult if they find the playground overstimulating. I noted that there were also opportunities for the staff to get together outside of school, with a few

members of staff discussing the after-school running club. There was a sense of camaraderie amongst the staff which made for a friendly environment.

Working with parents

I gathered the view that working with parents was something that happened both informally and formally, upheld by informal communication opportunities in the morning. Exploring the website, I noted links to external agencies that can support parents with queries about SEN and links to internet safety advice.

Suzie and Dave

Suzie and Dave lived with their son Zak who was in in year 5 in primary school, Suzie also had an older son who was university aged. Suzie and Dave talked about Zak as a happy child, Suzie had some concerns about Zak's 'competitiveness' and how he coped with failure, which Dave saw as a strength as opposed to something to be worried about. Suzie and Dave agreed that boys and men do not speak about their worries and keep things bottled up as such they spoke about creating opportunities for Zak to communicate with them

School 7

Where I met with Rachel, mother to Zara, Year 6

School Information

This was a small rural Church of England primary school with just over 60 pupils. The school was only accessible by car with the nearest village being a few miles away, there was also a lack of parking which made for a stressful arrival with lots of cars trying to find a space to park. I wondered how this affected parents experience of dropping off their child in the morning.

MHWB Approach

This school was the only school who explicitly named having a Whole school approach to promoting all staff and children's wellbeing and responding to mental health problems. To outline this approach, they had developed a mental health and wellbeing policy including information on how they work with "all" parents, having an open-door policy, and how they support parents when they have concerns for children. They had identified a mental health and emotional wellbeing lead member of staff and the headteacher was named as being a mental health key worker. They were also the only school to have a "Positive" behaviour policy.

Having the headteacher's support of this whole school approach encouraged me to reflect upon my experiences with the other schools, and to think about how much mental health and wellbeing was understood, valued and prioritised by headteachers. In this school it was explicit and clear, and I felt his valuing of the whole school approach had impacted positively upon it's implementation.

Working with parents

Within the mental health and wellbeing policy, I noted that working with parents was conceptualised as happening when there are concerns about a child's wellbeing, when a

meeting is set up with parents to “plan next steps”. It also stated that the school encourages parents to talk with them whenever they are worried about anything. This was reflected in the feel of the school when I arrived with parents inside the school helping their children to settle for the day and communicating with school staff.

Rachel

Rachel was a mum of two daughters, one in secondary and one in primary in year 6. She had moved with her daughters and husband to Devon from London in search of a quieter pace of life and enjoyed living in the countryside and the “fresh air”. Rachel reflected upon the difference between their life in London compared with Devon, feeling that the school environment in London was not good for wellbeing. Rachel described her daughter as being emotional and vulnerable because of this combined with the transition to secondary school

Appendix L: Excerpt from transcribed interview and initial coding

Interview 2 I so can you tell me first of what kind of made you interested to take part in the research?	
P I am concerned about my daughter's mental health and a large part of that I think is linked to school SATs and expectations at this age. There is a drive to make children older than they are and more responsible than they should be, in my opinion at their age. so I just wanted to share really, that.	Establishing reasons for taking part Belief that expectations are too high, connected to concern for mental health Belief that there is a drive to make children more responsible- need to protect/preserve childhood
I Can you tell me about your daughter, who is she, how old is she?	Using age to contextualise daughter
P so she's just turned 11, she is in Year 6 and she's very intelligent, but she's not urm, she's not yet meeting expectations in maths and her intelligence I feel is stifled by the education system because she has to do things in a particular way urm in order to achieve the expectation level that the government and everybody at the school expects. Urm, and I think there's not enough..... she very much likes her life outside of school, she horse rides, she is obsessed by anything horse related, **still plays with horse figures**, builds stables, likes crafts, urm all sorts of things.	Feeling that education system doesn't recognise daughters intelligence Believes the education system is too prescriptive Hard for her daughter who has intelligence n other areas or shows her intelligence in ways that don't tick schools' boxes 'Still' – she is a child
We struggle with homework, so don't push her to do homework. I don't create a massive expectation around it. Urm so if she wants to hand in something that **I consider to be rubbish**, I let her. because she's only got this year until senior school hits and then it really is a different thing. Urm so she's very feisty, she struggles and is in and out of friendship groups, urm she's hilarious, she's one of the funniest children I've met in my life, which is great, and she's got all these ideas and urm different things going on and then you get to school and there all pushed down again, coz they don't fit into a slot which is sad and I understand why school is the way it is urm and I think BLANK is an excellent school urm but it's a shame that that creativity and the different ideas that come out…	Describing homework as a problem Protecting by reducing expectation Positioning self as manager of homework Protecting time now as a time when pressure is less. Painting a positive picture Creative daughter with multiple strengths School as repressive of daughters skills and qualities Valuing somethings about the school but not others
She had a set of spellings this week for example to do, and she said to me "these are very formal spellings mummy, the language in these we wouldn't be using normally in school, we wouldn't be using in our work, I don't understand why they are setting us these" and that, so she thinks, she is very reflective. **It's not just a question of learning, but its why are we learning.**	Demonstrating to me, wanting me to know Questioning the purpose of what is being taught – its applicability to real life.
I it sounds like she's got that kind of perspective, unpicking why and what is the point	
P: absolutely, so she isn't going to do something just because she's told. I think it's quite difficult and we bend the rules quite a lot with homework and stuff like that in order for her to do it and feel relatively happy doing it so, you know, she had to write a biography the other day, which is particularly boring as far as she is concerned, but urm, **we did** Charlotte du jarvan who is professional show jumper, and then she did powerpoint with a lot of horse pictures chucked in. and no handwriting. She struggles with her handwriting, her mind is very quick, her hand doesn't keep up and she's just like "why should I?" so I said to her you know "you really need to be crossing you T's and you need to be showing the stems on your letters so that when you have your SAT's they can read the words" but she's like "what's the point? I'm going to be using a computer when im at work anyway". And she's right, it's really hard to	Feeling that there is a need to justify the purpose, credit her daughter with this information Homework is a joint activity Mum concerned about SAT's
argue that point. She's not stupid by any means, but it's quite a battle. Because she does actually use her intelligence and in a way you kind of wanna push it down because in order for her achieve what the school want her to achieve she probably should just sit down and do the work.	Daughter questioning of purpose, mum values this but also mum sees that daughter needs to conform in order to demonstrate intelligence within a system that neither of them value
I how would you describe the term mental health?	Her understanding – protecting self from being wrong? Or recognising multiple definitions exist? Or seeing it as a personal definition?
P **so I would say**, its resilience urm the ability to cope with more or less any situation that's chucked at you, the ability to be happy and to not feel guilty for being happy. I see a lot of people, friends in my extended network of people that there is a kind of an exchange, where if you are happy then a few days later you will be depressed or down and everybody is on a journey. Well I like the metaphor, but actually sometimes we just exist and that's alright it doesn't have to be up and down, sometimes its just a continuous thing. So mental health is a I would describe as a complete mix of all those things. Ur but mostly the ability to adapt and deal with whatever's happening in your daily life and just a robustness.	
I robustness, what a good word that is	
P umm I think perhaps Sineads generation I do feel that they have been given excuses urm to use mental health the bracket of mental health to get out of doing certain things, because actually in life sometimes you have got to be uncomfortable, sometimes you cant do things, sometimes you do fail and that's ok. You just have to pick yourself up and get on. Bens generation were at the very end of a generation that were still behaving like that, and taking risks. And at school they were still able to take risks and stuff and there whereas toby's age that was all filtered out and now you know they cant do stuff. Sinead will often say to me "is too dangerous", the things that these guys used to do all the time. So its interesting.	Viewing her child in a 'generation' Seeing the words mental health as being used as a excuse Feeling that being out of comfort zone is important, but fear associated with that feeling is labelled as mental health which then is a barrier to accessing the activity Recognising that time has changed Child more risk averse than older siblings were
I if you were interested in finding out more information about mental health, where would you go?	
P I almost kind of, if I was talking about myself, I would probably , unless say it was something very specific like say a bereavement or a traumatic event that happened and I might actually need to talk about it particularly, I would probably look at getting some self help material. Sometimes just reading through things, enables you to process information. because ive got quite good analytical skills and because I don't get sucked into things I wouldn't feel that if I read a self help book for example I would have to do everything in there. I would be able to dip in and out and say oh that's quite a useful tool but that isn't. urm for, Sinead, its really difficult because my experience of the model that is there at the moment, I don't like, but she is having some support at school, from a learning support mentor and she's actually been quite helpful. So she's given Sinead some tools to deal with things.	Differentiating between mental health self help and help from others Feeling not all information about mental health is true Support from school has been helpful
So Sinead struggles with failure, and therefore won't try because she's scared of failing, and shes scared of being shown to fail because then the school will be disappointed. Urm and she very much falls into that category of why do bad things happen to me, because she doesn't have that resilience. I think the school have been helpful in that, in that they have urm, well its helpful on the one hand and a hindrance on the other, so the person who she meets with has given her some ideas about filling up her bucket with good ideas and then taking the bad things out of the	Understanding her daughter Understanding how her daughter is affected by her own traits School have given tools to support daughter to cope

Appendix M: Focussed coding and comparative analysis

play a part, every adult that he comes across during the school day, be it the receptionist as he walks in who smiles and greets him, right through to the lady who serves his lunch, and the teacher who watches out for the car at the end of the day and says "mummy's arrived to take you home", I think every body has got their part to play and it is important that all staff members realise that they contribute to every child's wellbeing. I: are there ways in which Max's school works with you and other parents to support childrens wellbeing? You've said about relationships and people, are there other ways? P: yeah, yeah, I mean they have urm, they like to keep parents informed of what going on. Urm within the school. If there's an opportunity to discuss curriculum plans and that sort of thing its separate for a parents evening. But you also have the opportunity to drop into school with any queries, they are always happy to answer any questions that you've got. I: how do you see your role in supporting Max's mental health and wellbeing? P: urm I: what would say is important about your role? P: Urm I think always being there for them, I think if they are looking upset, not to ask closed questions but I think its really important to ask open questions so then you allow them to explore everything thats a problem and allowing them to open up, not just asking for yes and no answer but also just being there and. Its very difficult as a parent, we are always really really busy, and theres always a million and one other things to do and its very very easy to just "in a minute, in a minute, in a minute" and I think its just really important to find that time and if they are looking for something from you, you need to be able to find that time and give it to them. Even though, that's one of the hardest things in the world to find. Its just giving them that five minutes when they need you, and often its when they are being at their most difficult or challenging, when you just want to tell them off and go to their room (laugh) that's actually when they need you the most. Not when they are being quiet,	People not knowing that they have an important role? Putting herself in his shoes Feeling that not everyone knows how important their role is? Being informed is important Being given opportunities to be included Having different opportunities to discuss different things, not just all on parents evening Friendly/easy communication with school Being there Knowing when they look upset Asking open questions Allowing them to open up, Exploring everything. Balancing everything is hard as a parent Easier actions are not the right actions Prioritizing other things, but searching for time. Feeling there not enough time Gifting children with time Specifying – only five minutes Empathising but highlighting the challenge Being needed	 Putting herself in his shoes Collaboration with school expressed as important Communication with school / open and easy Being there Knowing them Identifying problems Balancing act Prioritising the important things that are easy to not do Making time, giving time Only needs to be five minutes

them and I think that she can put quite a lot of pressure on herself and become quite emotional and she's a sort of tough cookie really, but actually there's a vulnerability there, where out of the three she's the more vulnerable emotionally in that she can urm display her emotions much quicker and much more obviously. Like you know she will suddenly cry about something whereas probably out oldest and youngest would react in a different way. I:yeh P: and I think there's a vulnerability from someone who's actually pretty I think she's a confident child, and a happy child but she gets frustrated I: the transition from primary to secondary is a bit of an unknown I guess? P: its huge and I think especially with the school that the children have gone through, it's a small rural primary school, which was a deliberate, we relocated to Devon 7 years ago from the London-surrey border and we were just having a nightmare with school with our eldest and we just needed to get out really, we just knew the girls weren't going to cope in a huge over crowded primary school environment and whilst the benefits of a small rural primary school far outweigh anything negative, I suppose the negatives are that there are in a much smaller year group, mixed year group and so kind of when they hit year 6, they are sort of done. They are sort of ready to explore that next stage. I: umhumh P: I suppose with her there's this sort of a dynamic, there's characters that haven't made her school life that easy, you can tell that they've just had enough of eachother I: it sounds like what you are saying is they've outgrown primary school? P: absolutely but I think the transitions onto secondary can possibly feel a little bit more overwhelming just because of the sheer size of it. I: yes, yeh P: and the difference in the expectations and I think that maybe having an older sibling that's already in the system brings benefits but can also bring a slight intimidation because urm you know its her turn now and I	Balance between growing up, being resilient, being a child and being vulnerable Comparing to other children Noticing differences Seeing the vulnerability Thinking about the transition to secondary from a mall rural primary Moved to Devon to support children to cope in school. huge and overcrowded primary school seen as a negative Outgrowing small primary school Friendship issues a source of problem Finding factors to understand why the transition feels challenging Putting herself in her daughters shoes	Pressure linked to year 6 Many changes and transitions going on at once Fragile childhood Actions to support good mental health Seeking to understand

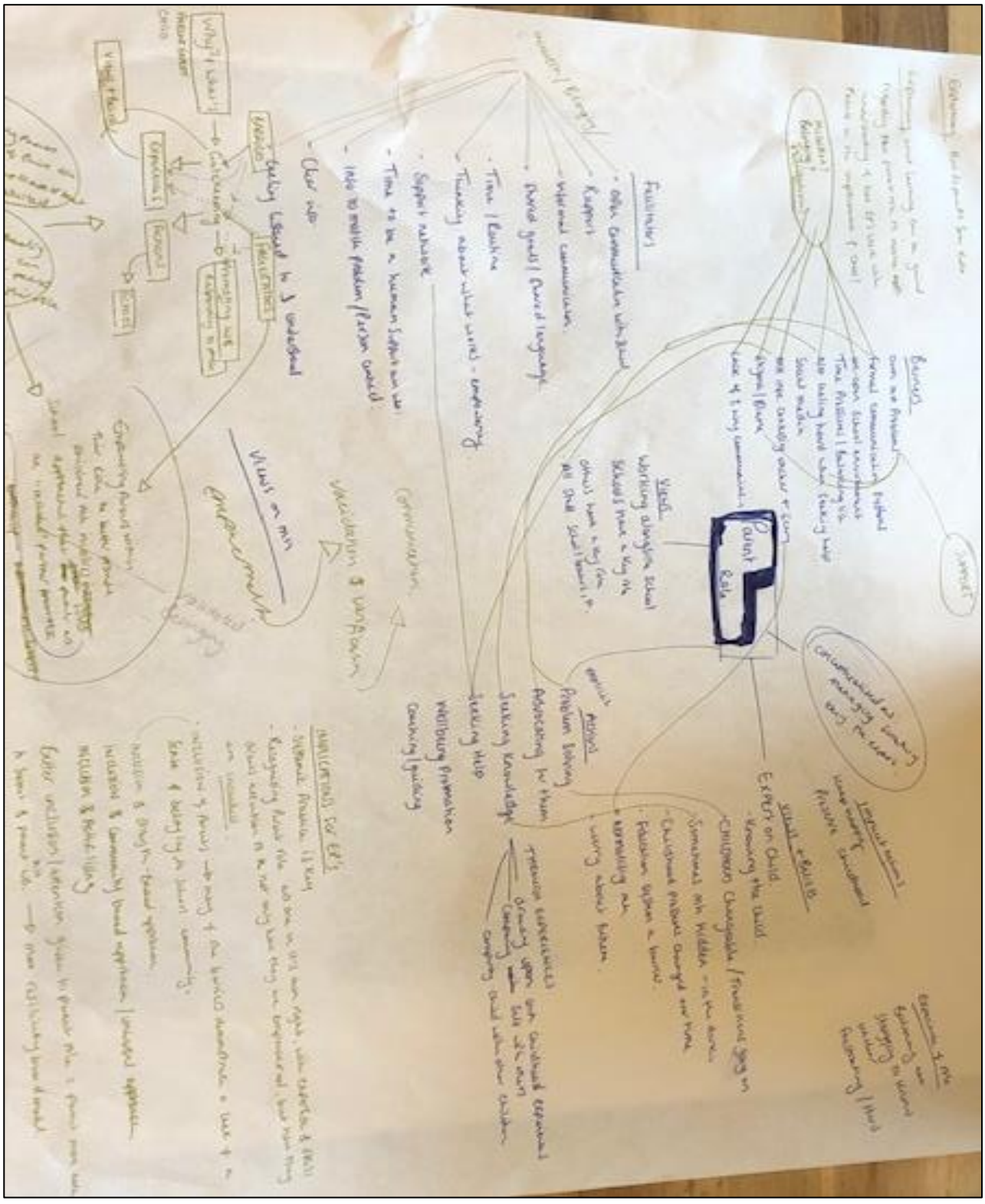
academic child and I know that that can really impact upon your sense of being and eventually your mental health so she does love animals, so in the holidays when I can, I send her to farm school because that's an area where she can just really be her **and I see her really being herself**. Weve tried things like horseriding and stuff but she never really lasted long but that one she loves. And I'd like her to do it on school, one afternoon a month but.... I:it sounds like a lovely thing for her to be doing. P: **and shes outdoors, shes getting dirty, she doing all of those things that will be having an impact upon her self esteem** I: urm who do you think has a key role in promoting the positive mental health and wellbeing of children? P: **so I think urm school, but I think there is too much responsibility placed on the school. they cant be responsible for doing all of that so I think it is down to the parents. I think it is down to parents at the end of the day really**. I:ummhmmh P: I suppose an important thing is that when parents do approach schools with a concern, I think schools need to take them seriously. I think urm often its urm, sometimes somebody will make a flippant remark and or say something stupid. So I came in once about Molly's temper tantrums and I was told well shes just angry with you because you were in hospital and shes very angry about it. **And it...and I felt like I wasn't being taken seriously, I felt belittled by it and so I think that when parents do, schools got a responsibility to listen** I: can you tell me a bit more about your experience P: yes, it seems to take an awful lot for them to be told. I was once told that I think the problem is with you, I think you need to ring your mental health worker and then you go off for the	Feels that school doesn't enable Molly to explore her interests. Feels that Molly struggles academically, worries that the struggle might impact upon Molly mental health. She cant be herself in school, but she can at farm school. Being outside good for wellbeing Parents hold the ultimate responsibility but school have a key role to pay Significance of approaching school with a concern School need to listen and take them seriously Easy to say a flippant remark but as a bug impact The schools response caused her to feel belittled, and not taken seriously. Feels that school have a responsibility to listen Feels she wasn't listened to Feels that school blamed her	School pressures not conducive to good mental health or individuality Ordinary activities Holding the responsibility School playing a key role Needing to feel heard Feeling blamed and belittled Unheard

play a part, every adult that he comes across during the school day, be it the receptionist as he walks in who smiles and greets him, right through to the lady who serves his lunch, and the teacher who watches out for the car at the end of the day and says "mummy's arrived to take you home", I think every body has got their part to play and it is important that all staff members realise that they contribute to every child's wellbeing. I: are there ways in which Max's school works with you and other parents to support childrens wellbeing? You've said about relationships and people, are there other ways? P: yeah, yeah, I mean they have urm, they like to keep parents informed of what going on. Urm within the school. If there's an opportunity to discuss curriculum plans and that sort of thing its separate for a parents evening. But you also have the opportunity to drop into school with any queries, they are always happy to answer any questions that you've got. I: how do you see your role in supporting Max's mental health and wellbeing? P: urm I: what would say is important about your role? P: Urm I think always being there for them, I think if they are looking upset, not to ask closed questions but I think its really important to ask open questions so then you allow them to explore everything thats a problem and allowing them to open up, not just asking for yes and no answer but also just being there and. Its very difficult as a parent, we are always really really busy, and theres always a million and one other things to do and its very very easy to just "in a minute, in a minute, in a minute" and I think its just really important to find that time and if they are looking for something from you, you need to be able to find that time and give it to them. Even though, that's one of the hardest things in the world to find. Its just giving them that five minutes when they need you, and often its when they are being at their most difficult or challenging, when you just want to tell them off and go to their room (laugh) that's actually when they need you the most. Not when they are being quiet,	People not knowing that they have an important role? Putting herself in his shoes Feeling that not everyone knows how important their role is? Being informed is important Being given opportunities to be included Having different opportunities to discuss different things, not just all on parents evening Friendly/easy communication with school Being there Knowing when they look upset Asking open questions Allowing them to open up, Exploring everything. Balancing everything is hard as a parent Easier actions are not the right actions Prioritizing other things, but searching for time. Feeling there not enough time Gifting children with time Specifying – only five minutes Empathising but highlighting the challenge Being needed	Putting herself in his shoes Collaboration with school expressed as important Communication with school / open and easy Being there Knowing them Identifying problems Balancing act Prioritising the important things that are easy to not do Making time, giving time Only needs to be five minutes

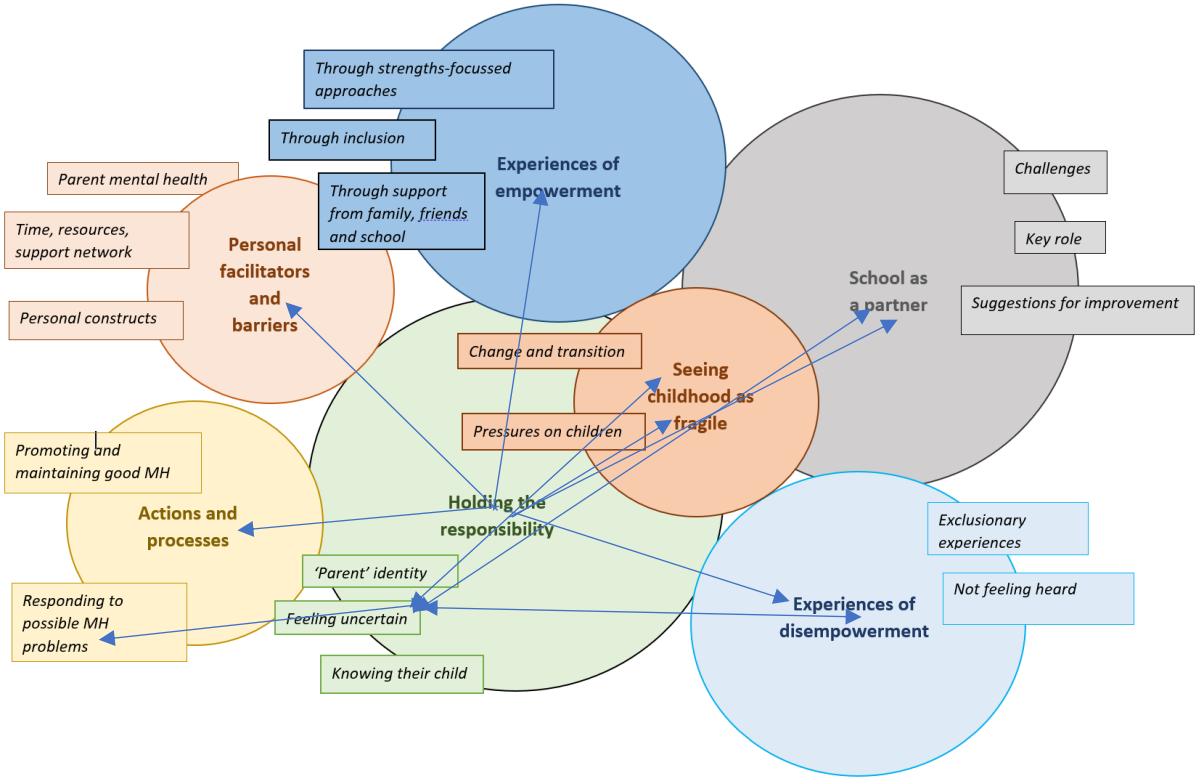
Appendix N: Categories

	Category	Focussed codes
How parents view their role	Category 1: Seeing childhood as fragile	*Pressures on children*
		Change and transition
	Category 2: Holding the responsibility	*'Parent' identity*
		Knowing their child
		Feeling uncertain
Expereinces of the role	Category 3: Actions	*Promoting and maintaining good MH*
		Responding to possible MH problems
		The Problem Solving stage
		The Help seeking stage
		The self-seeking knowledge stage
	Category 4: Experiences of disempowerment	*Exclusionary Experiences*
		Not feeling heard
	Category 5: Experiences of empowerment	*Through strengths-focussed approaches*
		Through inclusion
		Through support from family, friends and school
	Category 6: Personal facilitators and barriers	*Time, resources, support network*
		Personal constructs
		Parental mental health
	Category 7: Seeing school as a partner	*Beliefs about school role*
		Challenges
		Suggestions for improvement

Appendix O: Exploring Theoretical connections




Holding the responsibility
'Parent' identity
Knowing their child
Feeling Uncertain
FRAGILE CHILDHOOD
Pressures on Children
Change and transition
Experiences of Empowerment
Strengths focussed approaches
Through inclusion
Through support from friend. family
How do parents view their role?
ACTIONS
Actions + experiences = strong link
Promoting & maintaining good MH
Responding to possible MH problems
• Problem Solving
• Help Seeking
• Self-Seeking knowledge
Experiences of disempowerment
Exclusionary experiences
Not feeling heard
Personal Facilitators & Barriers
Time, resource & support network
Personal Constructs
Parental mental health
School as a Partner
Beliefs about School
Challenges
Suggestions for improvement
Uncertainty
• Childhood
• Parent factors
• School interaction
• MH info + Provision
Actual facilitators/ barriers
Actions
Experiences
Uncertainty
Empowerment
Disempowerment
Holding the responsibility
Promoting + Protecting
FRAGILE CHILDHOOD
School as Partner



Category – Holding the responsibility

Focused code – Feeling uncertain

Highest levels of explanatory value

Appendix P: Feedback from parent

On 24 Feb 2020, at 11:48,

Hi Rebecca,

Strangely thoroughly enjoyed the interview! Thank you, quite affirming.

That book: Hans Rosling, Factfulness (not Michael Rosen, I think he's a children's poet isn't he!?)

If something comes of your research that needs a parent advocate, I'd be very happy to help out. Or in any other way. I'm not at all currently well read on the subjects we have been discussing, but I am very intuitively interested!

Best regards,
[redacted]

Appendix Q: PowerPoint delivered to EPS colleagues