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"It is tough being a boy": A Grounded Theory Study of Help-Seeking Pressures and Promoters Encountered by 12 and 13 Year Old Boys

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DEDICATIONS

To my parents, Colin & Sheila Wilson; and my sister, Kirsteen Adams

I literally couldn't have done this without you. Your unfailing support, encouragement and belief in me right from the year dot, always remind me just how fortunate I am.

To Greg Adams, and the Kerr family: Brian, Laura, Lauren, Jake, Aaron & Olivia

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CONTENT AND FORMAT

Chapters 1 and 4 (systematic review and thesis journal article) adhere to the author guidelines issued by the journal series CAMH – Child and Adolescent Mental Health (see Appendix 7).

Chapters 2 and 3 adhere to guidelines issued by the Doctorate in Clinical Psychology handbook, The University of Edinburgh.

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WORD COUNTS

Systematic review	5,380
Methodology	8,288
Results & Discussion	15,832
Thesis journal article	5,500
Total thesis portfolio	35,000

ABSTRACT

Background: This grounded theory study explored the views of adolescent boys aged 12 and 13 on the factors that influence their help-seeking decisions for less severe forms of psychological distress.

Method: Semi-structured interviews with 12 participants from a local secondary school and a community setting were analysed according to grounded theory methods. The data analysis abstracted categories of data to construct a substantive theory of help-seeking.

Results: Participants' views revealed an interaction of 'pressures and promoters' that affected adolescent boys' help-seeking decisions. These related to relationships with others, mental health support and education, being a boy, and individual factors.

Conclusion: Mental health education and awareness should be promoted amongst adolescent boys and the adults and professionals that they encounter so that they may be encouraged to seek help for psychological distress.

CHAPTER 1

Systematic Review

A systematic review of adolescent attitudes towards people with mental health problems in the UK

Background: A systematic review of adolescent attitudes towards people with mental health problems in the UK was undertaken to identify if attitudes need addressing.

Method: The search strategy identified 1,014 studies, of which six met the review criteria. Methods employed were focus groups, semi-structured interviews, or self-completion questionnaires. Included studies were quality appraised and analysed by narrative synthesis.

Results: Adolescents reported ambivalent attitudes, and male attitudes were generally more negative than female.

Conclusion: The review suggests that empirical research on adolescent attitudes is limited, and increased provision of mental health education to promote positive attitudes is a priority.

Keywords: adolescent; attitudes; systematic review; mental health problems

Introduction

There is a general consensus that mental health problems amongst children and young people have increased since the latter half of the twentieth century (Roose & John, 2003). At any one time, 1 in 10 children aged between 5 and 15 years suffer from a mental disorder (Meltzer & Gatward, 2000) however it is argued that the actual prevalence is much higher, and as much as 40 per cent are affected by mental health difficulties (Armstrong, Hill & Secker, 2000; Audit Commission, 1999). These figures are concerning, and key documents persistently highlight the need to prioritise and support mental health amongst the children and youth of our society (e.g. Audit Commission, 1999; DoH, 2004; The Scottish Government, 2011). As evidence also suggests that a third of children with mental health difficulties do not approach their GP or a mental health service provider for help (Meltzer & Gatward, 2000) it is important that the reasons for this are identified and addressed.

Mental health attitudes

'Mental health literacy' is defined as "knowledge and beliefs about mental disorders which aid their recognition, management and prevention" (Jorm, Korten, Jacomb et al.

1997, p. 182). For the purposes of this review it is assumed that attitudes towards mental health problems and those who suffer them, are captured by this concept.

Literature on mental health attitudes tends to reveal that society stigmatises mental illness, as this finding is replete throughout empirical research and government publications (e.g. Corrigan, Lurie, Goldman et al. 2005; DoH, 2010; Ranahan, 2010). Adolescents, who are at an impressionable stage of their development are particularly vulnerable to these messages concerning mental health, as we know that families' (Wisdom & Agnor, 2007), peers (Wilson & Deane, 2001), schools (Spratt, Shucksmith, Philip et al. 2010) and the media (Coverdale, Nairn & Claasen, 2002; Young Minds, 2010) are persuasive mechanisms of attitude formation in this age cohort. The media in particular can be a destructive influence due to their often inaccurate portrayals of mental health that do little other than reinforce negative stereotypes (Wilson, Nairn, Coverdale et al. 2000). In this somewhat discouraging climate, it is unsurprising to learn that adolescents admit they may be reluctant to seek help if they themselves experienced poor mental health (e.g. Collins & Barker, 2009; Kalafat, 2003; Woolfson, Menary, Paul et al. 2007). Their reticence could possibly be interpreted as fear of disapproval from the social systems that they encounter, and apprehension that disclosure of psychological distress could provoke cynicism and rejection (e.g. Fortune, Sinclair & Hawton, 2008; Naylor, Cowie, Walters et al. 2009; Paul, Berriman & Evans, 2008). This fear of stigma is pervasive to the extent that children with parents who have mental health problems employ strategies to minimize the likelihood of discrimination against them by association (Fjone, Ytterhus & Almvik, 2009); a phenomenon referred to as 'courtesy stigma' (Goffman, 1963).

This picture suggests a need to synthesize the literature on mental health attitudes in adolescence in the UK, particularly considering the effect of nationality on the endorsement of beliefs and values (Levant & Richmond, 2007). In addition, a review on adolescent attitudes allows recommendations to be stratified to this particular age group. An attempt to establish their views will inform initiatives that are designed to tackle negative and ill-advised beliefs. This could in turn help to alleviate a reluctance to engage with mental health services (Ranahan, 2010). Finally, a systematic review of adolescent views reinforces the message that their opinions are valued (Armstrong et al. 2000), and as professionals we must endeavour to ensure their voices are heard.

Methods

Criteria for considering studies

This systematic review included all quantitative and qualitative research written in English and conducted within the UK. For the purposes of the current review, 'adolescence' included all young people aged between 11 and 18 years old (as defined by National electronic Library for Medicines, www.nelm.nhs.uk). Studies that focussed on other aspects of mental health literacy e.g. knowledge about mental health, were excluded. All studies regardless of publication status were included to avoid publication bias (Centre for Reviews and Dissemination, CRD, 2009)

Data sources – search strategy

Guiding principles outlined by the CRD on undertaking systematic reviews were followed in the identification of relevant articles (CRD, 2009). The search strategy employed for the review was comprehensive, incorporating several methods to increase the likelihood of capturing all relevant articles. For the electronic database search, key search terms were selected that denoted the question outlined by the review objective, including all synonyms and closely related words. Where feasible, the search period was limited to research conducted from the mid-1980's, as initial searches did not reveal any literature on adolescent attitudes prior to this. From this initial search, 999 articles were identified. The removal of duplicates left a total of 803 articles, whose abstracts were subsequently screened for relevance against the inclusion and exclusion criteria. The reference lists of these articles were then scanned to identify other potentially appropriate studies, resulting in nine further abstracts for consideration. In addition, a hand search of three journals relating to child and adolescent mental health added five abstracts. Finally, internet searches were performed for grey literature, providing one abstract. Potential sources of 'grey' literature were identified from previous research (Shucksmith, Spratt, Philip et al. 2009), and by typing key search terms into a search engine.

The review of relevant abstracts resulted in full-text articles being obtained for 53 papers. This included studies where it was difficult to determine from the abstract whether it met the inclusion criteria or not. Table 1 provides a full description of the search strategies employed.

Table 1. Data sources for the review

Electronic database provider: Ovid
Search run on 15/01/11

- AMED (1985 – Jan 2011)
- EMBASE (1988 - week 2, Jan 2011)
- ERIC (1965 – Dec 2010)
- MEDLINE (1988 - week 1, Jan 2011)
- PsychINFO (1987 - week 2, Jan 2011)
- Social Policy & Practice

Search terms used: attitude* or view* or perception* or belief* or opinion*; AND mental health or mental disorder or mental illness; AND adolesc* or teenage* or young person or young people or student* or pupil*; AND UK or Scot* or Eng* or Wales or Welsh or Ireland or Irish

Hand search of relevant journals

- Child & Adolescent Mental Health (Nov 2002 – Mar 2010)
- Clinical Child Psychology & Psychiatry (Jan 2002 – Oct 2008)
- Journal of Child Psychology & Psychiatry (Nov 1999 – Mar 2010)

Search of relevant Internet resources for grey literature
11 Million; Action for Children; Barnardos; Centre for Research on Families and Relationships; Department of Health; Joseph Rowntree Foundation; Girlguiding UK; Mens Health Forum; Mind; Penumbra; Pupil Inclusion Network Scotland; Scottish Development Centre for Mental Health; Scottish Executive Social Research; The Mental Health Foundation; The Prince's Trust; Young Minds; Youth Access

Study selection

Upon reading the 53 full-text articles, six studies fulfilled the inclusion criteria and were retained for quality assessment and data extraction. Attempts were made to contact one author for more information on the methods of their study (Ridley & Lee, 2003a), and another to locate the research that their paper summarised (Sellen, 2002). No response was received from the author of Sellen (2002) therefore this paper is not included in the review and is noted as a 'potentially relevant study'. However, the full report relating to Ridley and Lee's (2003a) paper was obtained through correspondence with NHS Greater Glasgow & Clyde, and is included in the final six studies (Ridley & Lee, 2003b). Figure 1 provides details of the study selection process, and gives reasons for exclusion of full-text articles.

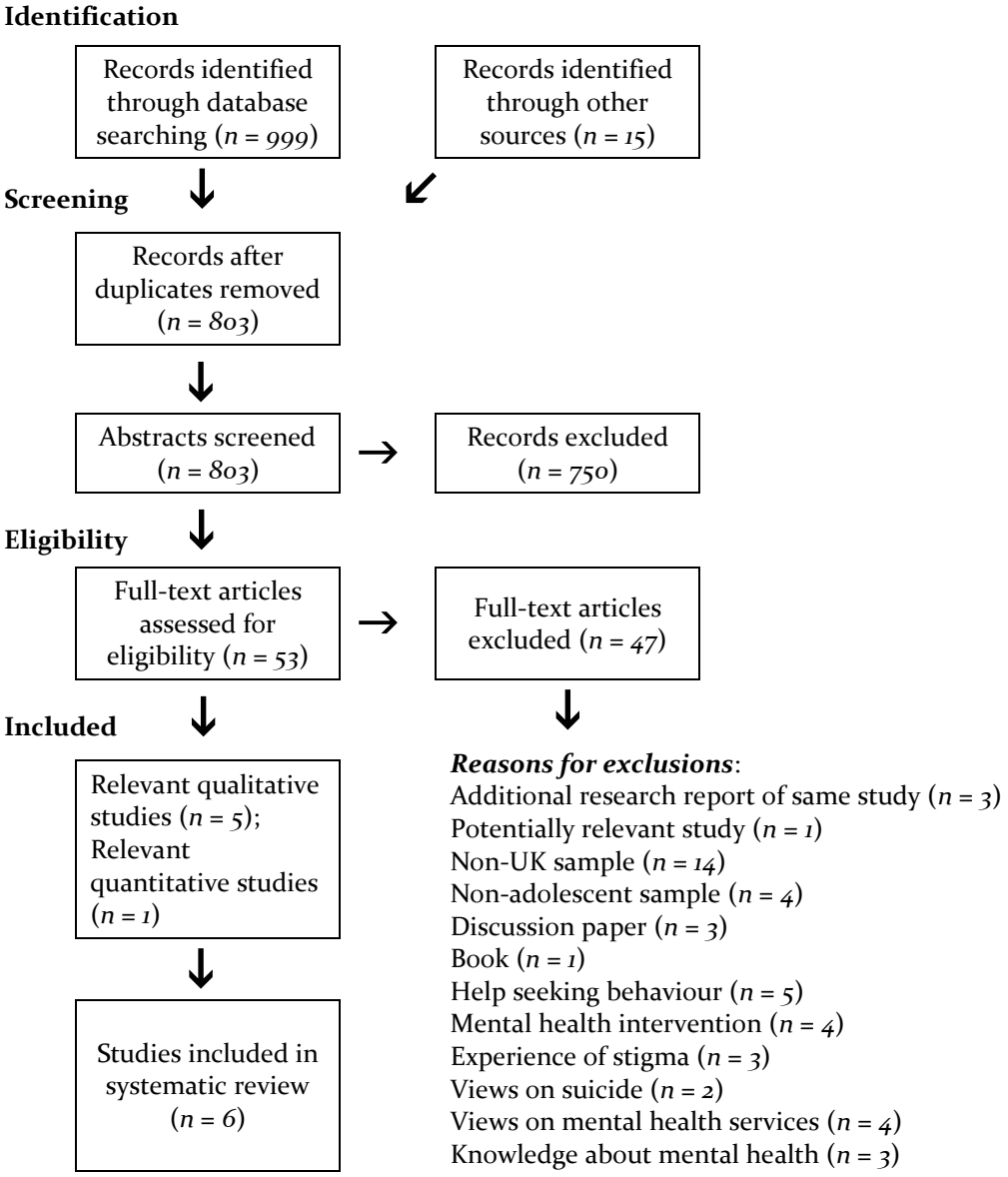

Figure 1. PRISMA flow diagram of study inclusion and exclusion

Quality assessment of retained studies

There are a variety of tools developed for the quality assessment of intervention studies (e.g. Chalmers, Smith, Blackburn et al. 1981; Moher, Jada, Nichol et al. 1995; Ramsay, Matowe, Grilli et al. 2003), however, equivalent guidelines for non-intervention studies are lacking in comparison (Harden, Rees, Shepherd et al. 2001), particularly criteria relating to attitudinal research (van Gerwen, Franc, Rosman et al. 2008). This may in part reflect the fact that research on attitudes typically employs quantitative, qualitative or mixed- methodologies, and systematic reviews incorporating qualitative research are only more recently beginning to feature in the

evidence base (Thomas, Harden, Oakley et al. 2004; Worrall-Davies & Marino-Francis, 2008).

It is therefore unsurprising that there is continuing debate concerning the quality assessment of qualitative research. For instance, Dixon-Woods, Booth and Sutton (2007) found that there was little consistency in the choice of quality appraisal methods across 42 systematic reviews. A wide range of appraisal techniques had been employed, including formally developed guidelines; criteria relevant to study characteristics; and in some cases, no description of quality assessment at all. For the purposes of the current systematic review, a quality appraisal tool developed by The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), was deemed appropriate (see Harden et al., 2001; Harden, Brunton, Fletcher et al. 2006). The EPPI-Centre developed criteria to assess the quality of research exploring the views of young people, and piloted this in earlier studies. Their 12 quality indicators encompass generic criteria from four separate research groups, and are combined with additional indicators to ensure that findings are grounded in young people's perspectives. This tool is designed to "…distinguish in a valid and useful way between different study types and pertinent methodological attributes." (Harden et al., 2001, p. 56), and can therefore be used to quality assess quantitative and qualitative studies. CRD (2009) guidance also states that where reviews include different types of study design, it is acceptable to use separate or combined checklists.

The methodological quality of included studies was assessed independently by the author and a second reviewer to increase the validity of appraisal decisions. The inclusion or omission of specific methodological attributes was recorded for each study using the selected quality assessment tool. In total, there were six instances of discrepant ratings relating to three studies (Bailey, 1999; Lindley, 2009; and Rose et al., 2007). Subsequent discussions were held to achieve a consensus relating to these items; however revisions did not produce adjustments to the evidence level of any study (see appendix 1 for details). Table 2 provides results from the quality assessment of the six studies that met the inclusion criteria.

Methodological quality of studies

The standard of methodological quality was mixed, with varying degrees of reliability and validity evidenced by data collection and analysis procedures. After applying the

quality criteria, four studies were assessed to be of high quality (Armstrong, Hill & Secker, 1998; Ridley & Lee, 2003b; Rose, Thornicroft, Pinfold et al. 2007; Williams & Pow, 2007); one of medium quality (Bailey, 1999); and one of low quality (Lindley, 2009). All studies were retained for data synthesis according to recommendations (CRD, 2009).

Data extraction

Details providing an overview of the study, information relating to sampling and recruitment, and methods of data collection and analysis, were extracted for all six studies. This is presented in tables 3 and 4.

Data synthesis

A narrative synthesis is considered to be an appropriate method of data synthesis when the studies included in a systematic review report diverse methodologies (CRD, 2009). Essentially a subjective method, the approach taken should be rigorous and transparent, to ensure as far as possible that conclusions are credible and less prone to bias (CRD, 2009; Popay, Roberts, Sowden et al. 2006).

Table 2. Quality assessment of included studies

Study	Armstrong *et al.* (1998)	Bailey (1999)	Lindley (2009)	Ridley & Lee (2003b)	Rose *et al.* (2007)	Williams & Pow (2006)
Quality of study reporting:						
A. aims and objectives clearly reported	✓	×	✓	✓	✓	✓
B. adequate description of context of research	✓	✓	✓	✓	✓	✓
C. adequate description of sample and sampling methods	✓	×	×	✓	✓	✓
D. adequate description of data collection methods	✓	✓	✓	✓	✓	✓
E. adequate description of data analysis methods	✓	✓	×	✓	✓	✓
There was good, or some attempt to establish the:						
F. reliability of data collection tools	✓	✓	✓	✓	✓	✓
G. validity of data collection tools	✓	×	×	✓	✓	✓
H. reliability of data analysis	✓	✓	×	✓	✓	✓
I. validity of data analysis	✓	✓	×	✓	✓	✓
Quality of methods for research with young people						
J. used appropriate data collection methods for helping young people to express their views	✓	×	✓	✓	✓	✓
K. used appropriate methods for ensuring the data analysis was grounded in the views of young people	✓	✓	×	✓	✓	✓
L. actively involved young people in the design and conduct of the study	×	×	×	×	×	×
Evidence level	HIGH 11/12	MEDIUM 7/12	LOW 5/12	HIGH 11/12	HIGH 11/12	HIGH 11/12

< 7 criteria = low quality; 7-9 criteria = medium quality; 10-12 criteria = high quality (Harden *et al.,* 2001, 2006)

Table 3. Data extraction of qualitative studies

		Armstrong *et al.* (1998)	**Bailey (1999)**	**Lindley (2009)**	**Ridley & Lee (2003b)**	**Rose *et al.* (2007)**
Overview of study	*Relevant research objectives*	Explore the attitudes of young people about mental health and mental illness	Explore adolescent understanding of and attitudes towards the mentally ill	Explore the ways in which adolescents construct their understanding of mental illness	Examine young people's attitudes about mental illness and how they think about their own and other people's mental health	Investigate stigmatising attitudes towards people with mental illness, and explore the language they use to label it
	Research setting	Rural, suburban and inner city areas of Scotland	Not stated	Not stated	Glasgow, Scotland	Kent, England
	Type of publication	Report	Journal article	Journal article	Report	Journal article
Sampling and recruitment	*Sample #*	169 (69M; 100F)	106 (gender not stated)	18 (gender not stated)	60 (35M; 25F)	400 (M 27%; F 73%)
	Participating group(s)	4 secondary schools (n=120); minority ethnic groups (n=25); young people with identified problems (n=16); young people with mentally ill parent (n=8)	School children	Not stated	5 local secondary schools to represent a geographical spread and include deprived and affluent areas of the city (n=48); Two groups from youth and community organisations (n=12)	5 local secondary schools: 2 grammar schools (48% of sample); 3 comprehensive schools (52% of sample)
	Age	12-14	11-17	14-18	12-18	14
	Ethnicity	White; Chinese; Muslim; Pakistani	Not stated	Not stated	"large multi-cultural catchments"	Not stated
Data collection and analysis	*Data collection Method(s)*	Focus group discussions, individual semi-structured interviews, self-completion exercises	Questionnaire survey of attitudes towards mentally ill	Group discussions using photo-vignettes	Focus group discussions	Questionnaire to list words/phrases describing people with mental illness
	Data analysis	Emerging themes and issues analysed using NU*DIST software. Separate analysis of self-completion forms also using NU*DIST	Not stated, but table of response frequencies given	Not stated	Transcripts analysed using N5 software to produce thematic analysis	Tabulation of words and terms expressed by young people. Grounded theory to identify themes from words and terms
Evidence Level		HIGH	LOW	MEDIUM	HIGH	HIGH

Table 4. Data extraction of quantitative study

		Williams and Pow (2007)
Overview of study	*Relevant research objectives*	To explore the knowledge and attitudes of teenagers towards mental health and people with mental health problems
	Research setting	School catchment areas in Scotland representing low, medium and high deprivation
	Type of publication	Journal article
Sampling and recruitment	*Sample #*	496 (M 245; F 251)
	Participating group(s)	3 secondary schools: 206, 193 and 97 participants from low, medium and high deprivation areas respectively
	Age	15-16
	Ethnicity	Not stated
Data collection and analysis	*Data collection*	30-item questionnaire survey derived from a survey of adult attitudes to mental health in Scotland
	Data analysis	Chi-square calculations for differences in attitudes, using SPSS for Windows, version 11
Evidence Level		HIGH

Results

Preliminary synthesis of findings

All six studies explored young people's attitudes and beliefs about people with mental health problems. Four studies discussed further aspects of mental health literacy e.g. knowledge and coping strategies. Collectively, the studies represent the views of 1,249 male and female adolescents aged between 11 and 18 years. The research spanned an 11-year period from 1998 to 2009 across Scotland and England, and was predominantly conducted in mainstream schools with adolescents from mixed socio-economic backgrounds. The various methods of data collection used were: focus group discussions; semi-structured interviews and self-completion questionnaires. One study (Armstrong et al., 1998) used all three methods of data collection and also obtained the views of young people who had identified mental health problems, or lived with a mentally ill parent. Another study included the views of young people from two youth and community groups (Ridley & Lee, 2003b).

Attitudes and views across adolescence

Four studies specifically asked young people to suggest words or phrases that they or others associated with mental illness. The vast majority of terms were offensive,

pejorative slang, including words such as “spazzy”, “weakness”, “loonies”, “disturbed”, “nuts”, “spastic”, “crazy”, “retarded”, and “psychopath” (Armstrong et al., 1998; Bailey, 1999; Ridley & Lee, 2003b; Rose et al., 2007). Although one study revealed some neutral and empathic terms e.g. schizophrenia and loneliness, they comprised a small minority (Rose et al., 2007). Furthermore, it was evident that there was conceptual confusion as several words emerged that were more suggestive of physical or learning disabilities. Although there was a popular belief that mental health problems could affect anyone (Armstrong et al., 1998; Ridley & Lee, 2003b; Williams & Pow, 2007), and those who experienced them should be entitled to the same rights as everyone else (Williams & Pow, 2007), a minority of adolescents thought that the public scrutinised, neglected or discriminated against them (Bailey, 1999). Indeed, one study revealed a divide in opinion in feeling comfortable to openly acknowledge personal experience of mental health difficulties (Williams & Pow, 2007). People with mental health problems mainly appeared to elicit empathy (Armstrong et al., 1998; Lindley, 2009) or fear (Armstrong et al., 1998) and in a minority of cases, embarrassment (Armstrong *et al.,* 1998) and scepticism (Lindley, 2009). These findings mainly replicate extant research with American populations of adolescents (e.g. Corrigan et al., 2005; Chandra & Minkovitz, 2007). Regardless, adolescents evidently expected sufferers to behave differently or unusually (Bailey, 1999; Lindley, 2009; Ridley & Lee, 2003b), and some associated them with “padded rooms”, “white jackets”, and “Victorian mental hospitals” (Ridley & Lee, 2003b). Interestingly, one study discovered that young people were more sympathetic and less fearful when an individual with mental health problems was closer to their age and their difficulties were perceived as less threatening according to their knowledge (Armstrong et al., 1998). In addition to this, another study that did not use the phrase “mental health” in descriptions of photo vignettes found that adolescents demonstrated more supportive attitudes (Lindley 2009). Here, they felt that emotions associated with distressing experiences were a ‘normal’ reaction to difficult life events. Ambivalence was only revealed when they were unsure of the characteristics of more severe mental health difficulties such as schizophrenia, as found in other research (Dietrich, Heider, Matschinger et al. 2006). Overall, adolescents thought that the media in particular, and to a lesser extent, family and teachers, were persuasive influences of attitude formation (Armstrong et al., 1998; Ridley & Lee, 2003b).

Gender differences

Three studies looked at and reported on gender differences in attitudes (Armstrong et al., 1998; Ridley & Lee, 2003b; Williams & Pow, 2007). In general, adolescent males were more apt to demonstrate negative attitudes than females. They were more inclined to believe that individuals were responsible for their mental health problems (Ridley & Lee 2003b; Williams & Pow, 2007), and that others would react negatively (Williams & Pow, 2007). In addition, associating with them would cause embarrassment (Armstrong et al., 1998) or awkwardness (Williams & Pow, 2007). Interestingly, one study reported that within the mixed gender focus groups, girls tended to dominate the conversation, with boys being more forthcoming in their individual interview (Armstrong et al., 1998). For instance, boys admitted in their interviews that they were more afraid of a male vignette character with behavioural problems, than in the focus group setting.

Age differences

Although attitudes were generally comparable at different ages, one study commented that younger adolescents were least informed about mental health, and those under the age of 14 in particular attached negative connotations to the words "health" and "illness" if preceded by the word "mental" (Ridley & Lee, 2003b). This complements existing research with younger adolescents in the US (Chandra & Minkovitz, 2007).

Subgroups

Young people with mental health problems expressed attitudes similar to mainstream samples i.e. fear and empathy, although they were slightly less empathic and more likely to suggest incarceration as a means of managing people with mental illness (Armstrong et al., 1998). Those who lived with mentally ill parents also articulated similar attitudes to the mainstream population except they were more understanding due to their knowledge and awareness from indirect experience. They appeared to appreciate the transitory nature of mental illness and the variation in breadth and intensity of symptoms (Armstrong et al., 1998). Nevertheless, and as the authors note, no firm conclusions can be drawn for either subgroup owing to modest sample sizes. Finally, two studies included the views of adolescents representing ethnic minorities however no significant differences in attitudes emerged (Armstrong et al., 1998; Ridley & Lee, 2003b). As before, this may have been due to small sample sizes but it is

important to consider they may not have had the confidence to express their true views given their status as an ethnic minority.

Robustness of the synthesis

All six studies were retained for data synthesis irrespective of quality therefore this should be taken into consideration when drawing conclusions. Nevertheless, only one study was judged to be of low quality. Furthermore, this does not necessarily imply that the research was poorly conducted; rather the authors did not provide sufficient detail relating to key features of their study. Secondly, a narrative synthesis is arguably a subjective process, therefore can be prone to bias. It does not benefit from the more reliable and rigorous techniques inherent in a meta-analysis (CRD, 2009). The latter approach was not feasible in this review owing to heterogeneous research designs and impracticality of pooling the results quantitatively.

Discussion

Statement of principal findings

This systematic review sought to determine the attitudes of adolescents in the UK towards people with mental health problems. The findings revealed that adolescent attitudes in the UK towards people with mental health problems are diverse. Although people with mental health problems were mainly described in negative and unconstructive terms, adolescents also demonstrated a degree of empathy and understanding towards them. In instances where fear and avoidance emerged, there tended to be a lack of understanding about the associated mental health problem. Overall, negative attitudes were more prevalent amongst male adolescents compared to females, as they were less tolerant of people with mental health problems, and more likely to feel embarrassed in their company.

Limitations of the review

Firstly, none of the six studies included questions relating to social desirability therefore it is possible that there may have been responses that did not accurately reflect adolescents' true views. Secondly, there were a small number of papers identified for inclusion, and as such the generalisability of findings is limited. Finally, the heterogeneity in study design increases the need for caution in interpretation owing to the lack of uniformity in how adolescent views were obtained.

Conclusion

The findings highlighted that empirical research on adolescent attitudes towards people with mental health problems is in short supply. This is disappointing, as a clear understanding of their views is fundamental in order to guide interventions that improve their mental health literacy and help alleviate negative attitudes. Future research should continue to explore their attitudes, particularly subsequent to mental health teaching programmes in school given their influence in reducing stigma and promoting positive attitudes (Naylor et al., 2009; Pinfold, Toulmin, Thornicroft et al. 2003). In conclusion, the results of the review clearly indicate that ill-informed adolescent attitudes towards mental health still need addressing. In view of the suggestion that attitudes formed during adolescence are carried into adulthood (Armstrong et al., 2000), this remains a high priority.

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THESIS AIMS

It has been suggested that the current delivery of mental health support is not effective at reaching younger male populations (Mind, 2009; O'Brien et al., 2005). Considering that empirical research on adolescent males indicates that they are disinclined to seek help for psychological distress (e.g. Burke et al., 2008; May, 2002; O'Brien et al., 2005), it is apparent that this population needs targeting. However, the help-seeking literature mainly focuses on more severe forms of difficulty, where there is a significant impact on socio-emotional functioning (e.g. Biddle et al., 2004; Cornelius et al., 2001). Research exploring help-seeking for less severe forms of distress is notably limited (Farrand et al., 2007). If attempts are made to identify how adolescent males may be encouraged to access support at early stages, it is likely that this will serve as a protective factor in preventing more serious difficulties later on.

The current study aims to identify the views of adolescent boys on help-seeking for emotional distress; and responds to prior observations that the evidence base is lacking in exploring the perspectives of young people (Armstrong et al., 2000). As previous research tends to include males at different stages of adolescence (e.g. Burke et al., 2008; Boyd et al., 2011; Timlin-Scalera et al., 2003), the target population here is limited to boys aged 12 and 13 years old. Adolescence signifies a period of rapid socio-cognitive developmental change, therefore younger males experiences likely differ from those of their older contemporaries. Finally, it is hoped that the results of the study will provide recommendations to promote boys' help-seeking behaviour from younger ages.

CHAPTER 2

Methodology

2.1 Design: *Qualitative*

Researchers should be able to convince their readers that there is a coherent and cogent rationale for their research design. At the most fundamental level, the researcher of the current study decided that qualitative methods (as opposed to quantitative) were the most appropriate to achieve the aims of the research. Qualitative inquiry originates from the field work of early explorers who encountered native tribes and kept written documents of their experiences (Birks & Mills, 2011). Its methods are thus effective when there is a 'natural curiosity' to explore phenomena that might not otherwise be accessible (Corbin & Strauss, 2008), or the "how", "why", and "what" of individual or group experiences rouse particular interest (Nelson & Quintana, 2005). Compared to quantitative research it is essentially more subjective, exploratory, descriptive and interpretive in nature (Osbourne, 1994; Rennie *et al.,* 2002), and this allows the researcher to reach an in-depth understanding of social contexts and the subjective perspectives of those who experience them (Avis, 2005; Corbin & Strauss, 2008; Nelson & Quintana, 2005). It is aptly summarised as:

"…an inquiry process of understanding…that explore[s] a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting."
(Cresswell, 1998, p.15).

The evidence base of qualitative research with adolescents is increasing (e.g. Armstrong *et al.,* 2000; Buston, 2002; Spratt *et al.,* 2010), and this complies with good practice guidelines that emphasise the value in exploring their views (DH, 2004). In this respect it is argued that qualitative methods are most efficient, as they seek to elicit adolescents' opinions; avoiding the constraints of limited response questionnaires integral to quantitative research (Street & Herts, 2005).

2.2 Data collection tool*: Interviews*

There are numerous data collection methods designed to assist qualitative research e.g. interviews, conversational data, clinical materials, (Morgan & Harmon, 2001; Nelson & Quintana, 2005), photographic images, videos (Birks & Mills, 2011), and elicited or extant texts (Charmaz, 2006). Amongst these, interviews are cited as the

most frequently used method (Nelson & Quintana, 2005; Taylor, 2005), yet Silverman asks us to consider:

"To what extent do our preferred research methods reflect careful weighing of the alternatives or simple responses to time and resource constraints or even an unthinking adoption of current fashions?" (2005, p.290).

In consideration of this, previous research indicates that children and young people prefer interviews to other methods of qualitative inquiry (Claveirole, 2004). As they allow participants to express personal opinions unconstrained by peer presence (Taylor, 2005), it is likely that this increases their attractiveness to adolescent populations. In addition, interviews surmount the limitations of written perspectives for those who have poor literacy skills (Street & Herts, 2005). As the researcher had no way of assessing participants' literary abilities, this provided further support in selecting interviews as the tool for data collection.

Semi-structured interview schedule

The use of interview schedules attracts ambivalence as it is argued that interesting diversions within the discussion may be overlooked (Taylor, 2005). Nevertheless, the researcher in this study chose to develop a semi-structured interview schedule. The literature acknowledges that this can benefit novice researchers (Birks & Mills, 2011), allowing them to concentrate on the participants' responses without the distraction of formulating the next question (Charmaz, 2006). This idea is perhaps supported by Corbin and Strauss who note that *"It takes practice to sit with an open mind and an open agenda and not let nervousness get in the way of the free flow of information"* (2008, p.27). Furthermore, there are reliable and consistent guidelines providing suggestions on how to structure questions so that issues pertinent to the participant may surface, and the conversation does not merely become a corroborative dialogue supporting the researcher's preconceptions (Charmaz, 2006; Taylor, 2005).

2.3 Methodological approach*: Grounded Theory*

Interviews are frequently applied in ethnographies, phenomenological research and grounded theory studies (e.g. Cresswell, 1998; Rennie *et al.,* 2002; Taylor, 2005) all of which were initially considered as potential methodologies. Ethnography translated

from Greek means 'writing a people', and gives an inside perspective of overt and covert aspects of a culture. It typically involves spending a prolonged period of time (sometimes years), to studying the beliefs, values and knowledge shared by members of a group (Sharkey & Larsen, 2005). This methodology was impractical given the time constraints, and would not have produced an ethnographic study sufficient in breadth or depth. Moreover, it is unlikely that the researcher would have been a welcome presence over a sustained period amongst adolescent boys.

Interviews in phenomenological research seek to explore the conscious, inner world experience of several individuals in relation to a concept or phenomenon (Osborne, 1994; Taylor, 2005). This methodology requires the researcher to suspend their prior beliefs, or *bracket* their preconceptions and assumptions (Taylor, 2005); a technique sometimes described as 'epoche' (Cresswell, 1998). The researcher attempts to discover the most invariant meanings related to a specific context (Todres, 2005), and stability is perceived within and across individuals irrespective of contextual change (Osbourne, 1994). As help-seeking behaviours of adolescent males were thought to occur partly as a function of socio-contextual factors, a phenomenological analysis of interviews was thus ruled out.

Finally, interviews in grounded theory aim for a theoretical 'storyline' (Birks & Mills, 2011) that describes the relationships between concepts or categories generated by the analysis (Osborne, 1994). Whilst grounded theory and phenomenological research both use inductive methods and share an interest in description and understanding (Osborne, 1994), grounded theory takes into account fluid interactive processes, and more static social structures (Charmaz, 1990; Cresswell, 1998). For this reason, grounded theory was considered the most appropriate choice of methodology for the current research.

2.3.1 Historical context of Grounded Theory

Grounded theory as a qualitative research methodology emerged in the 1960's when two American sociologists, Barney Glaser and Anselm Strauss, set out to explore the experience of dying in hospital (Glaser & Strauss, 1965, 1967). Glaser and Strauss constructed their analyses through field observations and discussions with professionals and their terminally ill patients (Charmaz, 2006). They believed that

theory should be *grounded* in the words and actions of the individuals experiencing the phenomenon (Cresswell, 1998). Their approach lay in stark contrast to the deductive methods of quantitative research, as they were in favour of developing theory from new data over testing theory already in existence (Birks & Mills, 2011). Glaser and Strauss ultimately became known amongst their peers as the first generation of grounded theorists during a period described as the '*golden age of rigorous qualitative analysis*' (Denzin & Lincoln, 2005, p.16). Prior to this, qualitative research had been criticised as lacking in sophistication (Charmaz, 2006). Their venerated contribution heralded the beginning of an enduring methodology, however the longevity of grounded theory has long surpassed the collaboration between its originators. Latterly, Glaser and Strauss were renowned for their flagrant disagreements in relation to grounded theory methodology. One of the fundamental discrepancies in opinion concerned the significance of the researcher's underlying philosophical or disciplinary position. Glaser asserted that grounded theory was a process of emergent discovery, and that the application of philosophical beliefs to the methodology limited its potential (e.g. see Birks & Mills, 2011; Charmaz, 2006; Rupsiene & Pranskuniene, 2010 for a fuller discussion). Despite Glaser's overt rejection, recent texts strongly recommend that the researcher identifies their philosophical position when undertaking grounded theory research (e.g. Birks & Mills, 2011).

2.3.2 Methodological congruence

Birks & Mills (2011, p.36) consider that methodological congruence is *"the foundation of a credible research study"*. They argue that this is achieved where there is demonstrated accordance between the researcher's philosophical position, the research aims, and the methodological approach selected to achieve these aims. The researcher completed a recommended exercise to identify their own thoughts on how the self is defined, the nature of reality, the researcher-participant relationship, and how world knowledge is gained (Birks & Mills, 2011). This revealed that their ontological and epistemological position was closely aligned to that of Kathy Charmaz's social constructionist approach (1990, 2006).

Charmaz is amongst the second generation of grounded theorists. It could be argued that her iteration surmounts the major criticisms levelled at her predecessors. They were considered to focus narrowly on the methods i.e. strategies and techniques of

grounded theory, and scant reference was made to the methodological framework or set of principles underpinning them (Birks & Mills, 2011). Charmaz (1990, 2006) and more recently Corbin & Strauss (2008), propose that individual experience should not be considered in isolation from the lens through which it is interpreted, and the context within which it occurs. This explicitly acknowledges what the researcher and participant, individually and together, bring to the research. Charmaz describes this as a *"symbolic interactionist perspective tempered by Marxism and phenomenology"* (1990, p.1161). In essence, Charmaz agrees that human behaviour manifests according to the meaning that people attach to their situations, and that 'meaning' derives from shared interactions involving language (symbolic interactionism). However, she argues that this bestows an overly rationalised view of the individual. To moderate this, she suggests that subjective consciousness and choice (phenomenology) within the context of larger, social structures (Marxism) present a more pragmatic account of human behaviour. Overall, Charmaz believes that *"...we construct our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices...any theoretical rendering offers an interpretive portrayal of the studied world, not an exact picture of it."* (2006, p.10).

2.3.3 Literature Review

The ambivalence and debate surrounding the extent and timing of the literature review continues to feature in grounded theory texts (Charmaz, 2006; Corbin & Strauss, 2008). Glaser voraciously maintained that only literature peripheral to the study should be reviewed, to avoid manipulating the data into pre-existing theoretical frameworks (Birks & Mills, 2011). In the context of the current study, this proposition is untenable and somewhat idealistic. To secure a research question, the researcher had to locate prominent studies and theories in their field so that they could identify an area that would benefit from further inquiry. Additionally, a systematic review closely related to the thesis topic was required as part of the thesis portfolio. Fortunately, the position of the researcher was conducive to Charmaz's (2006) espousal of *theoretical agnosticism* (Henwood & Pidgeon, 2003); encouraging the researcher to be familiar with, yet critical of extant theories. In order to locate the most relevant literature, key search terms (including truncated forms and synonyms) were entered into electronic databases.

2.4 Sampling and Recruitment

2.4.1 Purposive and theoretical sampling

Sample size in grounded theory research is variable e.g. three studies within the last decade report samples of 7, 11 and 52 participants respectively (Clegg, 2003; Fourie, 2009; Draucker, 2005). As a general rule however, sample size tends to be small (Bluff, 2005). It is not possible to speculate at the outset how many participants will be required, or the 'when', 'where' and 'how' of data collection (Birks & Mills, 2011). The reason for this becomes apparent in the following discussion.

Purposive (or purposeful) sampling provides an appropriate point of departure and entails recruiting individuals who have knowledge and experience of the phenomenon under investigation (Bluff, 2005; Charmaz, 2006; Silverman, 2005). It is deliberately non-random in its approach, as qualitative research in contrast to quantitative research does not intend to reflect empirical distributions. In this sense, Charmaz reminds us that:

"Many quantitative studies require random samples of people whose characteristics are representative of the population under study. Whereas quantitative researchers want to use their data to make statistical inferences about their target populations, grounded theorists aim to fit their emerging theories with their data."
(2006, p.101)

In the current study, purposive sampling was achieved by the parameters set out in the inclusion and exclusion criteria. According to Bluff (2005), this initial form of sampling is satisfied once the analysis begins to illuminate an emerging theory, owing to the depth and richness of data. This was considered to occur by the fifth interview, as subsequent participants did not offer further insights or novel perceptions. At this stage it is then appropriate to invoke the logic of theoretical sampling with the remaining interviews.

Theoretical sampling is similar but not synonymous to purposive sampling, and is an approach unique to grounded theory (Birks & Mills, 2011). This form of sampling is a means to achieve theoretical development by identifying and pursuing conceptual leads that arise during data collection and analysis (Birks & Mills, 2011; Charmaz, 2006). In the current study, the researcher adhered to the methods and techniques

recommended by Charmaz (2006) in order to fulfil theoretical sampling. The preliminary stages of data collection and analysis gave rise to emerging theory, yet produced conceptually narrow categories. Charmaz (2006) uses the term *abductive reasoning* to encapsulate this as the researcher considers all plausible theoretical interpretations of their data, forms and tests hypotheses for each one, and pursues the most likely explanation. The point at which the researcher in the current study considered theoretical sampling was achieved is explained under the section 'theoretical sufficiency' (p.37).

2.4.2 Recruitment

Participant inclusion and exclusion criteria

Participants were male adolescents of an age equivalent to first year in secondary school i.e. 12 and 13 years old. Fluency in English was considered essential. Participants who returned consent forms that were not co-signed by a parent/guardian were not permitted to participate.

Secondary schools

The researcher was directed to the Senior Manager, Additional Support Needs Team, to request permission to recruit adolescent boys from local secondary schools in the Highlands. As a result, two secondary schools (school A and B) were offered for recruitment. Respective guidance departments were subsequently contacted and the researcher was invited to present the research proposal to staff.

Following an initially positive response to the proposal, the researcher was unable to secure recruitment at school A through the named contact. It was therefore decided that school A was no longer a feasible option for recruitment.

School B responded favourably to the research proposal and arrangements were made to present the study to first year boys at two consecutive assemblies. Each assembly comprised approximately half of the first year adolescent boy cohort. Following a 10 minute presentation, information packs were issued to each boy in attendance. This included a participant information sheet, parent letter, consent form, and an envelope to return signed consent forms to the school office. In total, 107 packs were distributed. See Appendix 2 for information packs. Seven consent forms were subsequently

returned to the school office. One boy later withdrew from the study, therefore 6 interviews were completed in total.

Finally, the researcher was granted permission to approach guidance teachers in a third secondary school for a triangulation sample (see p.45) and theoretical sampling respectively). The same protocols were followed for initiating contact as before. Two guidance teachers from school C consented to participate.

Community setting

The researcher also approached a recreational group within the local community for triangulation and theoretical sampling. Following a presentation of the research and distribution of information packs, three 13 year old boys returned a consent form, however two later decided against taking part. In addition, one male and one female parent of 13 year old boys (unrelated), and one 15-year old male sibling of a 13 year old boy agreed to take part. In total, the community setting provided four interviews.

The final sample thus comprised 12 participants, details of which are presented in table 1 below. The name of each participant is substituted with a reference number in order to ensure anonymity.

Table 1. Participant demographics (Total sample = 12)

Adolescent male reference & (age)*	Triangulation sample		
	Guidance teacher reference & (gender)	Parent reference & (gender)	Sibling reference & (age/gender)
A1 (13) A2 (12) A3 (12) A4 (13) A5 (12) A6 (12) A7 (13)	G1 (M) G2 (M)	P1 (F) P2 (M)	S1 (15/M)

* 3 additional males withdrew before interviews were held

2.5 Data collection

Secondary school

The researcher provided the Deputy Rector for Learning Support at school B with the names of those who had submitted a consent form. Appropriate times were then arranged for participants to be interviewed. The interviews took place in a quiet and discreet room at school, and were completed over 5 weeks. Guidance teachers at school C were interviewed in their office at the end of the school day.

Community sample

Those who were recruited from the community setting were given the choice of being interviewed in their own homes, or in a mutually neutral location arranged by the researcher. All opted to complete their interview at home.

2.5.1 Procedure

In preparation for each interview, the researcher attempted to ensure that participants felt relaxed, safe and comfortable (Nelson & Quintana, 2005), and spent several minutes establishing rapport, gradually orienting them to the interview topic. Although a semi-structured interview schedule was used (Appendix 3), the participants' responses led the direction of inquiry (Chiovitti & Piran, 2003). The researcher also made sure that potentially ambiguous terms were clarified, as there can be differences in the use and understanding of language between the interviewer and the interviewee (Taylor, 2005). Topics that emerged in initial discussions were used to guide subsequent interview schedules, and slight modifications in wording were also made for different source perspectives. The interviews with adolescent boys lasted approximately 30 minutes each, and those with adults lasted between 45 and 70 minutes. Interviews were taped by a small, hand-held digital recorder placed in close proximity to the researcher and the participant.

Transcription

All interviews were transcribed by the researcher and the audio recordings were deleted. Any identifying information was removed, and typed copies of interview transcriptions were retained in accordance with the North of Scotland Research Ethics Committee data protection protocols.

Field notes

The researcher took detailed field notes of each interview as recommended (e.g. Appleton, 1995; Birks & Mills, 2011; Chiovitti & Piran, 2003). Observations were made of non-verbal behaviours that interview transcriptions do not capture (Birks & Mills, 2011), and reflections were noted on the general interview transaction in addition to the language used to convey opinions (Charmaz, 2006). The field notes overall provided the researcher with *"an invaluable series of reference points to guide and inform the data analysis"* (Wallace, 2005, p.81).

Memos

Memos are described as the "*cornerstone of quality*" in grounded theory methodology (Birks & Mills, 2011, p.40). They comprise the thoughts and feelings of the researcher about numerous elements of the research throughout the duration of the study (Fassinger, 2005). Birks and Mills (2011) offer comprehensive, practical guidelines on the type of information that memos usually contain. For instance, feelings and assumptions about the research; reflections on extant literature; potential limitations of the study design; and thoughts on emerging codes and categories that ultimately lead to theory development. Charmaz (2006) emphasizes that memos should be written spontaneously and stored for later retrieval and refinement so that they help to gain clarity in developing categories and defining relationships. The researcher in the current study used two of Charmaz's (2006) suggested techniques in memo writing, namely *clustering* and *freewriting*. Clustering is akin to a spider diagram in that the central category is circled and linked to smaller circles and categories, forming an illustrative matrix of relationships. An example of freewriting is provided below in figure 1. This memo describes the researcher's perceptions about the capacity for abstract thought in 12 and 13 year old boys.

Abstract representations

Adolescence is a particularly sensitive developmental period and there are rapid and fundamental changes in cognitive abilities. In this sense, adolescents are more able to manage abstract representations with increasing age. During early adolescence, the ability to fully appreciate and articulate abstract concepts is therefore still developing. This has become apparent in the interviews with 12 and 13 year old boys. Sometimes they have been unable to provide an explanation for holding a particular view e.g. "I'm not sure why", and the responses they provided were narrower in breadth and depth compared to adult interviews. More prompts were also required to elicit further detail. This has proved to be important as it captures the essence of interviews with this specific age group. Had older adolescent males been included in the study, this would have influenced the sophistication of accounts and made it difficult to stratify findings to a particular age group.

I felt it was important to be careful about making inferences from what they were saying. Although grounded theory involves a process of increasing sophistication and abstraction in the analysis, and acknowledges social constructivism in data collection and analysis, this does not necessarily imply that the researcher should jump to conclusions about what they *think* the participant is saying. Further clarification, simplified where necessary, is needed in this instance.

(created 02/05/11; supplemented on 02/06/11)

Figure 1. Example of a memo in the form of *freewriting* (Charmaz, 2006)

2.6 Data analysis

Grounded theory data analysis attempts to discover what is happening in the data. Codes emerge from the languages, meanings, and perspectives about the world as perceived by the participant and interpreted by the researcher (Charmaz, 2006). In contrast to other methodologies where data collection is usually complete before data analysis begins, these two processes occur concurrently in grounded theory research (Birks & Mills, 2011). In the current study, the researcher analysed the first few interviews as soon as they were transcribed. The information gleaned from this preliminary analysis thus directed further data gathering and analysis. This "zigzag" process (Cresswell, 1998) between fieldwork and analysis continued until *theoretical sufficiency* was achieved (see relevant section).

2.6.1 Coding and the constant comparative method

"Grounded theory coding generates the bones of your analysis. Theoretical integration will assemble those bones into a working skeleton. Thus, coding is more than a beginning; it shapes an analytic frame from which you build the analysis."
(Charmaz, 2006, p.45)

There are three phases of coding: initial; intermediate; and advanced (Birks & Mills, 2011), and these denote increasingly higher levels of abstraction. As the analysis is performed, the *constant comparative method* is used across each of these levels of coding. This encourages the researcher to move back and forth between the different levels of coding (Glaser & Strauss, 1967), and means that every word, sentence, paragraph, code and category is compared within and between each data source (Birks & Mills, 2011; Bluff, 2005; Charmaz, 2006).

Charmaz recommends that gerunds should be used in coding practices i.e. words that reflect action and end in *'ing'* (Birks & Mills, 2011; Charmaz, 2006). She argues that this ensures the analysis stays close to the data, and limits the likelihood of early conceptual leaps to extant theory. Moreover, action words specifically identify process within the data (Charmaz, 2006).

Initial coding: Line-by-line coding

Initial coding represents the first stage of data synthesis (Birks & Mills, 2011), and Charmaz's (2006) version of this is known as *line-by-line coding.* In the current study, every single line in the interview transcripts was coded using gerunds, and often several different codes were illustrated within one short extract. These codes were subsequently transferred to colour-coded post-it notes according to conceptual similarity. As the researcher engaged in this process, ideas were discovered in addition to important leads to pursue (Charmaz, 2006). Table 2 provides an example of line-by-line coding from three separate excerpts (see Appendix 4 for a section of anonymised transcript).

Table 2. Examples of line-by-line coding

Line-by-line coding	
Hiding feelings; Feelings when things not good	***Excerpt 1: Boy, 12 years old*** It was just something that I felt like I need to keep to myself. It was worrying me quite a lot.
Talking about the number of people they would want to be involved; Feelings about friends; Trusting people to keep information confidential; Talking about differences in reactions depending on the person; Gossiping amongst people	***Excerpt 2: Boy, 12 years old*** I wouldn't want many people to know about it. Well…only a couple of other people would know it. I know friends that would keep it a secret, but I know if it was a big one then I know friends that it would get out.
Being able to tell if something wrong with a boy; Things not going well; Hiding feelings; Problems getting worse if not talked about; Taking into account a boy's usual behaviours; Feelings when things not good; Being able to tell if something wrong with a boy	***Excerpt 3: Guidance Teacher*** He came in very, very upset recently and that was because he wasn't enjoying being in three or four of classes he was in, and having a really not nice time; and it had built up since he started in August, about 8 or 9 months really not happy in the class. Came in, cried his eyes out, so I think one sign, sort of tell tale sign and that can be with anything, a few changes I think you can see that sometimes straight away, a boy that was really happy and you know likeable lad, changes and becomes sad and depressed, that's sort of a classic sign.

Intermediate coding: Focused coding

The level of conceptual analysis is raised as the researcher moves from initial to intermediate coding; described by Charmaz (2006) as *focused coding*. Focused coding synthesises and clarifies larger sections of data. Put simply, 'categories' group together several 'sub-categories' from the initial coding stage. As with initial coding, focused coding revealed new threads for further exploration (Charmaz, 2006), and identified where there were still gaps in the dimensions of existing categories (Birks & Mills, 2011). Table 3 provides examples of intermediate coding using the same excerpts illustrated in table 2.

Table 3. Examples of intermediate coding

Intermediate coding: Focused coding	
Hiding feelings Knowing that something is wrong	***Excerpt 1: Boy, 12 years old*** It was just something that I felt like I need to keep to myself. It was worrying me quite a lot.
Ensuring confidentiality Being the right sort of person to talk to Experiencing negative consequences	***Excerpt 2: Boy, 12 years old*** I wouldn't want many people to know about it. Well…only a couple of other people would know it. I know friends that would keep it a secret, but I know if it was a big one then I know friends that it would get out.
Circumstances causing problem Hiding feelings Experiencing consequences of decision Knowing that something is wrong	***Excerpt 3: Guidance Teacher*** He came in very, very upset recently and that was because he wasn't enjoying being in three or four of classes he was in, and having a really not nice time; and it had built up since he started in August, about 8 or 9 months really not happy in the class. Came in, cried his eyes out, so I think one sign, sort of tell tale sign and that can be with anything, a few changes I think you can see that sometimes straight away, a boy that was really happy and you know likeable lad, changes and becomes sad and depressed, that's sort of a classic sign.

Advanced coding: Theoretical coding

Advanced coding is the final, but most crucial stage in order that the research may claim legitimacy in representing a grounded theory study. It gives rise to theoretical integration, which ultimately generates the theory encapsulating the data (Birks & Mills, 2011). Indeed, it is fervently argued that:

"…a study is not grounded theory if it does not reach a high level of conceptual abstraction that is beyond the level of description. Theoretical integrity must be evident in the presentation of the final product in order for it to be judged accordingly." (Birks & Mills, 2011, p.119)

Glaser and Strauss (1967) initially defined advanced coding as *delimiting the theory*. This was subsequently revised by Glaser (1978) to *theoretical coding*, and this term is adopted by Charmaz (2006) in her contemporary iteration of grounded theory. *Theoretical coding* denotes an abstract explanation of potential relationships between the categories or concepts generated by the analysis. At this stage, the researcher aims to clarify the context and conditions in which the phenomenon being studied occurs (Charmaz, 2006). Birks and Mills (2011) summarise this as the creation of a *storyline* that provides the reader with an explanation of the researcher's theory.

In the current study, theoretical codes were created from the categories produced by focused coding. It became apparent that some categories were related, and could be amalgamated by raising them to a higher level of abstraction or conceptualisation. At this level of abstraction, the socio-cultural expectations of 'being a boy' therefore accounted for the two categories that it subsumed.

At this point it is perhaps useful to mention that first generation texts envisaged coding to amount to a *core category* or concept (Glaser, 1978). This functioned to succinctly capture the essence of the data analysis. However, Charmaz (2006) and other contemporary theorists recognise that the results of a grounded theory analysis do not always fit neatly into a basic or linear process (Birks & Mills, 2011). As such, the construction of illustrative models was used to provide a visual representation of this social process; demonstrating the composite relationships between categories (Charmaz, 2006).

Computer software

Qualitative data management programs designed to organise raw data e.g. NVivo, CAQDAS and NUD·IST, are commonly utilised in grounded theory studies (e.g. Baran & Scott, 2010; Krayer *et al.,* 2008; Webster & Harrison, 2008). However, there is divided opinion on the use of these to assist in data analysis. Birks and Mills (2011) suggest a pragmatic approach, arbitrating between those who argue software packages increase rigour, and those who berate the resultant analyses as superficial. As such, the researcher in the current study used QSR International's NVivo 9.0 software as an 'adjunct tool' for data management (Birks & Mills, 2011). Transcribed interviews were imported from Word to NVivo, which proved to be time efficient in storing and

retrieving the data. Initial codes were then generated by the researcher, and all remaining interviews were manually coded. Whilst NVivo has the ability to automatically perform this function, it inherently lacks the capacity for analytic and reflective thought, therefore manual coding was ultimately considered a more valid approach.

2.6.2 Theoretical sufficiency

The first generation of grounded theorists introduced *theoretical saturation* to describe the point at which data collection concludes (Glaser & Strauss, 1967). At this stage of the analysis, the researcher should be satisfied that the dimensions of categories are well-defined, and the resulting theory is conceptually integrated (Birks & Mills, 2011). This should not however, be mistaken to mean that no new categories of data emerge, or that successive interviews reveal the same patterns (Glaser, 2001). Charmaz (2006) suggests that many qualitative researchers unfortunately apply this logic. The resultant studies are therefore misrepresented as grounded theory, when in fact they constitute a description of empirical themes.

Leaving this aside, it has been suggested that theoretical saturation is perhaps not the most conceptually conducive term. Dey (1999) argues that categories are *suggested*, not *saturated by* data; as they ultimately rely on subjective inferences made by the researcher. Furthermore, Charmaz (2006) conveys her reservations in that saturation implies the theory is absolute and inclusive; precluding the possibility that new information could modify the theoretical framework. As an alternative, Dey (1999) introduced *theoretical sufficiency,* and this is employed for the purposes of the current research. In this respect, theoretical sufficiency was attained by the eighth interview having adhered to the principles of theoretical sampling. Interviews subsequent to this confirmed earlier accounts, and also fulfilled data validation through triangulation.

2.6.3 Substantive theory vs Formal theory

In addition to ensuring that a study credibly represents grounded theory, it is important to clarify the type of theory that is developed by the researcher (Charmaz, 2006). Publications of grounded theory studies most frequently produce *substantive theory*. This comprises research that studies a phenomenon in a clearly defined situation. For instance, mental health service use by depressed adolescents (Draucker,

2005), recovery processes in psychosis (Dilks et al., 2010), or leadership and sensemaking in firefighters (Baran & Scott, 2010) all provide examples of substantive theory. Given that this type of theory relates to a specific phenomenon, studying a specific group of individuals, it is possibly a popular choice for the neophyte grounded theorist (Birks & Mills, 2011). *Formal theory* by comparison likely whets the appetite of the more experienced and ambitious of researchers. It raises theory to a higher level of conceptualisation (Birks & Mills, 2011), involving the application of theory across multiple substantive areas (see Charmaz, 1990 for an illustration of this). The researcher in the current study sought to achieve a substantive theory of help-seeking in adolescent boys aged 12 and 13 years.

2.7 Rigour

"The hallmark of science is the pursuit of truth and the limitation of error."
(Roberts *et al.,* 2006, p.41)

When applying rigour to qualitative research, it is important that principles relating to the truth value, applicability, consistency and neutrality of the research are established as far as possible (e.g. Appleton, 1995; Lincoln & Guba, 1985; Roberts *et al.,* 2006). If adhered to, these quality assurance indicators demonstrate the equivalence of 'reliability' and 'validity' fundamental to quantitative research (Cresswell, 1998). Table 4 provides an overview of the quality indicators that were addressed in the current study, citing the relevant sources of guidelines and advice. The immediate discussion demonstrates how the researcher attempted to fulfil these principles, however issues pertaining to quality are also inherent in preceding sections i.e. study design, data collection and data analysis.

Table 4. Quality indicators

Stage of research	Quality indicator addressed in current study	Sources of guidelines and advice
Duration	Methodological congruence to Charmaz's (2006) methodology	Appleton, 1995; Birks and Mills, 2011; Charmaz, 2006; Chivotti and Piran, 2003; Claveirole, 2003; Coyne, 1998; Cresswell, 1998; Elliot and Jordan, 2010; Fassinger, 2005; Fundudis, 2003; Gill *et al.,* 2008; Graf *et al.,* 2007; Grisso and Vierling, 1978; Kirby, 2004; Mack *et al.,* 2009; Neal, 2009; Nelson & Quintana, 2005; Roberts *et al.,* 2006; Rupsiene and Pranskuniene, 2010; Sharkey and Larsen, 2005; Silverman, 2005; Vander Laenen, 2009; Woodgate and Edwards, 2010.
Duration	Procedural precision: reflexivity; managing data and resources; procedural logic	
Study inception	Ethical review	
Study inception	Choice of data collection method suitable for phenomena under investigation	
Pre-recruitment	Pilot testing participant packs and interview schedule	
Recruitment	Informed consent	
Data collection and analysis	Audibility of research through peer debriefing	
Interviews	Preparation and format: promoting trust and confidentiality; establishing rapport; minimising power balances; provision of safeguards	
Interviews	Modifying interview guide according to content areas of emerging theory	
Interviews and analysis	Triangulation	
Write-up	Delineate level of theory in order to assess fittingness	
Write-up	Links to extant literature	
Write-up	Use of low-inference descriptors in text	

2.7.1 Procedural precision

Procedural precision is achieved by reflexivity, managing data and resources, and demonstrating procedural logic (Birks & Mills, 2011; Holloway, 2005; Roberts *et al.,* 2006). The latter two processes are chiefly demonstrated in the data collection and analysis sections. The concept of reflexivity is mainly addressed in the following discussion under researcher expertise, a priori assumptions, and interview process; however, is also inherently demonstrated through memo writing. This concept encourages the researcher to reflect on their decisions and interpretations throughout the research process, allowing the reader to gauge how much the researcher's prior experience and assumptions influenced their inquiry (Charmaz, 2006).

Researcher expertise

Corbin & Strauss suggest that *sensitivity* is important in grounded theory, and argue that this is achieved by *"…having insight, being tuned into, being able to pick up on relevant issues, events, and happenings in data"* (2008, p.32). To what extent this is achieved however, rests on the talent and intuition of the individual researcher (Charmaz, 1990). The current study was the researcher's first experience of grounded theory, therefore seminal texts and key papers were accessed to understand the origins, evolution and techniques of this method (e.g. Corbin & Strauss, 2008; and Charmaz, 1990, 2006). In addition, the researcher's thesis supervisors had experience of research and grounded theory methodology, and peer support was gained from a fellow trainee pursuing the same approach. Collectively, these strategies are amongst those recommended so that knowledge and skills may develop in applying grounded theory (Birks & Mills, 2011). Fundamentally, it is the researcher's level of skill that influences how the data takes shape, and in which direction(s) the emerging theoretical framework evolves (Charmaz, 1990).

A priori assumptions

At the point of embarking on the Doctoral thesis, the researcher was in their elective third year Trainee Clinical Psychologist placement within a child and adolescent mental health service (CAMHS). Their prior background included:

- Trainee placements with adults, people with learning disabilities, children and adolescents, and older adults;
- Assistant Psychologist post within a maximum security psychiatric hospital;
- Assistant Psychologist post within a child and adolescent Clinical Psychology service;
- Project worker with high risk young offenders;
- Voluntary Panel Member with the Scottish Children's Hearing System;
- Undergraduate Honours degree in Psychology;
- Voluntary work with Edinburgh University Nightline service

These positions, and the academic and experiential knowledge that they afforded, naturally amounted to conjectures about what the data could reveal. In addition, the researcher was female, thereby inevitably socialised towards certain expectations of male attitudes and behaviour. For instance, the researcher was aware of theories

relating to gender development (e.g. Bussey & Bandura, 1999; Berger *et al.,* 2005), and direct work with adolescent males often revealed that they were unaccustomed to talking about their emotions. The influence of environmental pressures and socialisation processes had been most apparent when working with forensic populations', where social systems such as group cultures and family context appeared to impact on males' emotional intelligence, and their capacity to respond adaptively to negative feelings. The researcher had discovered that in the right context and once trust had been established, males were increasingly forthcoming in this respect; particularly when the experience of psychological distress was normalised. On several occasions it had emerged that a lack of emotional support from within their socio-cultural environment had previously been a persistent feature, therefore they had been unaccustomed to discussing issues that related to their psychological health. Overall, these experiences had inspired the researcher to explore how males in community populations were socialised in terms of emotional expression. There were perhaps fundamental social processes and individual experiences from an early age contributing to their emotional development.

These considerations naturally led to the researcher's decision to select Charmaz's iteration of grounded theory given the inherent social constructivist assumptions. However, these conjectures equally highlighted the importance of theoretical agnosticism given the researcher's previous experience and knowledge.

Interview process

The qualitative interviewer must harness an ability to reflect upon their interview performance, and their interpretation of tape recordings and transcripts (Taylor, 2005). Being a novice in grounded theory interviews, the researcher noticed after reading the first transcript, that it read more akin to a clinical interview than a *'conversation with a purpose'* (Burgess, 1984, p.102). It was apparent that there was a 'professional pull' to formulate the discussion, as is required when a Clinical Psychologist conducts assessment appointments. Information is gathered to reach a working hypothesis of a client's difficulties that illuminates relevant psychological principles and theories (Johnstone & Dallos, 2006). However, the ambition to gather and fit (dis)confirming information into a likely set of hypotheses sits entirely at odds with qualitative research interviews. The researcher must instead, willingly attempt to discover the

participant's own framework of meaning (Charmaz, 2006). Following this, the researcher adopted a more naïve and inquisitive style of interview questioning, trying to imagine that meeting an adolescent boy was a new and unfamiliar experience. This helped in allowing them to lead the direction of the discussion, and in turn the developing theory (Birks & Mills, 2011).

Consideration was also given to the depth of answers that adolescent boys were capable of conveying, as the richness of accounts is affected by an ability to articulate thoughts and reflect on experiences (Taylor, 2005). Attention was also paid to any silences as they occurred in order to establish if they indicated a lack of understanding, an unwillingness to answer, or a sense of embarrassment caused by the question. In the majority of cases, short silences were reflective of boys taking time to consider the question asked of them. The researcher sensed that this topic of conversation was not one that they were familiar in thinking or speaking about. It was therefore unsurprising that they sometimes needed more time to process a question and give their opinion, especially in the first few minutes of the interview as they settled into the conversation.

2.7.2 Ethical review

The current study was reviewed and approved by members of the Academic team at the University of Edinburgh. This entailed the submission of an ethics form synonymous to the items set out in an IRAS form (Integrated Research Application System). Confirmation was received from the Research and Development Manager within NHS Highland, that the study did not require ethical approval from the NHS or the local Research and Development (R&D) committee. As the sample was recruited from a secondary school, and data collection took place within this setting, permission to conduct the research was sought and granted from the local authority Education department (see Appendix 5 and 6 for related documentation).

2.7.3 Piloting information packs and interview schedule

The participant information sheet and parent letter were informally piloted with five boys aged 12 and 13, and their parents. The pilot sample was accessed through a friend who was acquainted with families in a different locality. This revealed that parts of the participant information sheets used language or terms that were inaccessible to boys of

this age group. The information sheet was modified accordingly. The parent letters were evaluated as comprehensive, with sufficient detail. The semi-structured interview schedule was discussed with a Clinical Psychologist colleague, and minor adjustments were made where questions could adopt simpler language or shorter sentences (see Appendix 3). Finally, advice on how to format the research presentation was sought from four adult male acquaintances, who offered a male perspective on how to captivate the interest and attention of a large group of adolescent boys.

2.7.4 Informed consent

Research with children or young people incontrovertibly attracts concerns of an ethical nature (Coyne, 1998). It is paramount that their health, safety and well-being are protected throughout the research, particularly considering they represent a relatively vulnerable participant population (e.g. Claveirole, 2003; Kirby, 2004; Nelson & Quintana, 2005).

Consenting to take part in research is a contentious issue when the participants are below the age of 16 (Fundudis, 2003). This involved careful consideration by the researcher of latterly two options: (1) mandatory parental consent by active opt-in; or, (2) assumed parental consent when participant consent was provided. Informed consent in children under 16 is not unequivocally straightforward. Applying a child's chronological age as an indicator of their level of understanding is challenged, as is Piaget's 'stage' approach to cognitive development (Coyne, 1998; see Durkin, 1995 for a full description of Piaget's theory of concrete and formal operations). In Scotland, The Age of Legal Capacity (Scotland) Act 1991, stipulates that a child under the age of 16 may consent to medical treatment pending the satisfaction of a qualified medical practitioner that they understand the nature and possible consequences of treatment. Claveirole (2003) reports that the same principle of informed consent has been incorporated by legislation relating to research with children (Scottish Children Act, 1995), however, notes that guidelines also state that parental consent should be obtained in these circumstances. Continuing the debate, Fundudis (2003) presents a four-category framework, which considers a child's chronological age, cognitive level, emotional maturity and socio-cultural factors as fundamental indicators of competency. In consideration of the above, and in light of the fact that the researcher was not in a position to speculate about participants' competence, it was decided that

parental consent would be a mandatory prerequisite for participation. The researcher's decision lay in accordance with several research studies conducted with similarly aged participants (e.g. Fjone *et al.,* 2009; Moses, 2010; Secker *et al.,* 1999), and followed the principles of other guidelines and recommendations (Fundudis, 2003; Kirby, 2004; Mack *et al.,* 2009).

2.7.5 Interview preparation and format

Power balances and gender

Historically, reflections on the researcher-researched relationship did not feature in grounded theory methodology. First-generation theorists perceived that the words and actions of participants were of central importance, and that theoretical categories were impervious to what was essentially considered the passive researcher (e.g. see Birks & Mills, 2011; Charmaz, 1990 for a discussion). In contrast, contemporary texts argue that:

"Engaging in a grounded theory study means researchers commit to a relationship of reciprocity with the participants that ideally includes a reflexive consideration of existing power differentials."
(Birks & Mills, 2011, p.56).

As such, it is increasingly recognised that sociological research often provokes power and status imbalances between the researcher and the participant (Claveirole, 2004). In the current study, the researcher was completing a professional Doctorate in Clinical Psychology and was therefore in a position of power relative to the age, status and developmental stage of adolescent boys. This power imbalance may have affected the researcher-participant interaction on several dimensions. It was possible that views and responses would be subject to social desirability (Laenen, 2009; Worrall-Davies & Marino-Francis, 2008), minimal if they felt uncomfortable (Corbin & Strauss, 2008), constrained by a culture of mistrust (Vander Laenen, 2009), or affected by verbal or non-verbal indications of the researcher's emotions (Corbin & Strauss, 2008). Secondly, it has been noted that gender dynamics can affect the course and content of fieldwork (Charmaz, 2006; Silverman, 2005). This was considered to be of particular relevance to the current study. Adolescent males were asked to participate in research that entailed one-to-one interviews, involving self-disclosure of thoughts and feelings to a female.

This could be perceived as intimidating and threatening to their public or gender persona, therefore limiting the possibility for frank discussion (Charmaz, 2006).

Taking these issues into consideration, the researcher's experience of working with children and young people afforded valuable knowledge and skills in establishing trust, warmth and affability (Balen *et al.,* 2000). In addition to this, the researcher invested their own personality in the research process as recommended, to promote a less hierarchical relationship (Birks & Mills, 2011). These measures were thought to redress the power balance and gender dynamic, nevertheless it is possible that this may not have been as disproportionate as suggested. The researcher was at the pre-qualification stage i.e. not a 'Doctor' and qualified Clinical Psychologist (Taylor, 2005), therefore may not have been as intimidating as anticipated. Furthermore, adolescent boys may have been more comfortable talking to a female than a male considering the focus of discussion.

Safeguards

It was not anticipated that there was a high risk a participant would become distressed at any point during the research. The interviews were not designed to ask participants about personal direct or indirect experience of mental health problems, or their contact with mental health services. However, appropriate protocols were put in place as a precautionary measure that assured participants of their confidentiality, right to withdraw from the research, and availability of a trained professional if necessary.

2.7.6 Triangulation

Triangulation denotes plurality of methods (Sharkey & Larsen, 2005), and can be used to enhance the validity of qualitative research (Silverman, 2005). This is achieved by cross-checking and obtaining corroborating evidence from multiple data sources, data collection methods, researchers or theories (Cresswell, 1998). It is designed to provide consistency, comprehensiveness and robustness through the process of theory construction (Roberts *et al.,* 2006); however, Silverman (2005) cautions that the essence of many qualitative methodologies precludes an absolute 'fix' on reality through the combination of several different ways of looking at it. Nevertheless, it is agreed that triangulation affords the researcher with a fuller picture of the phenomenon being explored (Flick, 2007). In the current study, two research supervisors offered their perspectives on the data analysis at all coding stages. In

addition, two guidance teachers, one female parent, one male parent, and one 15 year old male sibling provided different source perspectives. Although these participants achieved triangulation, they were also selected for the purposes of theoretical sampling. The data analysis had directed the researcher to conduct interviews with this latter sample as they had been key influences in adolescent boys' help-seeking decisions, and were frequently mentioned by adolescent boys in each interview. Finally, the data analysis and emerging theory were compared with extant literature and theoretical underpinnings.

2.7.7 Writing the draft

In order to substantiate the argument put forward, vivid descriptions and excerpts are what Charmaz (2006) believes *shows* rather than tells the reader the point; mere assertions are less convincing. For this reason, the results and discussion section contain a wealth of low inference descriptors (Chiovitti & Piran, 2003) to demonstrate that the theory is *grounded* in the data. Due to word limitations, it was not feasible to illustrate every statement with a verbatim account, however the researcher makes explicit the source and prevalence of the opinions expressed.

Finally, Charmaz espouses that *"…grounded theorists do not have to write as disembodied technicians…Voice echoes the researcher's involvement with the studied phenomena; it does not reproduce the phenomena."* (2006, p.174). In consideration of this, the researcher attempts to present the substantive theory in a way that conveys the language and tone of the writer's voice.

CHAPTER 3

Results & Discussion

The interviews provided detailed information about the key features impacting on 12 and 13 year old boys' help-seeking decisions. In principle the accounts mainly focussed on the school setting and relationships with individuals therein. However, boys also talked about people and places out with this context, such as family members and mental health professionals, and these are included in the analysis.

At the highest level of conceptual abstraction, the analysis constructed a substantive theory of the 'pressures and promoters' encountered by adolescent boys. This comprised four main categories: relationships with others; mental health support and education; being a boy; and individual factors. Figure 2 provides an illustration of these categories according to their stage and level of abstraction, and the style of presentation reflects the format used in other grounded theory studies (e.g. Baran & Scott, 2010; Fourie, 2009).

Participants also described the possible causes or 'triggers' for psychological distress, and the behavioural indicators or 'tell-tale signs' that suggested an adolescent boy needed support. These categories collectively contribute to the decision-making process model of help-seeking, illustrated by figure 3. The relationships between categories are shown in the configuration of the model, and are described in detail in the following discussion. The findings are considered in the context of existing, empirical literature, making links to extant theory.

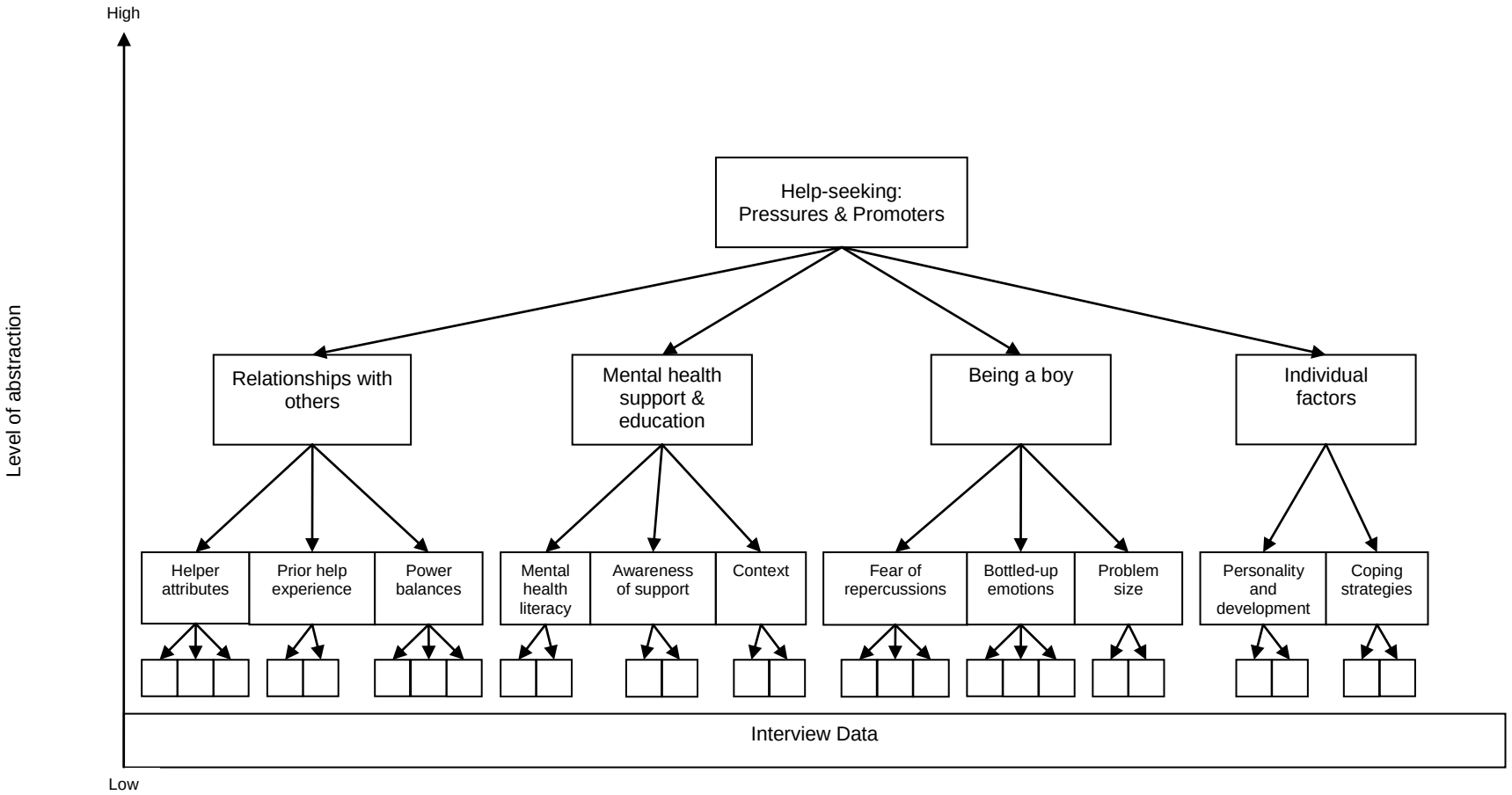

Figure 2. Abstraction levels of categories

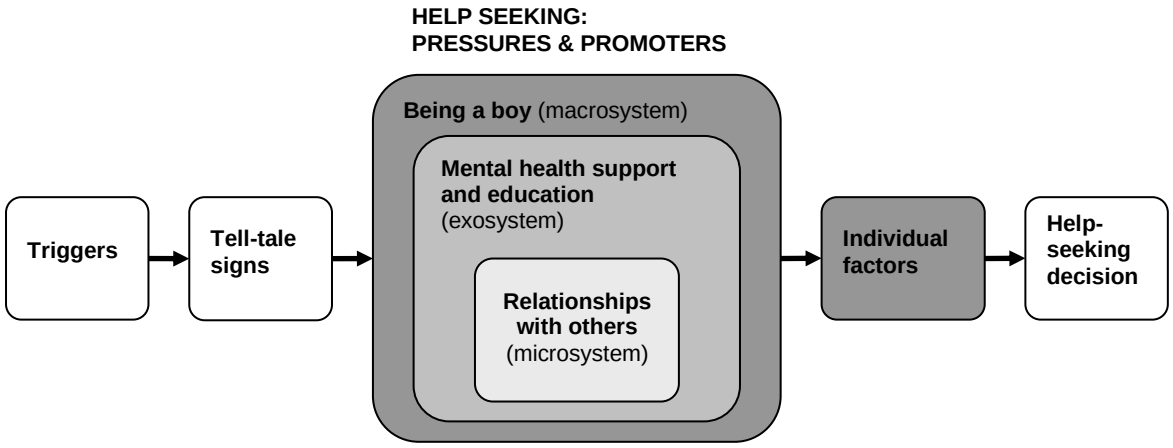

Figure 3. Help-seeking decision process model

3.1 Triggers

Participants were initially asked for their views on what circumstances would cause emotional distress. As they were of an age approximate to the onset of adolescence (Durkin, 1995), the impact of new and existing relationships was relevant here, particularly considering their recent transition to secondary school. It appeared that any relationship within their social network was significant enough to cause them distress if the dynamics were problematic. This included problems with friends, families, teachers, peer pressure or bullying.

> *Em, if you're getting bullied or, if you're getting peer pressure to do something that you wouldn't normally do, em, other things at school like that, em…if you're doing pretty bad in school and you got bad test results that might feel…you might worry about the future. Something like that.*
>
> (A3, pg 1, line 10)

It was apparent that they experienced the secondary school surroundings as substantially more vast and fast-paced in comparison to primary school. As they settled into first year, one of the tasks they encountered had been to negotiate new friendships and establish their position amongst a significantly larger cohort. In this sense, some friendships were maintained from primary school and perhaps provided some form of security following their arrival, however it transpired that new networks of friends were beginning to emerge and coalesce.

> *You'll get them sticking in their groups from primary school, but then they do start sort of mixing up…I know in other year groups there's been a lot of occasions where I think because they come up from primary school and they're still in that sort of friendship group, they stay in that for perhaps quite a while. And then the friendship groups' start mixing up a bit and that's when you get a few issues – but I haven't had any at the moment, but other people have.*
>
> (G1, pg 7, line 27)

In addition, their arrival at secondary school had sent them plummeting to the bottom of a pupil hierarchy, and they seemed to be aware of this. They had come from an environment where they were the oldest year in the school; presumably affording elevated status, confidence and a degree of complacency. Now, they were the youngest year and recognised that this reversed the status quo. It was as though first year boys were mindful of checking their behaviour around older boys; trying not to appear over-confidant:

> *…but if you're with your friends, it…and they act too cocky, they might get into trouble with other people. Like 6th years or something…*
>
> (A1, pg 3, line 2)

Equally important to their emotional well-being were indicators of academic achievement. The results of formal assessments gave adolescent boys an indication of future academic or occupational outlook, and as such grades from school assignments were closely monitored. As the pressure to achieve is generally conveyed as an expectation levelled more towards adolescent males than females (Timlin-Scalera *et al.,* 2003; Pollack, 2000), it was unsurprising that they paid close attention to how well they were doing, given there were a variety of new subjects to learn. Vocational ambition and success for men is argued to be *"…an established cultural delineator of masculinity…"* (Wilkins, 2010, p.23), therefore positive indicators of scholastic abilities perhaps provided them with reassurance that this was achievable.

> *…the problems I've had are with boys who find work difficult; are worried how well they are getting on…I think if they don't see that they're actually doing well in tests and they're progressing I think that's actually quite a big thing for boys. I think boys need that as a bit of an incentive to work…*
>
> (G1, pg 6, line 24)

Although a coherent understanding of emotional distress nevertheless includes many individual and contextual factors (Dudley & Kuyken, 2006), these accounts nevertheless provided an insight into the potential triggers that were important to adolescent boys.

3.2 Tell-tale signs

There is ongoing debate around the behavioural and emotional manifestation of mental health problems in males (e.g. May, 2002; Möller Leimkühler *et al.,* 2007; Wilkins, 2010). Some speculate that traditional conceptualisations of mental disorder e.g. depression, possibly illustrate "typically female" symptomatology, and therefore question the validity of current diagnostic frameworks (Wilkins, 2010). There is preliminary research that lends support to this idea, and suggests that further exploration of male distress symptoms is necessary (Möller Leimkühler *et al.,* 2007). In this respect, exploring participants' views on the 'tell-tale signs' of emotional distress was considered to be a meaningful inclusion.

Adolescent boys described a complete or partial withdrawal from social or recreational life, usually accompanied by a change in character. For instance, their accounts suggested that a boy who was typically animated and humorous might become withdrawn and morose. There did not appear to be any doubt in recognising these signs in each other, particularly when they were close friends.

> *It's things that they wouldn't really be doing. Kind of not be doing anything…just kind of lacking in quite a lot from whatever they do, say play football. Like, "I think I'll stay in tonight" and then you realise - what's up? cause they always want to play football and they're willing for it; so you know there's something up.*
>
> (A2, pg 1, line 19)

They were also able to differentiate this from behaviour that did not indicate a departure from the norm. For instance, although excessive or uncharacteristic aggression presented a cause for concern, these qualities in moderation and if appropriate in the given context, were considered normal expressions of male behaviour. In this sense, the interviews highlighted it was important to remember that behaviour in boys and girls is not comparable in many respects, and that biopsychosocial processes lend themselves to fundamental gender differences (Durkin, 1995). For instance, boys tend to enjoy structure and competitive activities, prefer to solve problems than process situations, and more readily demonstrate affection through behaviour than verbal expression (May, 2002). It was apparent that the way in which adolescent boys resolved peer difficulties sometimes involved an element of physical aggression. To pathologise their means of negotiating peer relationships as a sign of underlying psychological disturbance, would deny the very essence of what it means to be a boy.

> P*: Eh well, it really depends if like, if they're usually like that or not. Like…like if you first met them and they're fighting with people, em, you're probably just thinking they're acting cool. But if like, they're usually kind and nice, and joking about with you, and then they just start fighting for some reason, you'd probably think there was a problem.*
> Int: *So even if somebody in school was fighting with people, it doesn't necessarily mean that anything was wrong.*
> P: *No. They just might not like each other.*
> (A1, pg 13, line 43)

Both guidance teachers offered interesting perspectives on 'tell-tale signs', as they described instances when a boy had conveyed his distress through a written assignment. On one occasion, the discovery of this had been coincidental. The boy's father had happened upon his son's work when checking his school bag. On another occasion, a homework exercise had been submitted for an English class. Here, the adolescent boy evidently knew that his work would be read by his teacher.

> *He went home that night and he'd written…I can't tell you exactly what he'd written, but I think I'd ask them to write exactly what their family was like and what their family did for them. He'd written things like [detail omitted]. That was work that we did in the class that he then didn't hand in and took home. Dad just happened to be going through his bag that night and found what he had written and was very concerned, and came in for a meeting…*
>
> (G1, pg 8, line 30)

Whilst it is not uncommon for descriptions of thoughts and feelings to appear in personal diaries, it is rare to discover them in academic assignments; particularly those that will be read by a teacher. Intimate accounts usually remain inaccessible to the scrutiny of others, and as Rodriguez *et al.,* note: *"Clearly it is more common to come across a person's verbal self-description than her raw, un-edited stream of thoughts."* (2010, p.577). In this sense, it provokes speculation about the ulterior motive of these accounts. Admittedly, it would be problematic to assume there was a deliberate intention on the part of either boy to alert someone to their distress as a means of initiating a support response. The first boy may have intended to keep his work hidden; the second may not necessarily have considered the repercussions. Yet each boy was undeniably suffering a level of emotional distress and they chose to express their feelings through a written piece of work. The possibility that they saw no other means of letting others know of their emotional distress cannot be dismissed, and their written disclosures may have been silent cries for help. However, perhaps the experience of writing about their distress was cathartic in itself, and there was no motivation beyond this. Regardless, it is possible that they took advantage of the opportunity to express feelings that would otherwise attract stigma or discrimination (Rodriguez *et al.,* 2010). Perhaps these boys chose to convey their thoughts on paper for fear that they would attract cynicism or scorn if openly discussed.

Pressures and Promoters

The extant literature suggests that 'barriers and facilitators' are popular terms to describe help-seeking intentions and behaviours (e.g. Kulh *et al.,* 1997; Rickwood *et al.,* 2005; Wilson & Deane, 2001). In the current study, 'barriers and facilitators' were not considered to accurately conceptualise the decision-making process in help-seeking. The word 'barrier' denotes an obstruction that prevents movement or access to something, and could be interpreted to mean that help-seeking would not occur if

there was a 'barrier' or a combination of several. Although boys identified a number of factors that undermined help-seeking intentions, their accounts indicated that help-seeking did still occur in some circumstances. The influence of these factors appeared to be better construed as 'pressures' that boys experienced and negotiated. As a result, 'facilitators' became 'promoters' in order to further distinguish the modified approach from the traditional terms. 'Pressures and promoters' applied to all 4 higher-level categories of abstraction. For example, within 'relationships with others', adolescent boys were inclined to seek help from individuals that they trusted (promoter), but sometimes found it intimidating to approach an adult at school for support (pressure).

3.3 Relationships with others

The relationships that participants mentioned included those with parents, friends, support teachers, school nurses, family friends, and the odd example of professionals out with school. This list comprised individuals that boys were both comfortable and uncomfortable to talk to. Confirming previous research, boys in the first instance sought help from people that they were close to (Ranahan, 2010), and were readily available (Timlin-Scalera *et al.,* 2003). On some occasions, this included confiding in more than one individual.

3.3.1 Helper attributes

It became apparent that parents were particularly important for boys. In most situations, they were the first and most reliable source of help. This was somewhat expected in the sense that parents are generally the providers of safety, care and control in their child's world. They represent the main attachment figures and as such continue to be an adolescent's 'secure base' and source of emotional containment as they grow up (Bowlby, 1969, 1988). Mothers in particular were the main support figure that boys talked to, at least in the first instance.

> Int: *So what would you do then if you were having a hard time? What would you do?*
> P: *Probably tell my mum or dad.*
> Int: *Okay. So why do you think you would tell your mum and dad first?*
> P: *Mmm…well my mum likes hearing about this kind of stuff. She likes to know what's happening.*
>
> (A6, pg 2, line 12)

The father-son dynamic on the other hand alluded to the gender differences that tend to surface in the discussion of emotions (Pollack, 2000). For the main part, if boys did talk to their fathers, it tended to follow an initial discussion with their mother. Their mother in a sense represented the 'go-between' between boys and their father. In some instances, fathers became privy to the information but did not directly speak to their son thereafter; in a minority of cases, fathers talked to their sons after the information had been relayed to them. At the other end of the spectrum, the female parent of an adolescent boy said that her husband did not engage in discussions of an emotional nature at all with their son.

> Int: *Right, okay. And you know when you mentioned your husband? Is your husband someone that he would ever talk to?*
> P: *No, I think he's got a different relationship with his dad. It's a more feisty relationship there so I don't think he would go to him.*
> (P1, pg 6, line 25)

Although it may be argued that they have less experience or familiarity in discussing emotions as mothers do, it cannot be said that every father routinely avoids this type of discussion with their son. Furthermore, a father's way of conveying support towards his son does not necessarily need to reflect a mother's approach (Pollack, 2000).

The interview with the male parent also tellingly revealed the inter-generational influences on parenting behaviour. From his own experience of being parented, this parent had made a conscious decision about how he intended to parent his own children. There was a conviction on his part to ensure that his son felt able to talk to him if he needed help. This highlighted that adolescent behaviour cannot be seen in isolation from the powerful influences of parent and family socialisation processes.

> *I think I've made a deliberate aim not to be like my dad…I don't want to be…or I don't want a family like the one that I had. Yeah, so I've eh…made a deliberate sort of…aim. All I wanted was my mum and dad there…so it's taught me that I will always be there for my children. Nothing can compensate for parents not being there…Yeah. Just mum and dad. That's my own personal experience. You, you just want your mum and dad there.*
> (P2, pg 6, line 25)

Interestingly, the interviews with parents also revealed that even though boys talked to them, they did not always know how best to respond to their son's needs. Not only did boys sometimes struggle with their experiences; their parents were also unsure at times in knowing what the answers were, or how to help them. Again, this highlighted that boys were going through rapid changes as they entered adolescence, and this was a new experience for them and their parents. As the following excerpt highlights, this was particularly important for the parent-child dyad when an adolescent boy was their first child, as there had been no prior experience of an older son who had been through this developmental stage.

> *…I mean this will be my first teen so this is all new, so you tend to kind of turn to parents and that who know and have got older ones that have been there, done that. Cos some things, I might go..is that really normal?! And they'll all go through that stage but you don't know that.*
>
> (P1, pg 4, line 8)

> Int: *D'you think parents would generally feel that they would know how to respond to their child, y'know if…if there were problems?*
> P: *I think they would know, to some degree, how to respond. But obviously that depends on how they were brought up and how they had a response system in place. Obviously if their parents were around, or if their mum is around and stuff…then that'd be ideal.*
>
> (P2, pg 3, line 15)

Regardless of whom a boy approached for help, individuals were selected on the basis that boys felt they could trust them. Boys gave a definite impression that they were careful about who they were willing to trust, and were particularly cautious in this respect around their friends. The majority made a distinction between boys considered to be close friends (dyads), and boys with whom they felt the relationship was less secure (cliques) (Brown, 1989, cited in Durkin, 1995). However, there was no generalisation that could be made in terms of how many boys they socialised with. 'Friends' could refer to a select few or a large group, and this sometimes varied all depending on the setting. For the main part, they identified at least one friend that they felt able to trust and confide in. Although other boys that they socialised with

were still considered a friend, they felt unable to trust them as they were not entirely convinced that they would remain discreet.

> *He listens…and…he's just really nice.*
> (A5, pg 3, line 12)

> *…if anything spread out to anyone I would a hundred per cent know that it wouldn't be him because I trust him so much…*
> (A2, pg 3, line 25)

> *I know friends that would keep it a secret, but I know if it was a big one, then I know friends that it would get out.*
> (A7, pg 10, line 27)

Two boys differed from the majority in that they said they would not trust any of their friends, and were adamant that they would never engage in discussions with them about personal issues or emotional difficulties. It did not appear as though this was due to prior, negative experiences; rather it was not an expectation that they had of the relationship with their friends. Pollack reflects on this in his book 'Real Boys' Voices' (2000), arguing that adolescent boys receive conflicting messages about the characteristics of acceptable friendships. On the one hand, close and confiding friendships are encouraged, yet there is an equal emphasis on competition and confrontation. This idea is continued by May (2002) who argues: *"Growing up male has never been more difficult. As in the past, boys today are still expected to prove their manhood, but they must also meet expectations for being warm and sensitive."* (May, 2002, p.42).

Boys' indicated that they were more confident in trusting school staff or mental health professionals. In this sense, familiarity with school support figures was a desirable prerequisite. Every participant said that they had met their support teacher at some point early on in the school term. However for some, an initial introduction did not suffice for them to feel able to approach their support teacher for help. Although these boys thought that they were unlikely to have any problems with their support teacher, they nonetheless identified that they would prefer to be familiar with them beyond being able to identify who they were.

P: *Eh well, I've got my pupil support teacher. And she..she…well, she's my teacher for PSE. And em, she said if we have a problem, we can just go to her. Anytime.*
Int: *Would you, y'know, feel comfortable about telling them stuff?*
P: *Eh well, I would probably have to know them like reasonably well to tell them about stuff.*

(A1, pg 8, line 37)

It appeared that what boys were trying to convey was that they did not necessarily have to have extensive contact with their support teacher, but a degree of familiarity would allow them to gauge how easy to talk to they would be if they needed support. The older sibling of a 13 year old boy succinctly captured this idea.

Em…I don't think it would depend on how long you've known them for…I think it's more how well you think they might react to you talking about things…

(S1, pg 8, line 21)

From a guidance teacher's perspective, the observed difficulty created by dual roles was highlighted Kalafat (2003). He explained that pupils he had taught in the classroom had formed an impression of him in this context, thereby influencing their perception of him as a guidance teacher. His approach as a subject teacher inevitably differed from that of a guidance teacher, and boys were unable to separate out the two roles in their evaluation of him. He explained that a more authoritative approach was needed at times to keep the class under control, particularly when there was disruptive behaviour or a spectrum of abilities and support needs. Raising his voice or sanctioning unruly behaviour was thus necessary at times. However, if pupils had first-hand experience of this, it sometimes created difficulties for him to establish a supportive role if he was also their guidance teacher.

…my difficulty when I first went into guidance was eh…that you, you did have to have a different relationship of a guidance teacher from a teacher. I was quite strict as a teacher em, and…but when you were a guidance teacher you had to be a little bit more open…and I did realise that there was kids who…didn't like me…who I taught.

(G2, pg 2, line 36)

The exception to familiarity occurred when one participant talked about support figures out with school. He explained that the person he met was unknown to him, and this had made it more comfortable to disclose personal information. Evidently assured of his anonymity, he also had the expectation that mental health centres guaranteed confidentiality.

> *Well…what about it makes it easier is because you don't know the person so they aren't going to tell someone else. Well they are, but you don't know them, and it's kind of confidential these centres and things.*
>
> (A2, pg 9, line 10)

It is possible that the importance of familiarity varies as a function of perceived trust and confidentiality. For instance, people that boys encounter at school e.g. friends and teachers, are perceived differently in this respect from people they meet at mental health services (Roose & John, 2003). The account above alluded to the participant's expectations about the roles and responsibilities of professionals in 'these centres'. There was an assumption that information was kept strictly confidential, and this appeared to negate the need for familiarity. Moreover, talking to a complete stranger afforded the advantage that this meant they were relatively anonymous. Friends, on the other hand, are not bound by professional obligations concerning confidentiality. It therefore made sense that if boys did talk to their friends, they would need to be considered a 'close' friend. Not only would this allow a boy to gauge the extent to which they could trust them, but there would be a moral obligation on that friend to keep the information private. Presumably the friendship dyad would suffer if their trust had been compromised by breaking a confidence. Support staff seemed to fit between these two positions. Whilst boys did prefer to be familiar with them to a certain extent, it was apparent that they felt reasonably assured of confidentiality from the outset. Familiarity here was perhaps associated with power balances, feeling uncomfortable about approaching them, or adolescent boys trying to gauge their potential response. Previous research however, does not provide an entirely consistent picture. In one study, a substantial minority of male and female adolescents said that they would not seek help from an unknown professional, as they felt uncomfortable divulging personal information to an unfamiliar individual (Boyd *et al.,* 2011). In reflection, boys who would have felt ill at ease with a mental health professional would

have been unlikely to participate in the current study therefore it is plausible that this alternative view did not surface as a consequence of this.

Boys spoke of other qualities that encouraged them to talk to others. Sensing that someone was available and had the time to listen, and recognising when others were genuinely interested in their welfare were promoters of help-seeking. Quantity in addition to quality was also important. In this respect, boys expressed a preference for talking to one person at a time.

> *I think the more, the worse, cause it's harder.*
> (A6, pg 7, line 28)

> Int: *So, would it matter how many boys were around to talk to…?*
> P: *I think it would be easier if there was just one…it's gonna be easier if you're going to talk to one person.*
> (A2, pg 3, line 17)

> Int: *Okay, what kind of things about talking to someone would be important?*
> P: *It would have to be just the guidance teacher and the kid.*
> (A4, pg 8, line 1)

Guidance teachers' noticed this in their experiences of first year boys appearing at their department, and it was apparent that this highlighted a gender difference. Girls were a lot more apt to appearing with groups of friends, either for moral support or because they were part of the problem. Boys on the other hand, usually came on their own, without taking any friends with them.

> *I'd generally say that if you compare them to girls, girls tend to come through in big groups, with big problems. You certainly get a big group of 5 girls knocking on your door saying, mmm, they've just had a fight or something about…so they've turned up, all of them in their two's and three's, and say, "so and so has done this to me…em…y'know, it's not fair, can you get it sorted out?" A lot of the boys don't tend to come in groups about things. They tend to come…with the four or five that I've seen…they've come on their own.*
> (G1, pg 13, line 20)

In addition, boys sometimes chose to limit their disclosure to individuals who were also directly involved. This could have been a friend or other members of their family. Either way, the problem was something that they were working through together, based on shared experience. However, knowing someone who had experience of the problem was mentioned only as a facilitator in disclosures with friends or families. This served as a normalising experience that someone else had been, or were going through the same difficulties.

> *…I think I'm meeting him after school to harp about it, so, but just out…because we're both involved in it.*
>
> (A2, pg 5, line 24)

3.3.2 Prior help experience

All of the participants were able to draw from prior experience of talking to someone and receiving some form of help. The outcome had been positive and encouraged their intention to seek support on a future occasion (Chandra & Minkovitz, 2007).

> Int: *Why would you want to tell your parents first?*
> P: *Well they've helped me before and I know that they could probably help, em definitely.*
>
> (A3, pg 3, line 6)

If an adult suspected that a boy was distressed and put measures in place to rectify the situation, this was well received. The situation had been approached sensitively with the boys' participation throughout, and concluded with a positive outcome. Participation and involvement in this respect was especially important. The account that describes the response by school staff is encouraging, as it suggests that schools are better equipped towards supporting young people than in the past. Previously, young people complained that provision of support was rarely prompt, and professionals around them had a lack of understanding or awareness about their mental health needs (Leon, 1999).

No he didn't come to me either and tell me he was frustrated with his work. That was just a teacher reporting it. We contacted the parents to see if he'd said anything at home. He hadn't, and then we looked at the class he was in and suggested other classes that he could go into. He was happy with that and we ended up just moving him and now he's a much happier boy. I think, where the problem gets highlighted by someone else, the boys are really, I think I said before, when they come in, we meet up with them and try and solve it and work the problem out and they're very responsive to what you set up.

(G1, pg 5, line 26)

P: *…and now I think it's good cause I've told my mum and dad mm, about how I was feeling about it, and now they can sort it out. They spoke to [detail omitted], and then the school nurse worker, and care workers and things, and now that I've told someone it's been dealt with and I'm finally happy now. And if I didn't tell anyone I don't know what would have happened.*
Int: *Would you feel like you could tell…you could talk to someone again in that situation?*
P: *Yeah. Definitely. I'd be much more willing to do it now that I know what's going to happen after it. Cause I thought they just won't want to know and then that'll be fine until something else happens bigger. That's what I thought would happen, but they act on it really soon.*

(A2, pg 7, line 33)

Talking to someone was not solely for the purposes of verbalising their feelings. Although this was helpful in itself, boys desired some form of a practical solution or advice in how to deal with their problem.

Int: *Was there anything that wasn't helpful about it?*
P: *Not really. My worries got sorted. I was happy.*

(A5, pg 9, line 5)

There were no examples of less positive help experiences that boys could draw from in secondary school. However, in one interview a boy said that the approach taken in primary school was unhelpful, as school staff usually contacted a child's parent in the first instance whenever difficulties arose. This was seen as problematic, as the boy considered that the pupil should have been approached first.

> *Nothing…got dealt with. Like those people that needed to get things dealt with and the biggest thing they'd do is get their mum in. And speak to their mum about it. They'd never speak to the child about it or anything really…It's a problem cause you want to speak to the child first to see what's up…with them, and then their mum or dad to discuss circumstances and what's wrong.*
>
> (A2, pg 13, line 2)

This view was particularly insightful, as there are occasions when a child's difficulties stem from the home environment, or perhaps involve issues that a child does not wish to discuss with their family until a later stage. To circumvent the child and contact the parent(s) without their prior knowledge, may create further problems and compromise their trust in adults as reliable support figures. It was reassuring that boys could otherwise not recall any unhelpful experiences of support in secondary school, however it is important to note that they had only been there for a relatively short period of time. The only awkwardness that boys' mentioned was created by power balances and this is discussed in the following section.

3.3.3 Power balances

Given the age and status of first year boys compared to school adults, it was unsurprising that this created power imbalances, and affected the process of help-seeking in several respects. All participants were able to identify their support figures, and the most frequently cited were the pupil support teachers or guidance teachers. However, despite having met their designated support teacher (most often within a Personal and Social Education (PSE) lesson), boys implied that it was a little intimidating to initiate contact, at least on the first occasion. They felt that it was preferable if an adult approached them; supportive of evidence that adolescents can be embarrassed and shy to talk to a professional (Hunt, 2008; Rickwood *et al.,* 2005); particularly boys (Hunt, 2008).

> *It's easy to get a hold of them but speaking to them for the first time is quite hard.*
>
> (A5 pg 13, line 20)

> P: *I think it would be easier if someone went up to them.*
> Int: *So why do you think that would be easier?*
> P: *Dunno. Maybe shy.*
>
> *(A3, pg 4, line 24)*

Interestingly, one boy also pointed out that if his support teacher initiated a conversation, he interpreted her gesture to mean that she was both willing to help and had the time in her schedule to listen. In this sense, he did not have to second-guess whether or not his support teacher was interested to hear how things were going. Her asking him suggested that she was.

> *Cause my support teacher is really, really, really good…She's been in my em…I've got her now and she asks me a lot and, "how are you now?", and…yeah it's all fine. I like that. Well, all that's really happened, I wouldn't want to [confront] her with something…you wouldn't know what to do so quickly about it, so if she asks me that means I can tell her so she is ready for it.*
>
> *(A2, pg 7, line 1)*

As mentioned earlier, boys generally did not appear at guidance departments asking for help for reasons of psychological distress. Although there are potentially other, additional reasons for this e.g. stigma of mental health problems, it is equally probable that taking the initiative for boys was a daunting prospect. Encouragingly, the following account also indicated that when boys were asked how things were going, they had been quite forthcoming.

> *Yeah, sort of generally speaking I'd say they're fairly open…I'd say they are open if you ask them questions but it's getting them to come forward in the first place that's maybe the issue.*
>
> (G1 pg 12, line 7)

Difficulties with power balances also transpired when a minority said they felt pressured to disclose information they would rather have kept to themselves. One boy said that although his support teacher assured him he did not have to discuss things he was uncomfortable to share, he nevertheless felt obliged to respond to difficult questions. Although reassurance worked in theory, it had been more problematic to negotiate in practice.

> Int: *Is there anything else…that you think might be useful for me to know…?*
> P: *It was still difficult even though I knew them cause I wasn't…prepared to tell them that much…eh…[long pause]…Don't try to get them to answer…like don't force them to say…everything…if they feel they're uncomfortable. I was told that I didn't have to answer questions that I kind of felt…but I did. I felt like I had to.*
>
> (A5, pg 14, line 25)

A third issue arose in relation to power balances that did not directly refer to help-seeking, but has important implications for boys' willingness to approach support staff. One guidance teacher recalled a few occasions relating to discipline issues that had necessitated his involvement. He suggested that there was an inherent and problematic bias to favour school teachers' accounts over boys', when in reality the fault did not invariably lie with the latter. Not only would this outcome compromise the relationship that an adolescent boy had with their support teacher, it could also affect their perception of how other adults may respond. If there were boys whose main or only source of help was their support teacher, they would be seriously disadvantaged and isolated if they were experiencing difficulties.

> *…it took a while to realise that, a lot of what the pupils were saying was, was true. And the teachers were quite often…in the wrong. Y'know that's, that's a really em…it's like the police investigating the police. Guidance teachers taking information from pupils em…about other teachers. It's a very difficult sit…situation because…a lot of the time the teacher would have actually have said the wrong thing at the wrong time and created a problem…Teacher's are exhausted. Em. I probably sympathised a lot with the…the teacher. Em, because I saw the reality of em…what the teacher had…had to face. But, that was at the detriment…probably of the pupil.*
>
> (G2, pg 8, line 19)

There are attitudinal differences towards formal authority across the UK and US compared to other cultures (Elliot, 2009). Teachers in the UK and US are significantly more likely to struggle with challenging pupil behaviour, therefore when a teacher-pupil conflict arises, an impartial and satisfactory conclusion can be elusive. It is a difficult task to mediate, and as the preceding account highlights, a support teacher can easily sympathise with a colleague knowing the pressure that they sometimes face

in the classroom. However, if or when this situation occurred, it would pose a serious threat to boys' intentions to approach their support teacher for help. As one study revealed, adolescents were disheartened when it was assumed that they were always in the wrong (Kalafat, 2003).

3.4 Mental health support and education

This category consisted of focused codes relating to mental health literacy, an awareness of how to access mental health support, and the preferred contexts of support. Mental health literacy is described by Jorm *et al.,* as *"knowledge and beliefs about mental disorders which aid their recognition, management and prevention"* (1997, p182). The term 'mental health' in itself was not used in conversations with adolescent boys owing to the fact that it tends to create conceptual confusion (Rose *et al.,* 2007).

3.4.1 Mental health literacy

Mental health literacy in adolescents tends to be rudimentary and unsophisticated (Leightob, 2009), and several participants said that they occasionally struggled to understand terms or experiences that related to mental health. They all had knowledge of bullying and substance misuse from PSE lessons, nevertheless there was sometimes a lack of understanding about their own mental health experiences, and this created confusion or apprehension. For instance, one participant described feeling unsure about an experience he had encountered in the past. It had been unsettling for him as he struggled to comprehend his situation, and initially decided against asking for help. It is likely that a fear of the unknown coupled with an inability to determine the 'normalness' of his difficulties contributed to this. In these circumstances, this would only serve to further increase his apprehension, as the difficulties were still unsolved and may have deteriorated further.

> Int: *Before you told your mum and dad, what was stopping you from telling anyone? Why did you not want to tell anyone?*
> P: *Because it was just something that I felt like I needed to keep to myself. But…it's something that I didn't. It's a…umm, a big-gy kind of thing.*
> Int: *Quite a big problem that was worrying you.*
> P: *Mm hmm. It was worrying me quite a lot and I didn't understand what was happening with my life at that moment, because I didn't understand what a word kind of meant in a way…I got mixed up between two words, and that totally…kind of confused me.*
>
> (A2, pg 8, line 13)

Boys were generally keen to increase their knowledge about mental health issues so that they would have a better understanding of their own experiences and any unfamiliar or uncomfortable emotions. It appeared that if they understood the reasons behind their distress, or at least had an appreciation of the thoughts and feelings it could trigger, that this would be helpful.

> *It would help if they knew what was wrong with them or…what was happening to make them feel sad or angry or whatever.*
>
> (A6, pg 7, line 19)

One parent noticed that left to his own devices, her 13 year old son was inclined to read information about growing up that she passed to him. It seemed to help that her approach did not force him to read the leaflet immediately, or in front of her. She left it with him to store in his room so that he could read it in his own time. This strategy in fact encouraged her son to seek further verification, or talk about certain issues in more detail with her. Here, the attitude conveyed suggested that her son was aware she knew he was growing up, and that there might be information that he would be interested to know more about. Furthermore, he was given the impression that his mother was available if he wished to discuss things that were included on the leaflet, yet without pressuring him to do so.

What maybe there should be is like little leaflets cause when they reach kind of you know, puberty age and they need to know all these things and after primary 7, I got these little leaflets from the community centre about growing up and that, and you know both my kids have loved them and they've both come back with questions. Now you see if you had things like that bit in your psychology side of things…you know, if you're feeling…, if this happens…etc. Yeah, and thinking about the friends he's got, I think most of them would at least have a look through it.

(P1, pg 9, line 33)

3.4.2 Awareness of support

The majority of boys said that they were well-informed of their support options in school. They had received verbal and written communication about how to access the appropriate person e.g. a pupil support teacher or school nurse and had been introduced to them either as a cohort or individually.

Information like, letters home saying things about these types of things and…like, if someone wants to say anything, you can, they can come to this room with this person and they can say it out, or something, like there's a little package we have.

(A7, pg 13, line 39)

P: *…at the start of…em…like the head teachers told us about the school nurse. Eh, just like at the start of school, like the first assembly we had.*
Int: *Right. And what did they say?*
P: *Em…they said like, sort of, if you have any problems with anybody or anything…just go talk to the school nurse…about it.*

(A6, pg 2, line 23)

It was perhaps unsurprising that because all of the participants had either one or both of their parents available to support them, there was no one who predominantly relied on the school to meet their emotional needs. However, this does not at all suggest that all boys in first year were fortunate enough to have their parents available to them. As one parent highlighted, the role of the school was important when parents or other guardians were not around. This applied to parents who were not physically present, or present but emotionally unavailable. In this sense and perhaps without realising, school staff occupied a fundamental role in supporting some boys. The parent here conveyed that it was important for schools to ensure that they were equipped to

respond to their needs under these circumstances. Drawing from his own experiences, he highlighted that adolescent boys were particularly vulnerable when their parents were not there to support them. Sadly, his account also gave an indication of the potential consequences of this.

> *Well…I think…I think there is a need to, to nurture children within these different systems whether it's education or…whatever. But I think the family's the most important thing a child needs. So…if the parents aren't encouraged to be there…then obviously you've gotta have a system up that…that will cater for all these problems. I mean personally myself…how I dealt with all my problems when I was a teenager, was just drink and drugs and everything else.*
>
> (P2, pg 7, line 34)

However, to what extent a school can meet the demand for support often depends on the availability of resources. It was highlighted that the likelihood of identifying boys who needed help was limited by the size and pace of the secondary school environment. The pupil to staff ratio, and the limited pupil-teacher contact made it relatively easy for them to remain unidentified; a predicament that has not gone unnoticed (Hartley-Brewer, 2001).

> *It's very easy for em, a pupil when they go into secondary school, em…not to be visible. Em…I think there's nobody watching out for them in the same…in primary, you…I know they have loads of monitoring systems in the place, in the playground, just to literally see someone standing on their own…and in secondary there's nothing like that. You only maybe have…5, 6 guidance teachers in a whole school. That may be 1 per 100, and it's just, it's not enough…to deal with…the difficulties there that kids have…y'know. You're just not going to get anywhere near em, dealing with children's eh, just day to day stuff in the appropriate way.*
>
> (G2, pg 1, line 40)

This was compounded by an observation that the emotional support invested in school was mainly directed towards, and sought after by girls. Boys, on the other hand were more likely to be in transactions with school staff over discipline issues, as they were not necessarily considered to experience emotions as girls did. Here, there were inherent, unhelpful assumptions made about the adolescent male psyche.

> *Boys: discipline. Girls: emotional. I don't think…guidance teachers really appreciated that first year boys were going to have any kind of emotional difficulties…I think secondary is…they're just deemed to cross over that first year, that threshold, well, now you're a man, or something like that. Whereas…but in primary, they're not. They're still a wee boy.*
>
> (G2, pg 5, line 45)

> *…the big things always just seemed to be…girls falling out. I mean so much time is with girls.*
>
> (G1, pg 11, line 47)

Nevertheless, specific protocols that had been implemented at school proved to be effective strategies in attempting to tackle these issues. Several participants mentioned that every first year pupil had attended an appointment with their support teacher early on in the school term. This meeting was arranged to establish how each pupil was settling in, and was a strategy also employed by the school that the guidance teachers were recruited from.

> *…generally just ask them how their behaviour has been, how their class work is going, how they are getting on in each subject, are they completing their homework, do they feel supported and if they feel they can come and speak to me if they've got a problem…*
>
> (G1, pg 3, line 20)

The participants responded favourably to this, as it was something that the entire cohort was required to do, and therefore normalised the experience (Wilson & Deane, 2001). Whether or not there was an explicit intention to do so, the first year pupils were taught that a 'check-up' appointment was standard protocol to ensure that things were progressing well during the first few months of secondary school. Because the whole year took part, this would render it impossible for peers to identify who was experiencing difficulties.

> Int*: …so if someone says you're going to have an appointment to see if everything's going okay…*
> P*: Yeah, cause we have had that. Like someone that you had to go and see, like see how you're getting on in school. And it's really good that, cause everyone knew.*
> Int*: And what would be ok about that? Why would that be quite good?*
> P*: Cause like, eh, you're not getting singled out.*
>
> *(A7, pg 14, line 15)*

Unfortunately, boys' awareness of support services beyond school was minimal. The majority said that they would like more information on other formal support options, complementing existing research (Dogra, 2005; Paul *et al.,* 2008). Nevertheless, they were optimistic that they could rely on adults to recognise when it was appropriate to link them in with specialist services. This alluded to the importance of school support figures knowing when and how to access more formal measures of help.

> P*…you would probably know if you needed to go, cause you would ask the people here and they would tell you.*
> Int: *Aah. Okay. So you would first go to…you would speak to someone here and then they would maybe, if they needed to, get those services.*
> P: *Yeah.*
>
> (A5, pg 13, line 10)

There were however, two exceptions to the awareness of other formal support services. Here, both participants had experience of a mental health service out with school. One mentioned that adolescent boys may be concerned that help-seeking for distress would be made into a 'big deal'. Although his experience of support was positive, he thought that interventions out with school in an unfamiliar environment possibly implied a serious problem. He wondered if this prospect could be off-putting to a boy who was deciding whether or not to talk to someone.

> *…if you have to go to like [detail omitted], you sort of have to go somewhere like different, so it's like a big thing, but if it's in school it's okay really. Eh…um, because it's like a kind of psych-y group thing like, kind of em…like you've been em…like someone's asked your mum or dad to join so it must be a big thing. If someone's come to your house and then asked you if you wanted to join it cause of the circumstances that's happened, like anger or something; because there's been a big deal made out of it…*
>
> (A2, pg 11, line 50)

Evidently, fear of the unknown leaves adolescent boys to create their own realities of what mental health services look like. This underscores a need to promote communication between tier 1 supports i.e. teachers, school nurses and social workers; and the team-based specialist services of tiers 3 and 4. The increased visibility of tier 2 professionals in schools e.g. primary mental health workers currently acts as the interface between primary care and specialist care (Spratt *et al.,* 2010). Increased efforts to familiarise young people with specialist mental health services beyond this could help dispel myths, minimise stigma and normalise psychological distress (Smith, 2002; Watson *et al.,* 2005).

3.4.3 Context

Adolescent boys said that they would feel most comfortable to talk to someone in a discreet, familiar, and easily identified location. In the first instance, this was preferably within school as this setting was the most familiar.

> *…as long as it's not a big group, it's just like say, you're walking around the school…and then em, you go up like I don't know, into a, somewhere private bit like…in the corridor. Like an empty corridor or something.*
>
> (A1, pg 10, line 15)

> Int: *Okay, and what about going somewhere that's not in school? How would you feel about that?*
> P: *Umm…I wouldn't really like that as much.*
> Int: *So how would that not be so good?*
> P: *Mmm [long pause] cause I think I'd like it better here because…I feel more secure in here than somewhere else.*
>
> (A6, pg 9, line 11)

Several participants also spoke of other supportive contexts. Most boys felt able to share their worries in the safety and comfort of their home, however a parent was not invariably the preferred support figure in all circumstances. For instance, one participant said that he would consider using a dedicated phone line service. A second participant explained that there was an online chat facility on a social networking website, and he had accessed this to talk to his friend.

> *My friend…I've spoken to him over video chat…on Facebook they do this new video thing, so you…everyone can chat on it. That's what I do with my best friend, but I knew that he was on his own in his corner. I knew he wouldn't tell anyone about it.*
>
> (A2, pg 5, line 9)

These examples suggest that there may be benefits in using technology for help-seeking. Firstly, it is likely that the video chat facility was easily accessible and available. It can also be used in a setting that is comfortable and provides privacy. School children nowadays tend to be confident in using communication technology, and many have access on a regular basis, therefore it was likely that this option would have been available to a number of boys that had internet access at home. In a similar vein, phone lines can provide privacy, and usually afford a degree of flexibility in the hours of operation. Here, the support figure is a complete stranger which may be appealing if a boy wished to remain anonymous. Anonymity may lead to boys feeling less inhibited in the content and amount of information that they disclose, and there is evidence to suggest that some adolescent boys would explore this option (Burke *et al.,* 2008). In the UK, one project in particular, CALM (The Campaign Against Living Miserably) that runs a dedicated website and helpline, reports 72 per cent of their callers are male. Nevertheless, there are still those who vastly prefer face-to-face transactions (Roose & John, 2003).

3.5 Being a boy

The literature is historically replete with theoretical conjectures about gender ideologies and male and female behaviour (e.g. Addis & Mahalik, 2003; Bussey & Bandura, 1999; Berger *et al.,* 2005). Regardless of the emphasis, all consider that gender development makes a fundamental contribution to our knowledge and understanding of social life (see Bussey & Bandura, 1999 for a detailed discussion). In this respect, differences between adolescent males and females frequently emerge in mental health research e.g. attitudes towards mental health (Williams & Pow, 2007); willingness to use mental health services (Chandra & Minkovitz, 2006); social processes impacting on mental health (Landstedt *et al.,* 2009); coping strategies in managing stress (Plancherel *et al.,* 1998); and topic preference in mental health education (Woolfson *et al.,* 2008). The literature also reveals that popular male stereotypes persist, describing them as

reticent in acknowledging or attending to their emotions. For instance, there is the belief that males are reluctant to reveal signs of emotional vulnerability (Addis & Mahalik, 2003; Pollack, 2000; Wilkins, 2010); inclined to flout emotional support when distressed (May, 2002; O'Brien et al., 2005); and eager to portray an image of self-sufficiency that venerates male stoicism (Bussey & Bandura, 1999; Pollack, 2006). Gender theorists would argue that these characteristic behaviours and tendencies reflect underlying processes relating to gender ideologies (e.g. Berger *et al.,* 2005; Landstedt *et al.,* 2009; O'Brien *et al.,* 2005). In the present study, boys' accounts provided a stark illustration of attitudes denoting the parameters of acceptable conduct and relational scripts. This produced the memo, 'being a boy' as the theoretical categories 'bottled-up emotions', 'fear of repercussions' and 'problem size' appeared to relate to remote socio-cultural processes that governed adolescent boys' behaviour and attitudes.

3.5.1 Bottled-up emotions

The interviews supported the notion that boys felt under pressure to contain certain emotions that if otherwise revealed, would be detrimental to their image (e.g. Roose & John, 2003; Landstedt *et al.,* 2009). For instance, it was 'taboo' to cry in front of others, and to do so would elicit negative reactions. The implication was that any visible sign of distress would be construed as emotional weakness. It was not that boys did not experience negative emotions, rather they did not wish to reveal them; particularly to other boys.

> *Cause boys might, like, they're really cool but if they speak about it, they might get upset and then they won't look quite cool anymore. Like if you, I don't know, say something annoys them. Instead of like crying and shouting, they might like turn and walk away. Like, like they want to cry, but they don't, and their eyes start watering, and they like, just turn away so people can't see it.*
>
> (A1, pg 2, line 27)

> Int: *And do you know like in the meantime, would he have spoken to any of his friends?*
> P: *No. I don't think he would have…cos I think they're kind of…I don't think he's reached that stage yet of where you've got your best friend where you can just kind of say anything and it wouldn't matter…I think they're still a bit young for that. You want to keep your…well in his case, your very cool status that you've got and not go, if someone knows something that personal y'know…*
>
> (P1, pg 2, line 32)

Even when boys did talk to their parents, it became apparent that they had hidden or repressed their emotional distress for quite some time on many occasions. The expression 'bottled-up' emerged in several interviews and was used to describe how boys were inclined or predisposed to deal with their emotions. This subsequently appeared to affect others' implicit perception of boys' propensity to acknowledge or think about their emotions.

> Int: *Ok, and what's he like in terms of emotional expression in front of you? You know, would it bother him if he cried in front of you?*
> P: *Em…probably would. He's not really good with emotions. He bottles everything up. A lot. He bottles up a lot. Which is why you get these explosive moments I think.*
>
> (P1, pg 4, line 35)

It was therefore unsurprising that it was not customary for boys to engage in candid discussions about their feelings. There was a strong indication that they were characteristically more reticent than girls to relay emotional angst. However, the extent to which each boy endorsed this view indicated that contextual factors such as family composition, parents' gender-role attitudes, and relationships with parents heavily influenced their attitudes (Priess *et al.,* 2009). Despite this, every adolescent boy had experience of hiding his emotions, at least in certain situations or from certain individuals; and in some cases they remained hidden for prolonged periods of time as the following excerpt illustrates.

P:*…he came in very, very upset recently and that was because he wasn't enjoying being in 3 or 4 classes he was in; and having a really not nice time, and it had built up since he started in August…about 8 or 9 months really not happy in the class. Came in; cried his eyes out…*
Int: *Right, and do you know if he talked to anyone else in that space of time?*
P: *I think he just built it up…after that we contacted the parents to see if he'd said anything at home. He hadn't. He had just kept quiet about it and kept his head down and carried on with it.*

(G1, pg 5, line 3)

Here, the boy had tried to cope on his own for the majority of a year, doing his best to control his feelings. He had evidently decided that asking for help or telling someone of his feelings was not an option for him. Worryingly, he had been able to convince others that he was coping, or at least behave in a way that his distress went unnoticed. It was not until he literally could not stifle his emotions any longer that he had acted upon it. There was almost the sense that a store of negative affect had reached its holding capacity, and exploded in front of the guidance teacher when the relentless supply of distressing emotions could no longer be contained. This example in particular provides a fitting illustration of the concern that boys "*tough it out*" (Pollack, 2000, p.35); and "*equate emotional health with control and discipline*" (Ritchie, 1999, p.73).

In comparison, there was a marked departure in the expectations that participants had of girls' help-seeking behaviours. Girls were seen to be more forthcoming about their emotions, and did not hesitate in recruiting the help and advice of other people. Talking about emotions and involving other people seemed to be something that they were well-versed in doing; almost second nature.

Well…girls usually can say things out…and boys just try to keep it in.

(A2, pg 1, line 45)

Most of the boys are a little bit more embarrassed…y'know, to talk about an issue. Whereas girls are quite happy to talk about it, and get it sorted and…I dunno, boys, are a bit more, they'll let things lie a bit longer.

(A7, pg 14, line 26)

Reflecting on the number of boys who did consent to take part perhaps provides a significantly telling illustration that discussions about thoughts and feelings were unfamiliar, uncomfortable, or even detrimental to boys' image. It is possible that the three adolescent boys that consented to take part but opted out prior to their interview, withdrew from the study partly because of these reasons. In addition, the ones who did take part all said that they had not admitted this to their friends.

3.5.2 Fear of repercussions

Fear of others' reactions emerged as a significant worry, and echoes the concerns of adolescent males in other studies (e.g. Burke *et al.,* 2008). Boys' biggest fear was being laughed at, teased or bullied if they talked to someone. As a rule, they were most distrusting and suspicious of other boys, therefore it followed that their fear of mockery and derision primarily related to male peers. There was a tendency to make sweeping generalisations about the majority, and they were not optimistic that other boys would be considerate or discreet.

> Int: *So what do you think a boy your age would do about that?*
> P: *Eh…probably just leave it and let it get worse.*
> Int: *Okay. So why do you think they might not do anything about it?*
> P: *Eh…cos they might be made fun of by actually doing something about it. Like other people in their year.*
> Int: *Oh right…like other boys and girls?*
> P: *Eh…probably just boys.*
>
> (A4, pg 1, line 23)

Attitudes however, were more flexible in relation to girls. Several participants believed that girls would be helpful and compassionate, yet there was an appreciation that not all girls were supportive. Regardless, there was not the rigidity or all-encompassing rule of thumb for girls' reactions that they applied to boys.

> P: *Like some girls are quite stroppy, and others are quite nice about some things.*
> Int: *Okay. And what about boys then? What would they do, d'you think?*
> P: *Mmm…I think, they might go and tell their friends. And then it would get around most people.*
>
> (A6, pg 6, line 18)

> Int: *Is it…I mean, if somebody was having a hard time, would they tell their friends d' you think?*
> P: *Mmm…I don't know, not sure. Don't think so, but I'm not sure.*
> Int: *Ok…why do you think they might not want to tell their friends?*
> P: *Hmm…em dunno…eh, they could get laughed at, but if they were really good friends they wouldn't. But just in case they did get laughed at, they wouldn't.*
>
> (A3, pg 6, line 28)

The ensuing consequences of others' reactions meant that boys were also apprehensive that their personal life would become public knowledge in school or at least their year group. As the following excerpt highlights, this had already occurred in some occasions. A minority of boys had witnessed the consequences of divulging personal information, therefore their fears were not entirely unfounded. They were acutely aware that their secondary school accommodated a large, concentrated population of pupils, and that this increased the risks associated with disclosing their feelings.

> *…one person could go and tell others and it can spread. Things have happened in school, like weeks ago, when one person that's told one of their mates, and one of those person's mates was with them, and they just went out and told everyone and it was round the whole school. And it's quite private about their family, and things.*
>
> (A7, pg 3 line 6)

3.5.3 Problem size

When or even if boys asked for help, all depended on their perception of the size of the problem. If they felt that the magnitude of their problems was significant then they were more likely to seek help. The definition of a problem that was 'really bad' would presumably vary according to each respondent, however because the majority of participants had not experienced what they considered a 'really bad' problem, they were unable to specify what this would look like. One suggested that being bullied every day over a prolonged period would constitute a significant problem. These admissions were somewhat unsettling as it is possible that this indicated boys would delay help-seeking until they felt overwhelmed by their difficulties. They gave the impression that their threshold for accessing support may need to be lowered.

Well, it depends how bad it is…if it was really bad I might tell someone else.

(A3, pg 3, line 31)

If I get…If I get too many worries; can't deal with them properly.

(A5, pg 8, line 17))

Int: *So what do you think a boy your age would do if they were having a hard time?*
P: *Eh…probably just leave it and let it get worse.*

(A4, pg 1, line 21)

Int: *Right, and how long would he have bottled something up for, y'know, by the time it comes out?*
P: *Probably a few weeks. I know just little situations, and you're like, "why didn't you tell me?" And they're like, "oh, I couldn't be bothered cause I was angry and then I just left it." He'll say he just left it but really he's thinking about it and it will pop out at some time.*

(P1, pg 5, line 2)

One guidance teacher perhaps provided a telling illustration of why boys contained their problems until they were severe. His account highlighted the role of socio-cultural expectations, suggesting that their tendency to hide emotions could not be separated from gender ideologies. He thought that if a boy were to seek help, it was possible that others may have judged them (whether privately or publicly) as lacking in self-sufficiency. The guidance teacher's perspective was that it was difficult being a boy in this respect, as they were almost thought to be inadequate if they were unable to negotiate their own way through their problems.

There is a macho…it is, it is tough being a boy. I think boys have a little bit of a…label of 'pathetic' if they're not coping. I know that sounds terrible…I think em…maybe lots of teachers would argue that they've not thought that, but em, yeah I think, looking back, there's that element where, almost they're responsible…for their own situation.

(G2, pg 16, line 18)

This view endorses studies with male adolescents in the US (Chandra & Minkovitz, 2006; Timlin-Scalera *et al.,* 2003), and it is concerning given that attitudes relating to gender scripts are internalised by younger generations. Perhaps as Pollack (2000) suggests, verbal and non-verbal displays of aggression are often tolerated or even encouraged in lieu of the distress and angst hidden underneath.

Interestingly, one participant said that he would be inclined to remain silent if the problem related to something he had been wrongly accused of and involved shouldering the blame for a friend. His admission illustrated the powerful influence of peers on adolescent behaviour. As such, peer pressure and conformity can be more important to younger adolescents who have a desire to be accepted, in comparison to older adolescents who are more likely to establish their autonomy from peer pressure (Durkin, 1995).

> P: *...em it probably depends on like, what's the problem.*
> Int: *Right. Okay. So, what kind of problems would you be more likely to tell someone about?*
> P: *Eh, like if eh...I got dumped, or...I failed a test or something.*
> Int: *Okay. So what kind of things would you be less likely to want to tell someone?*
> P: *Eh...not too sure. Like em, I don't know...if like...em, someone got in trouble and I got the blame for it. Well that's happened before with me, and like eh...one of my friends, he prank called the police and eh, he blamed me...*
>
> (A1, pg 7, line 1)

3.6 Individual factors

3.6.1 Personality and development

Although participants' views converged in many respects, the pressures and promoters they described were ultimately filtered through the lens of their unique personalities and individual experiences. Some said that under the right circumstances and with the right person, they felt able to ask for help; yet they appreciated that this did not always apply to others. This is highlighted in existing research, for example, it has been found that boys with an adaptable temperament are more likely to initiate help-seeking (Sears *et al.,* 2009) compared to boys who are low in emotional awareness (Rickwood *et al.,* 2005); and parental factors such as substance abuse and conduct disorder are associated with unmet mental health treatment needs in adolescent boys (Cornelius *et*

al., 2001). These views also alluded to the fact that the adolescent boys who were recruited in the study represented those who would talk to someone. Due to the nature of the study, it was unlikely that those who never asked for help and habitually masked their feelings would take part therefore their perspectives remained unaccounted for.

> *Well if you've got the right person to talk to, it's really like, probably really easy. Well for me anyway…but I'm not sure about the rest.*
>
> (A1, pg 12, line 41)

> *Well sometimes boys find it easy and just tell someone straight away but some really don't want to and try to keep it to themselves.*
>
> (A3, pg 2 line 23)

> *I think generally, yeah there's a big difference. But then I think there would be individuals…some boys would act very differently. Some girls just wouldn't want to talk…are very self-conscious or…boys who would be more than happy to share their problems. Em…on the whole, I think boys generally not so. The girls, more so.*
>
> (S1, pg 5, line 25)

From a parent's perspective, it was apparent that their son was growing up. Although their son was essentially the same person, changes in attitudes and behaviours were beginning to surface.

> P: *I think it is partly that you just kind of do know them, and know that they go through a massive change I think, from having known them to when they reach their teens. It's like a new person.*
> Int: *Right, okay. And that kind of change, what kind of period of time does it happen in?*
> P: *You see it gradually happening. I think he started round about 12, reaching 12. He started kind of changing…just the way they are the, the way they speak, the way they act, talk, things like that.*
>
> (P1, pg 6, line 12)

One guidance teacher also noticed that first year boys tended to be quite excitable when they arrived in secondary school. This is perhaps reflective of the new

environment, relationships and experiences that they encountered all at once. In addition, the developmental changes characteristic of adolescence likely impacted on their behaviour.

> P: *Em, not sure about comparing to other schools but I'd certainly say first year boys here, they're well behaved and comparing them with older boys, first year boys are better behaved than third or fourth year boys.*
> Int: *Why do you think that is?*
> P: *Want to make a good impression I guess? Don't quite raise their heads, sort of keep in line, em, but I'd certainly say, you know they're enthusiastic but I think a lot of teachers, like have to really harness that enthusiasm. So I'd say behaviour is generally good but it's all about sort of harnessing that enthusiasm and just keeping them on the one task and focused, and concentrating on the work given.*
>
> (G1, pg 1, line 12)

3.6.2 Coping strategies

Several boys spoke of other strategies in managing their feelings e.g. through physical activity, which is effective when distress is mild or transient (Kinnunen *et al.,* 2010; Plancherel & Bolognini, 1995). Here, there was still an acknowledgement that there was a problem, and this prompted an attempt to manage the resulting emotions. Although there may have been times when asking for help would have been most effective, this form of coping strategy is a more adaptive solution than denial or avoidance (Rickwood *et al.,* 2005).

> *…so it's better [after school] just like cause my friend's involved in it, where you can kinda chill out and have some fun because…and just like play some football. You want the kind of space to be free and active, cause that can kind of express your anger out…*
>
> (A2, pg 5, line 40)

Humour also emerged as an alternative coping strategy in some instances. This was perhaps not as adaptive as engaging in physical exercise, but in a sense provided boys with light relief. The drawback of this approach could be that it would invite others to joke about their difficulties. Unless an adolescent boy had a particularly sensitive friend who would later establish their true feelings, it is possible that their underlying distress would have been overlooked or minimised.

> *Em…from what I've seen, I'd probably say, hang around with their mates and just make some jokes and try and laugh it off. Or make a joke out of it.*
>
> (S1, pg 3, line 4)

3.7 Help seeking pressures and promoters: a dynamic process

Given the participants' age, a substantive theory cannot be considered in isolation from child development. As the pressures and promoters occurred within the context of external influences, the initial stage of the help-seeking process was considered to epitomise Bronfenbrenner's ecological theory of human development (1979). Bronfenbrenner proposed that the parent-child relationship occupies the core position within a set of dynamic interpersonal and environmental structures. At this core level, the day-to-day activities, roles and interpersonal relationships that occur within settings that the individual participates, are known as the microsystem. In turn, the mesosystem describes the interactions between these settings of the microsystem, and how the relationships affect one another. In this study, the microsystem and mesosystem mostly consisted of people that adolescent boys encountered at home and in school. The relationships they experienced with family, friends, peers, and school staff all influenced their help-seeking attitudes and behaviours. This was illustrated in the theoretical category 'relationships with others'.

These structures and relationships are then affected by wider social contexts, for example the mass media, education system, and community services; collectively comprising the exosystem. How these settings were organised, and the extent to which they were available, impacted on the relationships between boys and their social networks. The category 'mental health awareness and support' captured this. For instance, the extent of mental health awareness, and provision of support within school affected boys' intentions to seek help. It appeared that although systems were in place, the structure and availability of resources was not entirely conducive in supporting the emotional needs of adolescent boys.

Ultimately, these social structures are organised around belief systems and ideologies revered by an individual's culture; the macrosystem. Bronfenbrenner suggests that an

individual's development cannot be detached from higher-order social structures and is inherently *"...circumscribed by values and arrangements prevailing at seemingly remote levels."* (Durkin, 1995, p.31). At the most remote level, adolescent boys; their relationships; and the settings in which these occurred, were organised according to prevailing socio-cultural beliefs. Attitudes about emotional expression and vulnerability in boys reflected an internalised value system of gender-prescribed behaviour and stereotypes, and were discussed in the category 'being a boy'. Boys were careful and selective about whom they were willing to share their innermost thoughts and feelings with. They were able to identify at least one support figure, however they were constrained by mistrust and scepticism that they would be ridiculed, particularly by other boys if they were to concede emotional vulnerability or surrender to support. Self-sufficiency and containment governed their behaviour in many respects. In some instances, boys were not even expected to experience an emotional life, and this blinkered others' perception of them to the detriment of their emotional needs. The direct and indirect references made to stifling emotions, particularly in the presence of male friends, captured the atmospheric milieu of participants' interviews. This only adds fuel to unhelpful stereotypes of male behaviour, and reinforces obstinate feedback loops when boys relate to one another.

The substantive theory also supports theoretical conjectures of help-seeking in adult males offered by Addis and Mahalik (2003). Their approach argues that masculinity and help-seeking are not fixed properties, and are better construed as contextually dependent; varying according to the person-environment transaction. They describe five basic social psychological processes of help-seeking in adult males of which two complement the existing, substantive theory: 1) perceived problem normativeness; and 2) characteristics of the social groups to which individuals belong (see Addis and Mahalik, 2003 for a full discussion of their model). Firstly, perceived problem normativeness depends on the extent that others are believed to share an experience or demonstrate similar behaviours. Boys' expressed desire to increase their knowledge about mental health highlighted that their lack of understanding and awareness left them unable to discern how 'normal' their experiences were. Secondly, characteristics of the social group suggest that help-seeking is less likely to occur when males comprising their social network are disparaging of this behaviour (Addis & Mahalik, 2003). In this sense, there was an acute sense of awareness about how boys should act

around other people. Restriction of emotional expression and avoidance of help-seeking until absolutely necessary maintained a socially acceptable image in the presence of peers. Adding credence to this was boys' inclination to approach support staff in the absence of their friends.

However, an ecological theory of human development does not fully account for the help-seeking process in adolescent boys. Although Bronfenbrenner's model is commendable for the link it makes between developmental and social psychology (Durkin, 1995), it says little about within-person variability; the force of each pressure and promoter; or the effect of the adolescent on their environment. Although explicitly acknowledged by some more than others, individuality was conveyed through participants' views. At times, boys were unsure why not everyone would do or think the same thing, however to conclude that their decisions purely represented a culmination of environmental pressures and promoters, undermines the contribution of individual personality. Each boy's coping abilities and personality also determined whether they perceived they had the resources to manage their problem, or needed to ask for help. Even for the relatively short duration that they were involved in the research, aspects of their unique personalities revealed themselves. Some appeared to be quite open and extroverted, whereas others were more sensitive and inhibited. It is argued that personality and individual differences play an important part in motivation and behaviour (Durkin, 1995); affecting the choices that people make, and the opportunities afforded to them. Bandura's concept of *reciprocal determinism* explains this phenomenon (Bandura, cited in Durkin, 1995). This asserts that an individual's personality, beliefs and cognitive abilities influence the choices and decisions they make in their social environment. This in turn influences the opportunities they are presented with (Durkin, 1995). In this sense, 'individual factors' was situated at the second stage of the help-seeking decision model, ultimately filtering the pressures and promoters of the surrounding environment.

3.7.1 Summary

The study demonstrated that 12 and 13 year old adolescent boys were communicative participants who were able to contribute coherent opinions about help-seeking. Several, distinct categories emerged that described environmental and individual promoters and pressures of help-seeking. Their decision about help-seeking reflected the combination of these, and was broadly consistent with existing research. In general, boys were able to identify at least one support figure that they were willing to talk to, regrettably however, there were many contexts and situations where they kept feelings of emotional distress hidden.

3.8 Limitations

3.8.1 Level of participation

Participation in research with young people is described as *"...young people taking an active part in a project or process, not just as consumers but as key contributors to the direction and implementation of it."* (Street & Herts, 2005, p.6). Hart's (1992) ladder of participation provides a useful model in assessing the extent to which young people are involved in the research process. The level of participation achieved in the current study achieved a position on the fifth rung: 'consulted and informed'. Participant information packs and interview questions were piloted prior to recruitment and modified accordingly. Due to time constraints it was not feasible to consult with young people for their advice on the design and implementation of the research. Nevertheless, considering the research topic, it is unlikely that the researcher would have been inundated with adolescent boys eager to contribute beyond taking part in an interview.

3.8.2 Social desirability

The views and opinions shared during interviews may have reflected social desirable responses (Laenen, 2009; Worrall-Davies & Marino-Francis, 2008). To limit the likelihood of this, the researcher spent several minutes' rapport- building with participants before commencing the interviews. They were also reminded that they were the 'expert' in the discussions, and that no opinion was 'right' or 'wrong'. In addition, the researcher ensured that verbal and non-verbal interest in their perspectives was conveyed (Claveirole, 2004; Coyne, 1998). This was thought to help

counter any reticence in offering their honest opinion for fear that it would receive a negative response (Gill *et al.,* 2008).

3.8.3 Attitudes and behaviour

Theory proposes that attitudes relate to observed behaviours (Ajzen, 1988). However, it is recognised that interviews do not and cannot claim to predict actual behaviours and actions in the real world (Taylor, 2005). As a consequence, it is possible that the participants' views do not accurately reflect how they would behave in a real-life situation. Nevertheless, the use of triangulation intrinsically provides the benefit of observer accounts of boys' behaviour. It was therefore encouraging to discover that those who experienced 12 and 13 year old boys generally described or observed the behaviours and attitudes that boys talked of.

3.8.4 Sample characteristics

The participants represented a sample that would seek help if they were experiencing emotional distress. The study therefore does not incorporate the views of those who would not engage in help-seeking behaviour. This is unfortunate given that those boys are quite possibly the ones that primarily need targeting. If their views had been obtained, this may have provided additional, interesting insights for adults and professionals that they encounter (Street & Herts, 2005). Nevertheless, it was considered a strength that the research was conducted with adolescents in the community, as opposed to a sample recruited by means of their involvement with mental health services.

The sample size of 12 participants was not extensive in comparison to similar studies (e.g. Burke *et al.,* 2008; Kalafat, 2003; Timlin-Scalera *et al.,* 2003). The practical constraints of recruiting participants within the research timescale rendered it impossible to extend the numbers achieved. In spite of this, recent literature proposes that theoretical saturation (or sufficiency) is regularly attained within 10 participant interviews (Nixon & Wild, 2008). In addition, the studies mentioned above conducted research with male adolscents spanning a wider age group (Burke *et al.,* 2008; Timlin-Scalera *et al.,* 2003), or recruited both genders (Kalafat, 2003), therefore it was likely that theoretical sufficiency entailed larger samples in their studies. In the current study

the sample characteristics were particularly narrow, supporting the finding that theoretical sufficiency was achieved sooner.

Finally, pilot interviews were not conducted with adolescent boys as is recommended to increase interviewer reliability (Appleton, 1995). Had the researcher been confident of an ample supply of participants, pilot interviews would have been conducted. As anticipated, there were few boys willing to take part therefore the latter was not considered a pragmatic approach.

3.8.5 Respondent validity

Respondent triangulation is achieved by returning to the initial sample to enable clarification and validate data interpretation; a technique referred to as 'member checking' (Lincoln & Guba, 1985). The study was therefore limited by the omission of this form of substantiation. A decision was made to forego member checking as the participants may have considered this a nuisance; dissuading them from taking part. Moreover, caution must be employed if researchers intend on returning to their participants to verify interpretations. Participants' views can vary over time, their rationale for taking part can change, or they may have a vested interest in espousing a particular opinion (Sharkey & Larsen, 2005).

3.9 Implications of findings

The analysis has implications for professional practice and mental health service delivery. Primarily, it is imperative that adults and professionals, at a service and individual level, respond to the opinions of adolescent boys. In the first instance, the delivery of mental health education in school needs addressing. Participants indicated an interest to increase their mental health knowledge and awareness. Adolescents have repeatedly expressed a desire for more mental health education in school (e.g. Leon, 1999; Wilson & Deane, 2001), and this is important considering that those with limited or inaccurate knowledge demonstrate more stigmatizing attitudes towards mental health (Chandra & Minkovitz, 2007). In this respect, teaching could incorporate information about a wide variety of mental health problems and (in)appropriate sources of help (Wilson & Deane, 2001); advice on prevention and coping strategies (Woolfson *et al.,* 2008); and details of the location, role, expertise and ethical

responsibilities of mental health professionals (Burke *et al.,* 2008). In addition, it may be beneficial to better acquaint male adolescents with tier 3 mental health services. This could help tackle the stigma in attending these centres (e.g. Burke *et al.,* 2008; Spratt *et al.,* 2010), and challenge urban myths or fears frequently associated with them. Indeed, school visits by child and adolescent mental health professionals have been well-received in the past (Hunt, 2008), and this provides an incentive to improve the historically fragmented communication between these agencies (Connelly *et al.,* 2008). Moreover, it would fulfil UK policy that advocates 'joined up' children's services within the school agenda (DfES, 2004; Scottish Executive, 2001).

In the main, boys were unsure of how to promote mental health education, however previous research suggests substituting lecture-format teaching for more interactive styles (Wilson & Deane, 2001), e.g. group work, posters, workshops and media (Woolfson *et al.,* 2008). A Scottish mental health promotion project that recruited 5th and 6th year pupils in organising peer education was found to reinforce gradual shifts in attitudes. The peer educators said that they were able to structure mental health education according to what they were most interested to learn about (Little, 2005). With this in mind, mental health education programmes will likely be effective when tailored to the interests and abilities of their intended audience. Gender and age differences occur in the preferred format (Woolfson *et al.,* 2008), therefore consideration should be given as to how this would be organised for adolescent boys aged 12 and 13.

Recommendations can also be made for the individuals that adolescent boys seek support from. Unsurprisingly, the importance of establishing trust is paramount. However, due to practical and resource limitations, it would be naïve to suggest that school staff could devote significant time to building relationships with every pupil. Nevertheless, initial rapport building, and assurance that they need only disclose what feels comfortable may reduce boys' apprehension and increase their confidence in the support figure (Wilson & Deane, 2001). There is also evidence to suggest that school support services that encourage drop-in for various support needs minimises the likely detection of pupils with significant problems by their peers (Spratt *et al.,* 2010). A service with a low-level threshold could therefore encourage adolescent boys to seek help, as their reason for visiting would be indistinguishable. Perhaps most importantly, the participants welcomed the idea of being approached in the appropriate context

and in a sensitive manner. It was intimidating to seek out support staff and initiate a discussion about their emotional health. Attempts should therefore be made to 'check-in' with adolescent boys. A delicate balance would need to be achieved between encouraging them to talk, and sensing when they did not wish to elaborate on their feelings or discuss their difficulties at all. Where an adolescent boy did disclose his feelings, it would be important to discuss confidentiality, ensuring that both parties were in agreement and aware of the subsequent plan or support strategy.

In light of the aforementioned, the opportunity exists to lobby for mental health training for school staff, particularly those who are designated support figures. At present, scant evidence exists of teachers being offered the appropriate training (Farrand *et al.,* 2007; Spratt *et al.,* 2010), and the extent to which school staff feel equipped to respond to the emotional needs of their pupils appears limited (Hunt, 2008; Spratt *et al.,* 2010). For instance, research reveals that teachers struggle to identify pupils whose emotional distress manifests as withdrawn behaviour, as they present as well-behaved and ostensibly focused on their work (Spratt *et al.,* 2010). In addition, a lack of discretion in information sharing by support figures has been identified as a major deterrent to help-seeking in the past (Kalafat, 2003; Timlin-Scalera *et al.,* 2003). This is somewhat discouraging as it is crucial that front-line professionals feel confident in supporting the psychological health of adolescent boys. It may also be helpful to ensure subject teachers do not provide a supportive role for pupils that they teach. This could be impractical, particularly amongst smaller schools, however it is nevertheless important to consider.

Finally, families provide an invaluable and irreplaceable source of help and support, yet it cannot be determined if they are confident in responding effectively in every situation. They are unlikely to be trained in emotional and psychological health issues (Rickwood *et al.,* 2005), therefore may feel out of their depth in some circumstances. In this respect, it may be helpful to promote awareness and education amongst parents and guardians, and at the very least, provide information on formal sources of support and how to access them (Ranahan, 2010).

3.10 Potential areas for further study

There are several avenues that emerge for future research. Firstly, it is not proposed that the theoretical postulations offered in this study generalise to all adolescent boys aged between 12 and 13 years. Deduction and hypothesis testing was not the intention here, therefore a quantitative investigation into the generalisability of the substantive theory should be undertaken in future research. A pragmatic approach would entail performing age-group comparisons so that recommendations may be stratified according to respective stages of adolescence. A quantitative study may help to capture the perspectives of adolescent boys who were unwilling to participate in an interview, by means of an anonymous questionnaire for instance. It is crucial that an attempt is made to establish the views of particularly reluctant adolescent boys as they are most likely the ones that primarily need targeting. In continuation of this idea, future research could attempt to establish the views of adolescent males from young offender populations. This could provide crucial insights that help promote preventive measures, thereby reducing the likelihood of criminality and self-destructive behaviour. Secondly, the substantive theory may be explored in relation to other populations believed to experience similar phenomena. This would work towards the development of formal theory. Thirdly, research could attempt to identify the attitudes of parents and informal sources towards help-seeking, particularly since they symbolize influential sources of attitude formation (Burke *et al.,* 2008), and parental factors affect treatment utilisation (Cornelius *et al.,* 2001). Finally, exploring the views of school staff in supporting the psychological needs of adolescent boys may be fundamental in informing guiding principles and protocols. By extension, this could also alleviate teachers' expressed lack of confidence in responding to adolescent boys who are in need of help (Hunt, 2008).

3.11 Researcher reflections

Reflecting on the research process is a valuable practice as it allows the researcher to consider the credibility, originality, resonance and usefulness of their grounded theory study (Charmaz, 2006). In this respect, writing about qualitative research has been described as 'ambiguous' and 'shaky terrain' (Charmaz, 2006). Elliot & Jordan (2010) offer a particularly apt metaphor of the analysis experience:

"In its early stages, analysis can be like trying to make a jigsaw without knowing what the individual pieces look like, how they fit together or what the final picture will look like. It is important to recognise that the feeling of 'uncertainty' this lack of knowledge produces is a necessary part of the process of inductive theory generation."
(Elliot & Jordan, 2010, p.34)

This description skilfully captures the researcher's experience of doing grounded theory. As a novice grounded theorist, this choice of methodology from the outset felt at times overwhelming, confusing, arduous and impossible to fully appreciate within the time constraints. The experience was likely compounded by an unsettled feeling that there was little control over the direction of the analysis, which manifested as an uncertain process at times. Moreover, grounded theory methodology renders it impossible to speculate at the beginning how many interviews will be necessary. Evidently, the experience did not sit entirely comfortably with certain elements of the researcher's personality, however this gave an ironic sense of reassurance that the methodology had been approached the way in which it was intended.

Like the analysis, writing a grounded theory is an emergent process, and drafting and re-drafting is especially important (Charmaz, 2006). This was invaluable advice as through the process of writing the analysis, there were statements that were initially vague or indistinct. Returning to them time and time again helped to craft a more incisive and convincing storyline. It is also important to identify the audience that the grounded theory study is intended for, as this guides the mode of presentation (Birks & Mills, 2011). With this in mind, it was necessary to establish a balance between demonstrating methodological congruence and rigour, and including recommendations for implementation. Although the thesis was primarily submitted for a Doctoral qualification, it was also written for dissemination to professionals in education and mental health. It was particularly important to the researcher that participants did not feel their contribution amounted to little more than a tokenistic exercise of minor practical consequence. Moreover, this would likely dissuade them from taking part in research on future occasions; a concept known as 'consultation fatigue' (Street & Herts, 2005).

3.12 Conclusion

It is clear that mental health promotion targeting 12 and 13 year old adolescent boys is a pertinent issue. As the pressures and promoters they encounter in seeking help were highlighted, it is imperative that efforts are made to tackle or support these from an early age. Boys' accounts demonstrated that the unhelpful aphorism 'big boys don't cry' still exists to a certain extent, and this needs to be challenged. If an assumption is made that boys do not talk about their feelings, boys will be less inclined to ask their friends if they think something is bothering them (Burke *et al.,* 2008). Although the findings cannot be generalised to larger populations without quantitative inquiry, they nonetheless provide a valuable insight into the help-seeking experiences of adolescent boys. The onus thus remains on the adults and professionals they encounter to respond. If this is achieved, the mystery and fear that often surrounds mental health may begin to lose its stranglehold over adolescent boys' 'bottled-up' emotions.

CHAPTER 4

Thesis Journal Article

"It is tough being a boy": A grounded theory study of help-seeking pressures and promoters encountered by 12 and 13 year old adolescent boys

Background: This qualitative study explored the views of adolescent boys aged 12 and 13 on the factors that influence their help-seeking decisions for emotional distress.

Method: Semi-structured interviews with 12 participants were analysed according to grounded theory methods. Several categories were abstracted to construct a substantive theory of help-seeking.

Results: Participants' views revealed an interaction of 'pressures and promoters' that affected adolescent boys' help-seeking decisions. These related to relationships, mental health education and support, masculinity ideologies and individual factors.

Conclusion: Mental health education and awareness should be promoted amongst adolescent boys and the adults and professionals that they encounter.

Keywords: adolescent males; help-seeking; emotional distress; mental health support; education

Introduction

The literature is historically replete with theoretical conjectures about gender ideologies and male and female behaviour (e.g. Addis & Mahalik, 2003; Bussey & Bandura, 1999; Berger, Levant, McMillan et al., 2005). In respect of mental health, adolescent gender differences continually surface e.g. attitudes towards mental health (Williams & Pow, 2007), willingness to use mental health services (Chandra & Minkovitz, 2006), social processes impacting on mental health (Landstedt, Asplund & Gadin, 2009), and coping strategies when under stress (Plancherel, Bolognini & Halfon, 1998). As a result, popular male stereotypes persist, describing them as reluctant to reveal emotional vulnerability (Wilkins, 2010), predisposed to flout emotional support (May, 2002; O'Brien, Hunt & Hart, 2005), and keen to portray an image of self-containment, toughness, and male stoicism (Bussey & Bandura, 1999; Pollack, 2000, 2006). This is concerning in the context of a rise in suicide amongst adolescent males within the last twenty years (General Register Office for Scotland, www.isdscotland.org, 2009).

Mental health needs of adolescent males

To tackle the fallacy that emotions symbolize a female trait, there is a dedicated body of literature promoting greater investment in providing for the psychological health needs of males (e.g. Mind, 2009; Wilkins, 2010). This is concurrent with policy espousing the mental health needs of children and young people (e.g. DoH, 2004; Garcia, Vasiliou & Penketh, 2007; Scottish Executive, 2004). With this in mind, it has been suggested that the current delivery of mental health support may not be as effective at reaching younger male populations (O'Brien et al., 2005).

Help-seeking literature

Those who challenge traditional masculinity ideologies argue that socio-cultural practices encourage boys to develop autonomy and individualistic coping styles from an early age (May, 2002; Pollack, 2006). Regrettably, this assertion is supported in empirical research, which reports that boys are disinclined to seek help for psychological distress (e.g. Burke, Kerr & McKeon, 2008; O'Brien et al., 2005). However, the help-seeking literature predominantly focuses on more severe forms of psychological difficulty, where there is a significant impact on socio-emotional functioning (Farrand, Parker & Lee, 2007) e.g. mental illness (Biddle, Gunnell, Sharp et al., 2004) or disruptive behaviour disorders (Cornelius, Pringle, Jernigan et al., 2001). Research exploring male adolescent help-seeking in the context of milder forms of distress is however, less obtainable (Farrand et al., 2007). This is unfortunate given that boys who are encouraged to seek support for mild distress receive the message that their emotional and psychological health is important and deserves attention.

Aims and objectives of the current study

The current study is designed to identify the views of 12 and 13 year old adolescent boys on help-seeking for less severe forms of distress. Previous studies tend to focus on male views across the spectrum of adolescence (e.g. Boyd, Hayes, Nurse et al., 2011; Timlin-Scalera, Ponterotto, Blumberg et al., 2003) and do not capture a narrow age band. This could be problematic as adolescence heralds a period of rapid socio-cognitive developmental changes, therefore the experiences of younger adolescents may differ from older adolescents. It is hoped that the study results will provide recommendations towards increasing boys' help-seeking intentions from younger ages, and educate and inform potential support figures. Finally, a study exploring the

opinions of adolescent boys responds to prior observations that young people's views are lacking from the evidence base (Armstrong, Hill & Secker, 2000), and complies with government reports and guidance that decree young people should be consulted about issues affecting them (DoH, 2004; Street & Herts, 2005).

Methods

Grounded theory

Grounded theory as a qualitative research methodology originates from the collaboration between Barney Glaser and Anselm Strauss (see Glaser & Strauss, 1967). They emphasized that theory should be "grounded" in the words and actions of the people experiencing the phenomenon under investigation (Cresswell, 1998). As help-seeking behaviours by adolescent males were conceptualised to occur partly as a function of socio-contextual factors, Charmaz's (2006) social constructivist iteration of grounded theory was utilised in the current study.

Recruitment

The purposive sample of 12 and 13 year old boys was recruited from a secondary school in the Scottish Highlands. Information packs piloted with 5 young people were issued to 107 boys following a presentation of the research. These contained a participant information sheet, parent letter, and participant and parental consent forms. Information about the study, safeguards, data protection, and contact details was included. A total of 7 consent forms were returned, however one boy subsequently withdrew from the study, leaving 6 participants. An additional 13 year old boy was recruited through a local community group. This setting also provided triangulation of participants through a 15-year old male sibling, and one male and female parent (unrelated). Finally, 2 guidance teachers were recruited from a second, local secondary school. All remaining participants received information about the research as before. In total, 12 interviews were conducted. Table 1 provides demographic characteristics of the sample.

Data collection

Previous research indicates that young people prefer interviews as the method of qualitative inquiry (Claveirole, 2004), therefore interviews were considered appropriate for data collection. Interviews were conducted over 5 weeks at school, and at the

participants' home with the triangulation sample. Semi-structured interview schedules were piloted with 2 Child Clinical Psychologist colleagues, and modified accordingly. Slight modifications in wording were then made for different source perspectives. Theoretical sampling was achieved by leads generated from emerging themes, which were used to guide subsequent interviews. Field notes and researcher memos were kept throughout the entire research process. All interviews were taped on a digital recorder and subsequently transcribed. Table 2 provides the semi-structured interview schedule used as a guide for the initial interviews.

Data analysis

Data was analysed following Charmaz's (2006) coding procedures, applying the constant comparative method to generate and delineate categories. NVivo 9 was utilised as an 'adjunct tool' (Birks & Mills, 2011) for data management, however all coding was completely manually. Theoretical sufficiency (Dey, 1999) was achieved when properties of theoretical categories were exhausted, and no new theoretical insights were revealed.

Ethical review and approval for the study was granted by the Research Ethics Process for the Doctorate in Clinical Psychology, University of Edinburgh.

Table 1. Participant demographics (Total sample = 12)

Adolescent male reference & (age)	Guidance teacher reference & (gender)	Parent reference & (gender)	Sibling reference & (age/gender)
A1 (13) A2 (12) A3 (12) A4 (13) A5 (12) A6 (12) A7 (13)	G1 (M) G2 (M)	P1 (F) P2 (M)	S1 (15/M)

Table 2. Interview schedule

1. What do you think would cause someone to feel distressed? 2. How would you know if a boy your age was going through a hard time? (What would he be doing or saying?) 3. What would you do if you were feeling unhappy/angry/worried about something? 4. What kind of help is out there for you and other boys in these situations? 5. What would be most helpful for school staff and professionals to know about helping boys your age?

Results and Discussion

The substantive theory proposes that following the onset of distress, an interaction of pressures and promoters influence adolescent boys help-seeking decisions. Figure 1 illustrates the respective theoretical categories according to their level of abstraction. Figure 2 illustrates the decision-making process model, including the 'triggers' for psychological distress, and 'tell-tale signs' that suggest an adolescent boy is in need of support.

Triggers and Tell-tale signs

Boys identified that relationship and academic difficulties would affect their well-being. This occurred in the context of a recent transition to secondary school, therefore a multitude of new experiences were unique to this age group. The tell-tale signs of emotional distress were described as a complete or partial withdrawal from social activities, and a change in character e.g. appearing as sullen or morose. Of equal importance, it was highlighted that speculations of emotional distress took into account the normal spectrum of male adolescent behaviour, so as not to pathologise this as a sign of underlying psychological disturbance.

Pressures and Promoters

1. Relationships with others

Helper attributes

Adolescent boys generally sought help from people that they were close to and readily available. Primarily, parents were important sources of support, followed by friends, support teachers, school nurses, family friends, and in the minority of cases, a mental health professional. Irrespective of whom, individuals were selected on the basis that boys felt they could trust them. In this respect they were cautious around their friends, and those who did confide in them always chose a close friend to talk to. They were

more confident of being able to trust formal support figures or mental health professionals.

> *I know friends that would keep it a secret, but I know if it was a big one, then I know friends that it would get out.*
> (A5)

Familiarity with school staff was a desirable precondition for help-seeking. The exception occurred with support figures out with school. One participant explained that because the professional he met was unknown to him, he had felt more comfortable to disclose personal information. This was due to the degree of anonymity it afforded, and the perception that mental health services had professional obligations of confidentiality.

> *Em…I don't think it would depend on how long you've know them for…I think it's more how well you think they might react to you talking about things…*
> (S1)

Other desirable qualities of support figures were being a good listener, conveying genuine interest, having experience of a similar difficulty, and offering solutions to the problem. If an adult suspected that a boy was distressed and followed this up, this was also well received. In this sense, boys preferred to speak with just one support figure on their own, and this was reflected in the experiences that guidance teachers had of them.

Prior help experience

Every participant had prior, positive experiences of support that encouraged their intention to seek help on a future occasion. Their participation and involvement in the decision making process following their disclosure was important here. In this sense, talking to someone was not for the sole purpose of being listened to; boys desired advice in how to tackle their difficulties.

> *We contacted the parents to see if he'd said anything at home. He hadn't, and then we looked at the class he was in and suggested other classes that he could go into. He was happy with that and we ended up just moving him, and now he's a much happier boy.*
> (G1)

Power balances

Given the age and status of first year boys compared to school staff, power imbalances unsurprisingly influenced help-seeking. Despite being able to identify their support teacher, boys implied that it was intimidating to initiate contact, at least on the first occasion. They found it easier if an adult approached them, and this was reflected in guidance teachers' accounts of few boys appearing at their department.

> *I wouldn't want to [confront] her with something…you wouldn't know what to do so quickly about it, so if she asks me that means I can tell her so she is ready for it.*
> (A2)

A minority of participants said they had felt pressured to disclose information they would rather have withheld. One said that he felt obliged to respond to difficult questions despite being assured that he only needed to discuss what he was comfortable to share. A third issue arose that did not directly refer to help-seeking, but had important implications for boys' willingness to seek help. One guidance teacher recalled several occasions relating to discipline issues that had necessitated his involvement. He suggested that there was an inherent bias to favour the school teachers' account over the boys' version, when in reality the fault did not invariably lie with the latter. This is problematic as not only would this compromise a boys' relationship with his support teacher, it could also have a negative effect on his perception of other adults. Boys' whose main source of help was their support teacher would be relatively isolated in these circumstances.

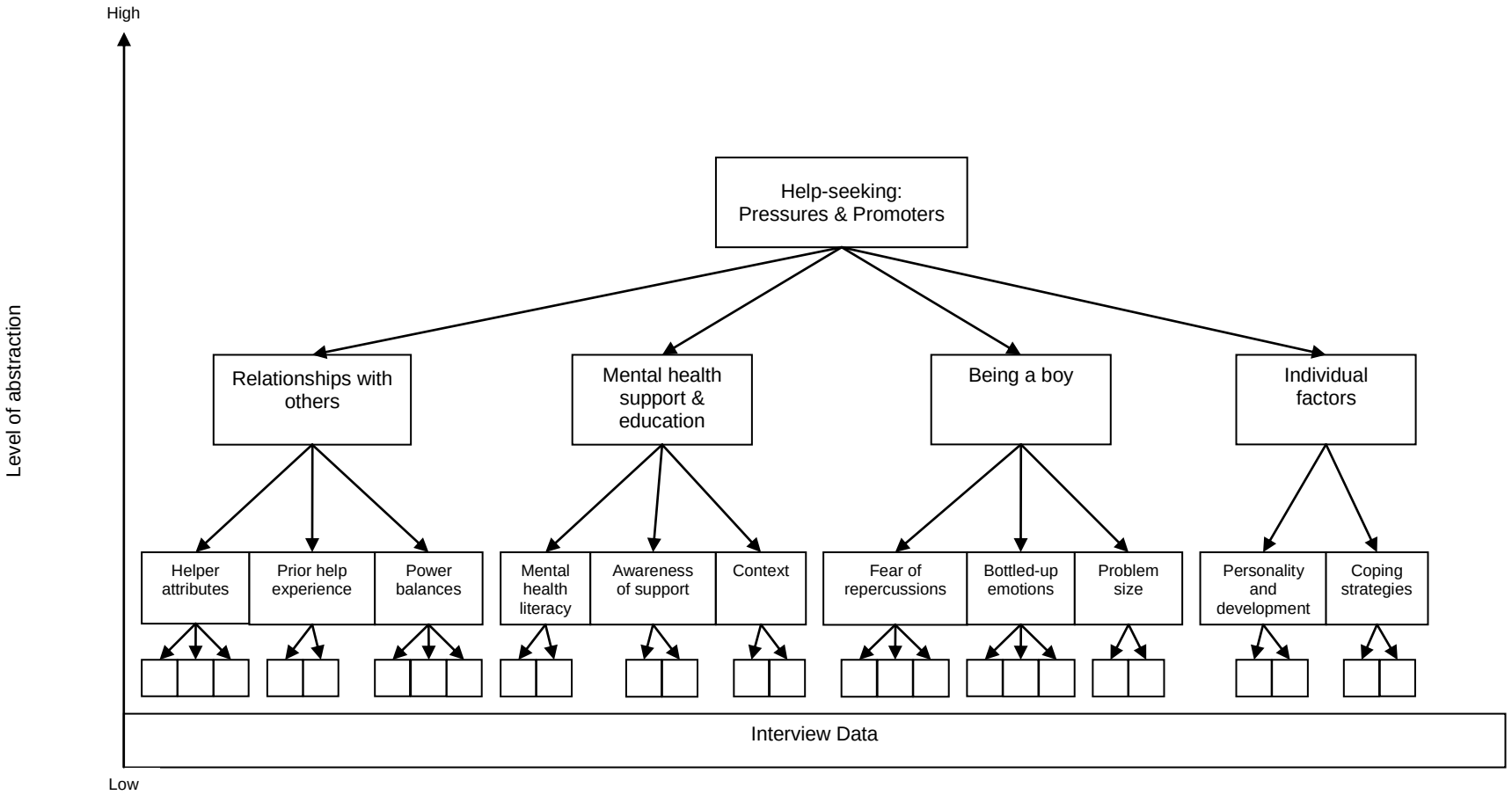

Figure 1. Abstraction levels of categories

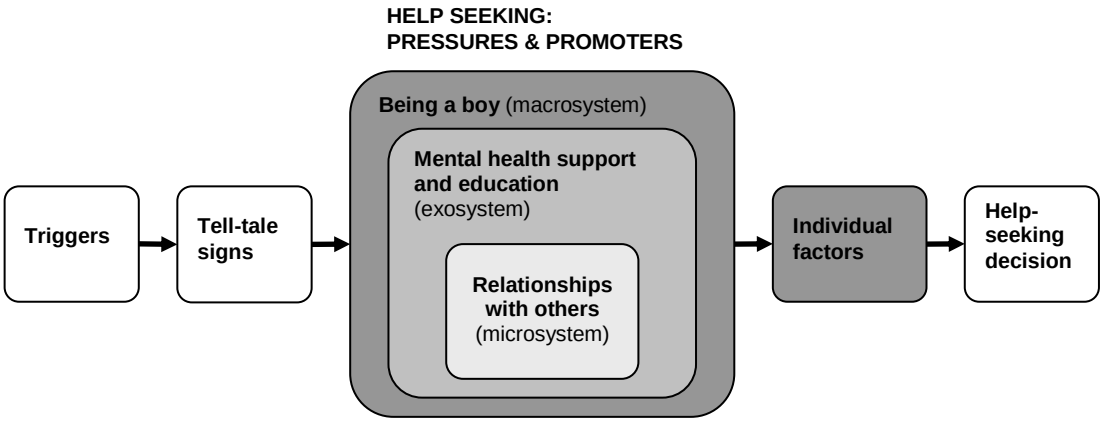

Figure 2. Help-seeking decision process model

2. Mental health support and education

Mental health literacy

Mental health literacy is *"knowledge and beliefs about mental disorders which aid their recognition, management and prevention"* (Jorm, Korten, Jacomb et al., 1997, p. 182), and tends to be rudimentary and unsophisticated amongst adolescents (Leightob, 2009). Several participants said that they struggled to understand some concepts that related to mental health, creating confusion and apprehension when they were unable to make sense of their own experiences. The majority of participants were keen to increase their mental health knowledge, to better appreciate the triggers and symptoms of distress. In this respect, a parent commented that her son usually read information leaflets that she gave to him about growing up. He did this in his own time, in privacy, and this had encouraged him to ask questions thereafter.

> *It would help if they knew what was wrong with them or…what was happening to make them feel sad or angry or whatever.*
> (A6)

Awareness of support

The majority of boys said that they were well-informed about their support options in school. They had received verbal and written communication of how to access the appropriate person, and had been introduced to them either as a cohort or individually. Several participants mentioned attending a meeting with their support teacher to ensure that they were settling into first year. As it had been a mandatory

appointment for everyone, it normalised the experience. Those who had difficulties were less likely to be detectable. School support services were particularly important when parents were not available as one parent highlighted. However, it was also noted by one guidance teacher that emotional support was mainly directed towards, and sought after by girls.

> *So…if the parents aren't encouraged to be there…then obviously you've gotta have a system up that…that will cater for all these problems. I mean personally myself…how I dealt with all my problems when I was a teenager, was just drink and drugs and everything else*.
> (P2)

Boys' awareness of external support was minimal; nevertheless they were optimistic that they could rely on adults to provide information about specialist services if this became necessary. This highlighted the need to promote communication between tier 1 supports i.e. teachers, school nurses and social workers; and the team-based specialist services of tiers 3 and 4.

Context

Boys' felt most comfortable to talk to someone in a discreet, familiar, and easily identified location. Somewhat expectedly, this was identified as the school setting. Other supportive contexts were mentioned e.g. the home. Here, the use of technology surfaced, as one participant said he would consider using a phone line service, and another mentioned that he had talked with a friend on a social networking website facility.

> *…as long as it's not a big group, it's just like say, you're walking around the school…and then em, you go up like I don't know, into a, somewhere private bit like…in the corridor. Like an empty corridor or something.*
> (A1)

It is likely that these forms of technology are easily accessible and afford a degree of privacy. Phone lines also provide anonymity for the individual who uses them. Supporting this, CALM (The Campaign Against Living Miserably) who run a dedicated website and helpline, reports that 72 per cent of their callers are male. As adolescents

nowadays tend to be fluent in using communication technology, this form of support can be an attractive option.

3. Being a boy

Bottled-up emotions

Already an established phenomenon, boys felt under pressure to contain their emotions that if otherwise revealed, would be detrimental to their image (Timlin-Scalera et al., 2003). For instance it was 'taboo' to cry in front of people, and this would elicit negative reactions. It was not that boys' experiences were devoid of negative emotion, rather they did not wish to reveal them; particularly to other boys.

> *Cause boys might, like, they're really cool but if they speak about it, they might get upset and then they won't look quite cool anymore. Like if you, I don't know, say something annoys them. Instead of like crying and shouting, they might like turn and walk away. Like, like they want to cry, but they don't, and their eyes start watering, and they like, just turn away so people can't see it.* (A1)

This implicit code of conduct suggested that candid discussions about feelings were not customary. Each participant had experience of hiding their emotions, at least in certain situations, or from certain individuals; and some concealed their distress for prolonged periods of time as the following excerpt illustrates:

> P:*...he came in very, very upset recently and that was because he wasn't enjoying being in 3 or 4 classes he was in; and having a really not nice time, and it had built up since he started in August...about 8 or 9 months really not happy in the class. Came in; cried his eyes out...*
> Int: *Right, and do you know if he talked to anyone else in that space of time?*
> P: *I think he just built it up...after that we contacted the parents to see if he'd said anything at home. He hadn't. He had just kept quiet about it and kept his head down and carried on with it.* (G1)

Fear of repercussions

A fear of being laughed at emerged as the paramount concern following disclosure. In this respect, boys made sweeping generalisations about their male peers, suggesting that they represented sources of mockery and derision. On the other hand, views on girls' responses were more flexible, as they recognised that not all girls would respond in the same way.

> Int: *...I mean, if somebody was having a hard time, would they tell their friends d' you think?*
> P: *Mmm...I don't know, not sure. Don't think so, but I'm not sure.*
> Int: *Ok...why do you think they might not want to tell their friends?*
> P: *Hmm...em dunno...eh, they could get laughed at, but if they were really good friends they wouldn't. But just in case they did get laughed at, they wouldn't.*
> (A3)

The ensuing consequences of others' reactions meant that boys were apprehensive that their personal life would become public knowledge in school. Some boys had already observed this; therefore their fears were not entirely unfounded.

Problem size

There was an additional pressure that if boys asked for help, they were not self-sufficient, and this was construed as a sign of weakness.

> *There is a macho...it is, it is tough being a boy. I think boys have a little bit of a...label of 'pathetic' if they're not coping. I know that sounds terrible...I think em...maybe lots of teachers would argue that they've not thought that, but em, yeah I think, looking back, there's that element where, almost they're responsible...for their own situation.*
> (G2)

This appeared to influence their tendency to hide a problem until it was of significant magnitude. One participant suggested that being bullied every day over a prolonged period would constitute a 'really bad' problem. Their admissions were somewhat unsettling as they gave the impression that they would delay help-seeking until they felt overwhelmed by their difficulties. These attitudes lay in stark contrast to

expectations of girls' behaviour, who were seen to be significantly more forthcoming in recruiting help.

4. Individual factors

Personality and development

Pressures and promoters were ultimately filtered through the lens of boys' unique personalities and individual experiences. This is highlighted in existing research, for instance, boys with an adaptable temperament are more likely to initiate help-seeking (Sears, Graham & Campbell, 2009) compared to boys low in emotional awareness (Rickwood, Deane, Wilson et al., 2005).

> *Well if you've got the right person to talk to, it's really like, probably really easy. Well for me anyway…but I'm not sure about the rest.*
> (A1)

From a parent's perspective, it was apparent that their son was growing up. Although essentially the same person, changes in attitudes and behaviours were beginning to surface. This was perhaps reflective of the new environment, relationships and experiences that they encountered in secondary school, in addition to the developmental changes characteristic of adolescence.

Coping strategies

Aside from help-seeking, other, adaptive coping strategies such as physical exercise were mentioned. When only mild or transient distress is experienced, this can be effective and all that is necessary to alleviate negative emotions (Kinnunen, Laukkanen, Kiviniemi et al., 2010). Humour also emerged in some instances. Although this provided boys with light relief, it could invite others to joke about their difficulties, thereby minimising their underlying distress.

> *…so it's better just like cause my friend's involved in it, where you can kinda chill out and have some fun because…and just like play some football. You want the kind of space to be free and active, cause that can kind of express your anger out…*
> (A2)

Help seeking pressures and promoters: a dynamic process

The initial stage of the help-seeking process epitomises elements of Bronfenbrenner's ecological theory of human development (1979). Bronfenbrenner proposed that the parent-child relationship occupies the core position within a set of dynamic interpersonal and environmental structures. The first of these structures, the microsystem, consists of relationships with extended family, friends, and any other members of the community that the parent-child dyad regularly interacts with. In the current study, these relationships influenced boys' help-seeking, all depending on what response they perceived self-disclosure to elicit. At the next level, the exosystem influences these relationships and is comprised of social contexts such as the education system and community services. For instance, the extent of mental health awareness, and provision of support within school affected boys' intention to seek help. Ultimately, these structures are organised around belief systems revered by the individual's culture; the macrosystem. In this sense, attitudes about emotional expression in boys inherently reflected gender-prescribed, stereotyped expectations.

The substantive theory also supports theoretical conjectures of help-seeking in adult males (Addis and Mahalik, 2003); specifically perceived problem normativeness; and characteristics of the social groups to which individuals belong. The former depends on the extent that others are believed to share an experience or demonstrate similar behaviours. The latter dictates that help-seeking is less likely to occur when other males comprising their social network would be disparaging of this behaviour.

Finally, it is argued that personality and individual differences play an important part in motivation and behaviour (Durkin, 1995), and this affects the choices that people make, and the opportunities afforded to them. Bandura's concept of *reciprocal determinism* explains this phenomenon (Bandura, 1977, cited in Durkin, 1995). The second stage of the help-seeking process was thus conceptualised to represent individual factors that filtered the pressures and promoters of the surrounding environment.

Summary

The study demonstrated that 12 and 13 year old adolescent boys were communicative participants, able to contribute coherent opinions about help-seeking. Several, distinct

categories emerged that described environmental and individual promoters and pressures of help-seeking, and were broadly consistent with existing, empirical research (e.g. Timlin-Scalera et al., 2003; Kalafat, 2003; Wilson & Deane, 2001).

Limitations

Due to time constraints it was not feasible to consult with young people for advice on the research design; therefore this is a potential limitation. Secondly, the views and opinions shared may have reflected socially desirable responses (Laenen, 2009). To ensure as far as possible that the likelihood of this was minimal, the researcher spent several minutes' rapport- building with participants before commencing the interviews, who were also reminded that they were the 'expert'. Thirdly, interviews cannot claim to predict actual behaviours and actions in the real world (Taylor, 2005). However, triangulation revealed that those who had experience of participants' behaviour corroborated adolescent boys' perspectives. Finally, the study does not incorporate the views of those who would not engage in help-seeking behaviour, and the sample size was not extensive in comparison to other, similar studies (e.g. Burke et al., 2008; Kalafat, 2003; Timlin-Scalera et al., 2003). However, recent literature proposes that theoretical saturation is regularly attained within 10 participant interviews (Nixon & Wild, 2008). The aforementioned studies recruited participants spanning a wider age group (Burke et al., 2008; Timlin-Scalera et al., 2003), or both male and female volunteers (Kalafat, 2003), therefore it was likely that it took longer to achieve theoretical saturation.

Implications of findings

Primarily, it is imperative that adults and professionals, at a service and individual level, respond to the expressed opinions of adolescent boys. Scant evidence exists of teachers being offered the appropriate training to support the emotional needs of their pupils (Spratt, Shucksmith, Philip et al., 2010), therefore remedial action is necessary. In addition, the delivery of mental health education in school needs addressing. Teaching could incorporate information about a wide variety of mental health problems and (in)appropriate sources of help (Wilson & Deane, 2001), advice on prevention and coping strategies (Woolfson, Woolfson, Mooney et al., 2008), and details of the location, role, expertise and ethical responsibilities of mental health professionals (Burke *et al.,* 2008). Finally, families are an invaluable source of help and

support, at least initially. However, they are unlikely to be trained in psychological health issues therefore it may be helpful to promote awareness and education amongst parents and guardians (Ranahan, 2010).

Future research

Several avenues emerge for future research. Firstly, a quantitative investigation into the generalisability of the proposed theory should be undertaken, performing age-group comparisons so that recommendations may be stratified according to different ages. Secondly, research could attempt to identify the attitudes of parents and informal sources towards help-seeking, particularly since they symbolize influential sources of attitude formation (Burke et al., 2008). Finally, exploring the views of school staff in supporting adolescent boys may be fundamental in informing the guiding principles and protocols that schools operate by, and could alleviate teachers' lack of confidence in responding to their needs (Hunt, 2008).

Conclusion

Mental health promotion targeting adolescent boys and the social systems surrounding them remains a pertinent issue. Boys' accounts demonstrated that the unhelpful aphorism 'big boys don't cry' still exists to a certain extent, and this needs to be challenged. Although the study cannot generalise to larger populations of adolescent boys, the findings provide a valuable insight into the help-seeking contexts that boys may experience. The onus is on the adults and professionals that they encounter to support and encourage their psychological well-being. If this is achieved, the mystery and fear that often surrounds mental health may begin to lose its stranglehold over adolescent boys' 'bottled-up' emotions.

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APPENDICES

APPENDIX 1

Quality assessment in systematic review

Systematic review: Quality assessment ratings
Table of discrepant ratings between author and independent reviewer

Study	*Discrepant quality criteria item*	*Decision/rationale*
Bailey (1999)	J	Not awarded. Lack of information on questionnaire items to ascertain if met.
Lindley (2009)	A	Awarded. Sufficient information of aims and objectives.
	H	Not awarded. Not specific/explicit enough and lacking in clarity.
	K	Not awarded. Lacking in description of how this was achieved.
Rose et al., (2007)	A	Awarded. Sufficient information of aims and objectives.
	G	Awarded. Specified (appropriate) questions included in questionnaire.

APPENDIX 2

Information packs

We are asking if you would take part in a research project to find the answer to the question:

'What are male adolescent views on responding to mental health needs in boys?'

Before you decide if you want to join in, it's important to understand why the research is being done and what it will involve for you. So please consider this information sheet carefully. Talk about it with your family, friends, doctor or nurse if you want to.

Why are we doing this research?

Research has shown us that adolescent's, particularly boys, have negative attitudes towards mental health. We also know that:

- Approximately 1 in 10 young people in the UK experience mental health difficulties

I would like to do research to find out what boys general views are on getting help for their emotional well being. I hope that this research will help mental health professionals develop useful and supportive ways of responding to mental health needs in adolescent boys.

Why have I been invited to take part?

You are being invited to take part because you are a male in first year at secondary school.

Do I have to take part?

No. It is entirely up to you. If you would like to take part, please complete the consent form and return this to your guidance teacher in the envelope provided. Please also make sure that your parent/guardian has read the letter addressed to them, and signed the consent form also. You are free to stop taking part at any time during the research without giving a reason.

What will happen to me if I take part?

You will be invited to have a chat with me at a suitable time during your school day. I am interested to hear your views and opinions about mental health services for boys, and I have thought of some questions for this. The questions ask you for your general opinions, and I will not ask you to tell me about your personal experiences. I expect that our discussion will last between 30 and 45 minutes. So that I can type out our conversation, our discussion will be recorded on a small, hand-held digital recorder.

Is there anything to be worried about if I take part?

There should not be anything for you to worry about if you take part. The interviews will be kept private and anonymous. This means that your name will not be attached to your interview, and what you say during the interview will not be passed on to staff at your school, your parents or anyone else.***** Your name will also not be written anywhere in the research report. In the unlikely chance that you become distressed during or after the interview, there will be support available. You would be offered the choice of speaking to me, or one of the mental health professionals who are part of the team handing out mental health questionnaires.

*****Limits of anonymity/confidentiality

It is important that you are aware that the only time details of our discussion would need to be passed on to the appropriate people would be if you talked about:

a) An actual or possible threat to your safety
b) An actual or possible threat to the safety of someone else

If this situation occurred, I would let you know who I would need to pass the information on to. I would be available to support you through this process, or, if you would prefer to speak with someone else, a mental health professional from the team handing out mental health questionnaires would also be available.

Thank you for reading this. Please ask any questions if you need to.

Child and Adolescent Mental Health Services (CAMHS)
The Phoenix Centre
Raigmore Hospital
Inverness
IV2 3UJ
Telephone: **01463 701337**

www.nhshighland.scot.nhs.uk

E-mail: nhshighland.phoenixcentre@nhs.net

Date Dictated:
Date Typed:
Ref:
CHI:

Enquiries to: 01463 701337 or
nhshighland.phoenixcentre@nhs.net

Dear parent/guardian

I am a trainee clinical psychologist with the University of Edinburgh and NHS Highland. I currently work in the Child and Adolescent Mental Health Service in Inverness.

As part of our third and final year in training, we are asked to carry out a research project. My idea is to find out what male adolescents think would be helpful support in responding to boys who experience mental health problems. Your child is being invited to take part because they are a male in first year. The research would involve having a 1:1 chat with me to find out their thoughts and opinions. I expect our discussion would last approximately 30 to 45 minutes, and this would take place during school hours and within the school grounds. All information gathered from your child will be kept in strictest confidence, and their name will not be attached to their interview.

If your child has indicated that they would like to take part, and has returned consent forms to school, a suitable time will be arranged to carry out the interview. I will record and type the interview so that I can identify common ideas that come up in my discussions with participants. Your child does not have to take part in the study if they do not wish to. If they do take part, they are also free to withdraw without explanation at any time during the research. In no way will taking part or not taking part in this study affect your child's access to any present or future services.

If your child is willing to take part, please sign the enclosed form to say that you have read and understood this letter.

Before any research goes ahead, it has to be checked by a research ethics committee. They make sure that the safety, rights, wellbeing and dignity of those participating in research, is protected. This project has been checked and approved by the academic supervisors and members of the Clinical Psychology programme team. Please feel free to contact me if you have any queries or concerns regarding this study. My supervisor, Dr Tracy McGlynn can also be contacted.

A summary of my findings can be obtained when the research is completed at your child's school.

Yours sincerely

LINDSEY WILSON
Trainee Clinical Psychologist

DR TRACY MCGLYNN
Clinical Psychologist
(supervisor)

CONSENT FORM

Proposed study: An exploration of male adolescent views on responding to mental health needs in boys

To the YOUNG PERSON (delete as appropriate)

(a) Have you read the information sheet about this study? Yes/No
(b) Has somebody explained this study to you? Yes/No
(c) Do you understand what this study is about? Yes/No
(d) Have you asked all the questions you want? Yes/No
(e) Do you understand it's OK to stop taking part at any time? Yes/No
(f) Are you happy to take part? Yes/No

If you wish to take part, please write your name and the date below

Name _____

Signature _____

Date _____

A summary of the research findings will be available at your school at the end of 2011 if you would like to read about it.

To the PARENT/GUARDIAN

I confirm that I have received and read the letter addressed to the parent/guardian Yes/No

Please tick the box to confirm that you consent to your child taking part in the study ☐

Name _____

Signature _____

Relationship to child _____

Date _____

Please return this form in the envelope provided to the school office. Thank you.

APPENDIX 3

Semi-structured interview schedule

Interview schedule

1. What do you think would cause someone to feel distressed?
2. How would you know if a boy your age was going through a hard time? (What would he be doing or saying?)
3. What would you do if you were feeling unhappy/angry/worried about something?
4. What kind of help is out there for you and other boys in these situations?
5. What would be most helpful for school staff and professionals to know about helping boys your age?

APPENDIX 4

Anonymised transcript

Sample of anonymised transcript (Interview with guidance teacher)

Int: Like, how open do you find them?
P: Yeah sort of generally speaking I'd say they're fairly open….it depends what the issues are about. You know, the boy I was talking about with the gender issues, he was surprisingly open whereas you'd expect him to be quite shut about that. So there's been some surprising ones in this year group but generally I'd say they are open if you ask them questions but getting them to come forward in the first place that's maybe the issue.
Int: So once the contact has been made, they're ok?
P: Yeah so once the problem has been highlighted and they know they're not doing something the right way, or they're not progressing or whatever reason that is, I think once they're in that sort of system of trying to sort they problem out they're usually very responsive and are willing to get it sorted out.
Int: And is it just guidance that kind of…I mean how do you sell it…I don't mean sell it, but em…I guess…when they first came here…how were they told about how to get help if they were struggling with anything?
P: Em…eh…guidance is the sort of front line
Int: Right
P: And sort of contact for the parents. So if the parent rings the school, the phonecall goes straight to guidance. So I guess we're like the first line…em…and all the…all the kids, the students know that as well so if they've got problems they're encouraged to speak to guidance…
Int: Okay.
P: …first, to come and deal with it. So we'll get a lot of kids coming to us with problems y'know surrounding subjects, or teachers, or bullying or…lost their lunch pass, or…y'know, whatever.
Int: yeah.
P: So they're encouraged with anything like that to come and see us first. And…but y'know looking at the number of first year boys that have actually come through off their own back out of about 25, there's only been about 4 or 5.
Int: Right.
P: But then I've seen…em…y'know…at least…sort of 15 of them for issues that need seeing them about, not, not for an interview, just to actually get them, there's been an issue within the school.
Int: So you approached them then.
P: Yeah.
Int: So only 4 of them came of their own accord.
P: Yeah.
Int: Okay. And how would you compare that to girls?
P: I'd generally say that if you compare them to girls, girls tend to come through in big groups.

APPENDIX 5

Ethical review

School of Health in Social Science
Medical School, Teviot Place
Edinburgh EH8 9AG

Telephone: 0131 651 3972
Fax: 0131 651 3971

Ethics feedback for Lindsey Wilson

It was thought that Lindsey has put together a viable and interesting project. The following points are worth consideration and further discussion with the supervisors. There is no need for further scrutiny from the Research Ethics Committee.

- It was felt appropriate to ensure that the project materials that will go to the participants do not contain any reference to the catchy pre-title, "Big boys don't cry." This should not put on any other form etc.

- Consideration should be given about whether the consent form should be worded such that parents need to tick the box to actively give consent, rather than to tick to indicate that they do not consent.

- The information about the limits of confidentiality in the child version are not explicit enough that should Lindsey detect significant distress or problems with well being, she will arrange a screening appointment with her CAMH team colleagues.

Dr. Ethel Quayle
Ethics Tutor

From: Hines Frances (NHS Highland)
Sent: 13 September 2010 17:24
To: Wilson Lindsey (NHS Highland)
Subject: RE: NHS ethics

Hi Lindsey
Usually if there aren't patients involved, and healthy volunteers are being consented without reference to their appearance in any way on a list as NHS generated people / patients then it would not require REC approval.
The following is the guidance from the NRES website:

3 The remit of an NHS REC

3.1 Ethical advice from the appropriate NHS REC is required for any research proposal involving:

a. patients and users of the NHS. This includes all potential research participants recruited by virtue of the patient or user's past or present treatment by, or use of, the NHS. It includes NHS patients treated under contracts with private sector institutions

b. individuals identified as potential research participants because of their status as relatives or carers of patients and users of the NHS, as defined above

c. access to data, organs or other bodily material of past and present NHS patients

d. foetal material and IVF involving NHS patients

e. the recently dead in NHS premises

f. the use of, or potential access to, NHS premises or facilities

g. NHS staff - recruited as research participants by virtue of their professional role."
Paragraph 3.2 of GAfREC allows for ethical review of research outside the NHS on a voluntary basis:
"3.2 If requested to do so, an NHS REC may also provide an opinion on the ethics of similar research studies not involving the categories listed above in section 3.1, carried out for example by private sector companies, the Medical Research Council (or other public sector organisations), charities or universities."

Ask if any more questions!!
Regards
Frances
Frances Hines
Research and Development Manager
NHS Highland
Room S101
Centre for Health Science
Old Perth Road
Inverness
IV2 3JH
T: 01463 255822
F : 01463 255838

APPENDIX 6

Local authority permission letter for recruitment

Child and Adolescent Mental Health Services (CAMHS)
The Phoenix Centre
Raigmore Hospital
Inverness
IV2 3UJ
Telephone: **01463 701337**

www.nhshighland.scot.nhs.uk

E-mail: nhshighland.phoenixcentre@nhs.net

Bernadette Cairns
Senior Manager
Additional Support Needs Team
Morven House
Raigmore Hospital
Inverness IV2 3UJ

Date Dictated:
Date Typed: 18/05/11
Ref: LW
CHI:

Enquiries to: 01463 701337 or
nhshighland.phoenixcentre@nhs.net

Dear Bernadette

Research sample recruitment

I am writing to confirm your agreement by email (09/09/10) to the following:

- Permission to contact [redacted] and [redacted] for recruitment in relation to my Doctoral research
- The target population for recruitment will be all boys of secondary one age (12 and 13 years old)

In addition, further to our discussion on 18/05/11, that I am granted permission to recruit two guidance teachers from [redacted] for the purposes of triangulation of data collection.

I would be grateful if you could provide evidence of your agreement, as indicated below.

Thank you for your interest and consideration of my research, and willingness to grant access to the above-named secondary schools.

Yours sincerely

Lindsey Wilson
Trainee Clinical Psychologist

CONFIRMATION OF AGREEMENT

Name (print):_____

Position:_____

Signature:_____

Date:_____

APPENDIX 7

CAMH author guidelines

Child and Adolescent Mental Health
a journal for all professionals working with children and young people
ACAMH

6. Manuscripts should be double spaced and conform to the house style of *CAMH*. The first page of the manuscript should give the title, name(s) and address(es) of author(s), and an abbreviated title (running head) of up to 80 characters. Specify the author to whom correspondence should be addressed.
Summary: Authors should include a brief **Abstract** highlighting the main points of their article. This abstract should not exceed 100 words and should be structured under the headings: Background; Method; Results; Conclusions. **Keywords** (3-6) should be given below the Abstract.

7. Papers submitted should be concise and written in English in a readily understandable style, avoiding sexist and racist language. **Papers should not exceed 5,500 words, including References and Tables. Occasionally, longer articles may be accepted after negotiation with the Editors. Authors should include a word count of their paper.**

8. Authors who do not have English as a first language may choose to have their manuscript professionally edited prior to submission; a list of independent suppliers of editing services can be found at www.blackwellpublishing.com/bauthor/english-_language.asp All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication.

9. For referencing *CAMH* follows a slightly adapted version of the style used by *The Journal of Child Psychology and Psychiatry* (i.e. APA). References in running text should be quoted showing author(s) and date. For up to three authors, all surnames should be given on first citation; for subsequent citations or where there are more than three authors, 'et al.' should be used. A full reference list should be given at the end of the article, in alphabetical order.
References to journal articles should include the authors' surnames and initials, the year of publication, the full title of the paper, the full name of the journal, the volume number, and inclusive page numbers. Titles of journals must not be abbreviated.
References to chapters in books should include authors' surnames and initials, year of publication, full chapter title, editors' initials and surnames, full book title, page numbers, place of publication and publisher.

10. Tables: These should be kept to a minimum and not duplicate what is in the text; they should be clearly set out and numbered and should appear at the end of the main text, with their intended position clearly indicated in the manuscript.

11. Figures: Any figures, charts or diagrams should be originated in a drawing package and saved within the Word file or as an EPS or TIFF file. See http://www.blackwellpublishing.com/bauthor/illustration.asp for further guidelines on preparing and submitting artwork. Titles or captions should be clear and easy to read. These should appear at the end of the main text.

12. Footnotes: These should be avoided as much as possible, but if absolutely necessary use a superscript number for footnote indicators in the text, and give footnotes at the bottom of the relevant page of text