

**Young People's Perceptions of the Targeted
Mental Health in Schools Project**

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ABSTRACT

The mental health of children and young people is a significant concern and recent research points to the key role that schools can play in supporting this area. There is a growing interest in school based mental health interventions and at the time of embarking on this study the Targeted Mental Health in Schools (TaMHS) project was a new three year pilot project which aimed to assist Local Authorities (LAs) to develop their own innovative models of mental health support in schools for pupils at risk of, or experiencing mental health problems. The LA in which the study took place was one of 25 wave one 'pathfinders'. The key aim of the TaMHS project in this LA was to improve emotional well-being in nine project schools. The local model sought to achieve this through building capacity at school level via both the provision of a universal / whole school approach and by incorporating targeted interventions for young people who were at risk of, or experiencing mental health problems.

The importance of involving young people in the evaluation of mental health services is an increasingly accepted phenomenon and there are a number of benefits of including children in shaping their own mental health provision. This thesis is an evaluative study of practice in the real world which explores young peoples' perceptions of TaMHS after one year of the project being operational within one LA. The study obtains the views of targeted young people in order to investigate some of the perceived successful and unsuccessful factors associated with the project's implementation and to appraise the initial impact of the project. It also examines targeted young people's perspectives with regard to the future development of the project and reviews the utility of pupil voice in helping to improve school based mental health provision.

Qualitative data was obtained from 45 targeted young people who had some involvement with TaMHS using nine focus groups which took place in each project school. Thematic analysis was used to enable the predominant key themes to be reported. The findings serve to highlight that the voice of the child can be used to increase understanding of the initial impact of the TaMHS project in one LA, as well as illustrating positive and negative aspects which in turn can lead to suggestions for improvements to school based mental health provision. Predominant areas that young people felt that the project had impacted on included social skills; interpersonal skills; relationships; behaviour; emotional well-being; and access to activities. Key themes which highlight factors that young people viewed as good about TaMHS incorporated learning; behaviour; interpersonal skills; emotional well-being; enjoyment; and activities. Examples of key themes which reflect how young people felt the project could be improved included environment; extending the project; more of the same; and activities. In light of the findings, recommendations for the development of TaMHS and for school based mental health provision in general are offered.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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List of Abbreviations

Child and Adolescent Mental Health Service (**CAMHS**)

Department for Children Schools and Families (**DCSF**)

Department for Education (**DFE**)

Department of Education and Employment (**DFEE**)

Department for Education and Skills (**DFES**)

Department of Health (**DoH**)

Educational Psychologist (**EP**)

Educational Psychology Service (**EPS**)

Local Authority (**LA**)

National Institute for Clinical Excellence (**NICE**)

Social and Emotional Aspects of Learning Programme (**SEAL**)

Special Educational Needs (**SEN**)

Targeted Mental Health in Schools (**TaMHS**)

Definition of Terms

2 B Me Project: The TaMHS project has been re-named within the LA involved in this study by a young person as this.

CAMHS: The Department of Health (DOH) (2008) provides the following definition. *'CAMHS refers to any service or support that promotes the mental health and emotional well-being of children and young people. This includes universal services (Tier 1), targeted and specialist services (Tiers 2 and 3) and highly specialised intensive provision (Tier 4).'* (p.2)

Children and Young people: Used interchangeably throughout to describe the same age group (0-18 years).

DFES, DFEE, DCSF and DFE: Used interchangeably dependent upon the date of initiative being referred to. DCSF is used when referring to the current DFE for the most part as this is the department that initiated and oversaw the implementation of TaMHS.

Mental Health: For the purpose of this study, mental health is regarded as encompassing social, emotional, behavioural and psychological elements and is viewed as a concept that is 'fluid' in nature and that can be either positive or negative dependent upon a range factors. The term social and/or emotional well-being or mental well-being will also be considered to hold the same meaning as the term mental health within this study.

Targeted Young People: Young people who are experiencing mental health problems.

Dedication

I would like to dedicate this thesis to my husband John Harding who has supported me throughout its completion and to my son James Harding who has inspired me to complete it.

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Examples of Research Experience

Published

Harding, E. (2009). Obtaining the views of children with profound and multiple learning difficulties. *Educational and Child Psychology*, 26 (4), p. 117-128.

Harding, E and Atkinson, C. (2009). How EPs record the voice of the child. *Educational Psychology in Practice*, 25 (2), p.125-137.

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Using a Small Group Intervention to Develop Social and Emotional Well-Being with Year 3 Pupils: Assignment for DEdPsy (2009).

What Knowledge and Awareness do Secondary School Teachers have of Issues, Initiatives and Support Services for Children Experiencing Mental Health Problems and How Confident and Able are they in Identifying and Responding to Children's Mental Health Problems?: Assignment for DEdPsy (2008).

The Voice of the Child as Recorded by Educational Psychologists: Dissertation for MSc Educational Psychology for the University of Manchester (2006).

CHAPTER 1: INTRODUCTION

1.1 Rationale for the Study

The mental health of children and young people is a significant concern and is a key priority for the Department of Health (DoH) and the Department for Education (DFE). Rothi and Leavey (2006) suggest that 20% of British children and adolescents experience mental health difficulties and that 10% have a clinically diagnosed mental disorder.

Children who are emotionally and mentally healthy achieve more at school and are able to participate more fully in school and community life. According to Shucksmith, Summerbell, Jones and Whittaker (2007) establishing mental well being has important consequences for social and educational attainment at primary school age and also later in the school career. They also propose that it can help to prevent behavioural problems. Effects linked to child mental health problems include emotional difficulties; behavioural problems; poor school outcomes; poor physical health; self harm; and other risk taking behaviours (Mental Health Foundation 2005a). Early mental health problems can also be predictive of mental health problems in later life; poor socialisation; criminality; lack of participation; relationship difficulties; and future family break up (Mental Health Foundation, 2005b). Hence, promoting mental health; preventing mental health problems arising; and intervening early when they do arise are essential in helping children achieve positive outcomes (Ryan, 2007).

The significant role that schools have in developing children and young people's mental health has been reflected in recent government initiatives such as Promoting Children's Mental Health within Early Years and School Settings (Department for Education and School (DFES), 2001a), the Social and Emotional Aspects of Learning Programme (SEAL) (DFES, 2007) and most recently the Targeted Mental Health in Schools (TaMHS) project (Department for Children

Schools and Families (DCSF), 2008a). Also, the National Institute for Clinical Excellence (NICE) has produced evidence based guidance on promoting social and emotional wellbeing in primary schools (NICE, 2008) and in secondary education (NICE, 2009). Prior to the introduction of TaMHS, much research has pointed to the need for a school based system of mental health support (Weare, 2000; Weare and Markham, 2005; Rothi and Leavey, 2006; Ryan, 2007).

Numerous pieces of research have been carried out in order to evaluate existing interventions which aim to improve mental health and social and emotional wellbeing in young people (Shucksmith et al, 2007; Adi, McMillan, Kiloran and Stewart-Brown, 2007; Humphrey, Kalambouka, Bolton, Lendrum, Wigelsworth, Lennie and Farrell, 2008).

Evidence suggests that there remains much room for improvement in schools' ability to recognise and respond to social, emotional and psychological difficulties in pupils (NICE, 2004; Baxter, 2002; NASUWT, 2005; Moor et al, 2007). This fact coupled with the worrying statistics surrounding children's mental health, suggests that it was both appropriate and timely that the government introduced the TaMHS project in 2008. At the time of embarking on this study TaMHS was a new project and therefore there is a need to evaluate its effectiveness both locally and nationally in order to find out what works and whether it does make a difference. A key element of the TaMHS project is to evaluate mental health interventions and to explore practice based evidence within schools in order to inform future practice (DCSF, 2008).

According to Patel, Flisher, Hetrick and McGorry (2007) the effectiveness of some interventions for some mental health disorders have been established, although more research is urgently needed to improve the range of affordable and feasible interventions. Shucksmith et al (2007) state *'there is limited national data on how to promote mental well being among children of primary school age'* (p. 6). According to NICE guidelines (2008) programmes designed to promote

the emotional and social well-being of children need to be rigorously evaluated. Furthermore, many of the well-researched interventions in this area have been delivered in a clinical context and there is a need to understand the implications for schools and families of delivering them in a school context (Wolpert, 2008). In addition, Wolpert (2008) suggests that caution should be used when drawing conclusions from research which highlights effective approaches for helping children with mental health problems because much of the research originates from the USA and the design of many of the studies in this area is limited.

Research and recent legislation suggests that children have an important role to play in the study of their own mental health and emotional well-being. Rothi and Leavey (2006) illustrate that the needs and help-seeking behaviours of young people with mental health problems are poorly understood and often mediated through older people. They state:

'We know very little about their (young people's) help-seeking strategies and service use, barriers or facilitators to care, satisfaction with services and service preferences. In addition we have limited knowledge of how young people conceptualise mental health or how they perceive mental health professionals' (Rothi and Leavey, 2006, p.4).

In order to provide effective and appropriate services for young people we need to enable them to become involved in shaping service delivery through obtaining their views and acting upon them (Rickwood, Deane and Wilson, 2007; DFES, 2004c). In a presentation about SEAL, Aynsley-Green (2007) indicated that to answer the key question of what we need to do to improve children's well-being, we need to *'ask children and young people to propose their own solutions and recommendations'*.

Evidently, young people's involvement in the area of mental health does not always happen (DFES, 2004c; Rothi and Leavey, 2006; Weare and Markham,

2005) and it is clear that a variety of opportunities are needed to increase and improve young peoples' participation in this field. Furthermore there is an apparent dearth of studies which seek to involve targeted young people in the evaluation of school based mental health interventions and it is clear that more research needs to be done with regard to how young people's views can contribute to the improvement of mental health provision in schools. As a result this study serves to fill a gap in this under researched area through involving targeted young people in the evaluation of the TaMHS project.

1.2 Background and Context

1.2.1 What is TaMHS?

At the time of embarking on this study TaMHS was a new three year pilot project being funded by the DCSF. The main aim of the project is to support the development of innovative models of mental health support in schools for children and young people at risk of or experiencing, mental health problems. According to the DCSF (2008a) the project's purpose is *'to transform the way that mental health support is delivered to children aged 5 to 13 to improve their mental well-being and tackle problems more quickly'* (DCSF, 2008a, p.ii). The model is made up of two key elements including strategic integration and evidence-informed practice. According to the DCSF (2010b, p.5) the key guiding principles of the project are:

- To work closely with schools to find the best ways to support children at risk of or experiencing mental health problems;
- To promote strategic integration across children's services and specifically to foster stronger links between school and CAMHS;
- To use the existing evidence base relating to effective interventions to guide the support offered to children.

The project required Local Authorities (LAs) to develop their own multi-component and integrated approach to supporting mental health in schools. Evidence suggests that the type of model utilised in this initiative, which combines whole school development with targeted and indicated interventions can have a positive and sustainable impact on children's well-being (Adi et al, 2007; Weare and Markham, 2005). The TaMHS project is discussed and described in greater depth within Section 2.3 of this study.

1.2.2 TaMHS in the Local Context

The LA in which the study took place was one of 25 wave one 'pathfinders', each of which was funded to develop and deliver an innovative model of mental health support over a three year pilot (between 2008 and 2011). Basically, it was the responsibility of the LA in question to design and evaluate their individually constructed model of mental health provision.

The key aim of the TaMHS project in the LA in which the study took place was to improve mental health and emotional well-being across nine project schools. The local model sought to achieve this through building capacity at school level via both the provision of universal / whole school approaches and by providing targeted / indicated interventions for children who were at risk of, or experiencing mental health problems. Emphasis was placed on supporting these settings to develop their own sustainable model of mental health support. In order to accomplish this, the project involved supporting whole school development; funding, setting up, delivering and promoting whole school projects and initiatives; providing guidance and training for teachers (at whole school and small group levels); providing individual and group interventions for targeted young people with particular needs; and supporting identification and referrals to appropriate services when required.

Three high schools and their six associated primary schools were involved in the project. The project has been re-named within this LA by a young person as the '2 B Me Project'. TaMHS became operational within the project schools from September 2008.

The LA has adopted a three tiered approach which is described in Table 1 below:

Table 1: The Local Three Tiered Approach

<p><u>Tier 1</u></p>	<p>Firstly, all schools involved identified a 'virtual team' of staff within their setting who already had some skills, experience and enthusiasm for supporting children and young people with issues around emotional well-being. Typically a virtual team comprised of 8 to 10 staff in a secondary school, or 3 to 4 staff in a primary school, who have a background in, or responsibility for pastoral work or learning support and who have some capacity within their timetable to undertake work with individual pupils or small groups. Schools were asked that a senior member of staff was part of this team so that they could have a lead role. This was either the Deputy Head Teacher, the Head Teacher or a Senior Teacher.</p> <p>This team of staff have received intensive training, and a key aspect of the project is training for school staff with the aim of increasing their knowledge, awareness, ability and confidence with regard to mental health issues for children and young people in schools (see description of training below in this section for further detail). The virtual team also had a role in supporting and developing whole school initiatives and approaches and cascading their learning from training across the whole school staff.</p>
<p><u>Tier 2</u></p>	<p>Each of the secondary schools employed full time 'emotional well-being workers' based in the schools to deliver slightly higher levels of</p>

	<p>individual and small group interventions than those which the virtual team would have the skills or capacity to deliver. They have also received a large amount of training with regard to mental health (see description of training in this section below). These workers also supported work in their associated primary schools and had a major role in supporting, delivering and developing whole school projects and initiatives within the school they were based in.</p>
<u>Tier 3</u>	<p>The third level is the 'central team' which consisted of a project manager, a part time EP (myself) and two full time project staff (CAMHS Outreach Workers). This team provided assessment, and where appropriate support for those pupils identified by the emotional well-being workers in secondary schools and by the virtual teams in primary schools as requiring a higher level of intervention than they could provide. The central team also managed and evaluated all referrals to voluntary sector providers and identified and referred any pupils needing a specialist CAMHS service; with the facility to 'fast track' high need cases. In addition, this team delivered much of the training for the virtual team members and organised and worked with schools to develop whole school initiatives and projects.</p>

Universal / Whole School Provision

A number of whole school initiatives, projects and developments were adopted during the first year of the project in order to support capacity building at a whole school level. These included the following:

- Whole school training for all staff in project schools which aimed to increase their knowledge, awareness, ability and confidence with regard to mental health issues for children and young people in schools. This training incorporated 'myth busting' and a general introduction to understanding mental health;

- Projects / initiatives / activities took place in schools at whole school level and involved children, their families and staff. These included: gardening; boxing; clay modelling of faces and emotions; drama workshops on bullying; designing and building areas of the playground and purchasing of new playground equipment; a variety of dance, music and performing arts workshops; DIY and bedroom design; baking; a number of school trips; Wi Fit clubs; and a summer fair involving the community;
- The central team provided support and guidance to schools to set up good practice and whole school policies. For example one primary school developed a new behaviour policy and a buddy system (PPC); another primary school designed and built a 'sunshine room' where all pupils could access 'talk time' with a variety of staff on a drop in basis (PPF); and all secondary schools developed a peer mentoring system;
- All staff in project schools were offered access to supervision from a member of staff who was independent of the project via an advice and consultation model. The central team also provided regular advice and support for all staff in project schools on a needs led basis;
- The central team organised a 'talent night' in which pupils from all project schools participated in. This involved a mix of targeted and non-targeted young people. The idea for this event came from the young people themselves. The aim was to develop self esteem and self confidence and the focus was very positive. Families and school staff were also involved in the planning and were present within the audience on the night.

Targeted Approaches

The interventions that targeted young people accessed as a result of being referred to TaMHS at any of the above three tiers (see Table 1) were 'tailor made' to suit their individual needs and therefore one standard approach or method was not used across cases.

Social skills interventions which focussed on problem-solving skills and pro-social behaviour and which explored issues such as self esteem; managing feelings / anger; friendship and social skills; and bullying were used frequently. This type of intervention was used widely across TaMHS schools and has been facilitated by 'virtual' and 'central' team members; and the emotional well-being workers that are based in the secondary schools. Other interventions that the targeted young people accessed included:

- One to one therapeutic work on a specific issue with virtual team and central team workers e.g. bereavement; managing feelings; and relationships;
- Workshops held during school holidays including art and music based therapeutic activities;
- Specific projects for targeted groups of young people including den making; drumming; yoga; art; cartoon drawing; gardening; and music.

Training

As mentioned in Table 1 above, training for school staff was a central feature of the local model and was used to support capacity building within TaMHS schools. Training took place at a number of levels including whole school training in all project schools and more intensive training for virtual team and central team members.

Whole School Training

One two hour session was delivered to all staff by the central team members (including non-teaching staff and governors in some schools). This session was made up of a description of the TaMHS project; some general 'myth busting' activities with regard to mental health; and an adapted version of session one of Everybody's Business Child and Adolescent Mental Health Tier 1 Training (Care Services Improvement Partnership (CSIP), 2006). This session is entitled 'What is Mental Health?'

Virtual Team Training

A larger and more comprehensive training programme for virtual team members was provided. Professionals from other agencies who worked in project schools also attended. These services included the Educational Psychology Service (EPS), the Behaviour Support Outreach Service, the Looked After Children's Team, the Youth Offending Service and School Nurses. This training was jointly facilitated by Tier 3 CAMHS professionals and by members of the central team and involved four half day sessions of the Everybody's Business Child and Adolescent Mental Health Tier 1 Training (CSIP, 2006) being delivered to each of three clusters of project school staff. Clusters included staff from one secondary school and their two associated primary schools. Sessions included: 'What is Mental Health?', 'How CAMHS are Structured', 'Mental Health Problems and Disorders' and 'What Helps?'

Half day workshops on specific mental health issues which took place half termly and were delivered by various members of the local Tier 3 CAMHS team were also attended by virtual team members. These included: ADHD; ASD; and Attachment Disorder.

Training for the Central team and Emotional Well-Being Workers

Training with regard to specific interventions and approaches was attended by the central team; the emotional well-being workers; and some key staff in project schools, such as the senior lead. This included:

- Family Therapy;
- Hypnotherapy and Relaxation Based Methods;
- Neuro - Linguistic Programming;
- Breathworks : Introduction to Mindfulness-based Approaches in Education; Mindful Movement; and Consolidation Mindfulness, Meditation and Mindful Movement;
- Cognitive Behavioural Therapy;

- Dance Movement for Social and Emotional Learning.

1.2.3 Outcomes Being Studied for the Local Evaluation of TaMHS

TaMHS is being evaluated both nationally and locally. At the time of writing this thesis both of these evaluations were in their initial stages, with only the first year of the project having been appraised. The local evaluation involves collecting data across project schools and from their matched comparison schools. Specific outcome measures are being collected for the local evaluation to determine the success of the project over the three year pilot. These include the following outcomes:

- Improvements in overall mental health;
- Improvements in attendance;
- Improvements in attainment;
- Improvements in parents'/carers' confidence and skills in supporting their children and preventing problems arising;
- Increase in staff knowledge and awareness of children's mental health issues;
- Increase in staff confidence and ability to identify children with mental health problems;
- Increase in staff confidence and skills in working with children and young people at risk of and experiencing mental health problems;
- Decrease in staff stress levels;
- Reductions in rates of exclusions (fixed term and permanent), and in behaviour 'incidents' within the school;

- The development of a supportive whole school environment for promoting children and young people's mental health;
- Appropriate referrals of children to child and adolescent mental health services (CAMHS) provided by the PCT and other providers such as mental health trusts and acute trusts.

1.2.4 My Role as an Educational Psychologist in TaMHS

Merrell (2002) suggests that there has never been a better time for school psychologists to address big problems in the domain of children's social and emotional behaviour and refers to a recent '*explosion*' (p.144) of knowledge regarding effective techniques for making positive progress with children with emotional problems, social skills deficits and problem behaviour. For the first year of the project I was seconded for two days per week to work within the central TaMHS team (Tier 3). Since September 2009 I was seconded to TaMHS for one day per week until the three year pilot was complete. A major part of this role involved facilitating and carrying out the local evaluation and I have collected a range of data from pupils, teachers, schools and authority records since the start of the project in order to begin to measure its effectiveness. I have also accessed and delivered a range of training; carried out therapeutic intervention work with targeted young people; been involved in providing advice and support to school staff via consultation; and been involved in developing and supporting whole school initiatives and projects. In addition, throughout the three years of the project, I have been the allocated EP for the TaMHS schools and have therefore worked closely with staff, families and pupils associated with these schools on a regular basis. Due to the fact that I have had an 'insider' role in the TaMHS project and have had a role as a researcher, I have been mindful throughout completion of this study to remain impartial. This factor is considered in more detail in Section 3.2.2.

1.3 Aims of the Study and Research Questions

This thesis is an evaluative study of practice in the real world which aims to explore young people's perceptions of TaMHS after one year of the project being operational within one LA. It aims to utilise the voice of the child to both improve understanding of the project and to contribute to the future development of school based mental health provision. The study obtains the views of targeted young people through the use of nine focus groups in order to address the following research questions:

1. How do targeted young people view the services they have received through the TaMHS project?
2. What impact do targeted young people think the TaMHS project has had on them?
3. How do targeted young people think that the TaMHS project could best meet targeted young people's needs?
4. How useful might the views of targeted young people be in helping to improve school based mental health provision?

1.4 Outline of Methodology

This study is an evaluative study which investigates some of the intended outcomes linked to the three year pilot of the TaMHS project in one LA. It is concerned with the effectiveness of the project after one year and forms part of the wider local evaluation of the TaMHS project over three years. The study incorporates the use of practice based evidence into its design as evaluating the project's effects after one year will hopefully enable some understanding of its initial impact; and also highlights what is working and areas for development.

The research encompasses a qualitative design where the views of targeted young people who have been involved with TaMHS were obtained via nine focus groups. One focus group took place in each project school. Six focus group

questions were designed to explore how the young people view the services they have received through the TaMHS project; what impact the project has had on them; and how they think the TaMHS project could best meet targeted young people's needs. Data collected within the focus groups also enables the investigation of how targeted young people's perceptions might contribute to the quality of the mental health services they receive. Thus the data was collected in order to assess both outcomes and process; and to enable young people's views to inform future service delivery. Data from each of the focus groups was transcribed. Thematic analysis was then employed to enable the predominant and important themes and key themes to be reported for each focus group question. The data from the three high schools and the six primary schools was analysed separately due to the different age groups of the pupils' involved and the differing experiences of TaMHS within primary and secondary schools.

1.5 Overview of Thesis

The thesis begins by presenting a critical review of current literature and research which is pertinent to the study in Chapter 2. This Chapter is split into three discrete Sections. Section 1 focuses on young people and mental health; Section 2 considers the part that schools play in supporting and promoting young people's mental health; and the third Section focuses on literature with regard to obtaining young people's views about mental health and involving them in informing service delivery.

Chapter 3 goes on to describe and explain the methodology for the study. It outlines and critiques the design, as well as providing a detailed description of the data collection and analysis involved. A consideration of ethical issues and a critique of the methodologies chosen are also reviewed in this Chapter.

The results are then presented and discussed in Chapter 4. Tables which illustrate key themes; themes that make up these key themes; and example data extracts are provided in this Chapter for each question in the focus group for primary and secondary schools to answer the first three research questions. To answer the fourth research question, tables which outline key themes; themes; associated views / suggestions; and possible future improvements to school based mental health provision linked to these are presented for primary and secondary schools. Tables which illustrate key themes; themes; and associated views / suggestions which are not considered useful in terms of improvements to school based mental health provision are also presented for primary and secondary schools at the end of Chapter 4.

Chapter 5 then summarises and reviews the main points of the study and reflects on some of the perceived strengths and limitations. The contribution that this thesis has made to knowledge and a description of the initial changes that were implemented within the TaMHS project based upon the data provided by the young people in the focus groups is also provided. Some recommendations, actions and suggestions for the future development of the TaMHS project and school based mental health provision are offered in relation to the findings of the study. The final Chapter concludes by considering the role of the EP and the implications for practice; and some priorities for future research in this area are considered.

CHAPTER 2: REVIEW OF LITERATURE

2.1 Overview

This Chapter includes a critical review of current literature and research which is pertinent to the study.

Section 2.2 focuses on young people and mental health. It includes a discussion around defining mental health, and presents information about the prevalence of mental health problems in young people. It also outlines some of the risk factors associated with young people's mental health problems and the impact and consequences that they can have. In addition, the relationships between young people's mental health and school attendance; pupil behaviour; school exclusion; and referrals to CAMHS are considered.

Section 2.3 reflects on the part that schools play in supporting and promoting young people's mental health. The role of teachers; the implications for EPs and the need for training for school staff in this area is reviewed. This Section also focuses on literature and research regarding mental health interventions in schools, including whole school and universal approaches; and targeted and indicated interventions. A detailed description of the TaMHS project is then presented and some initial and final findings from the national evaluation of the project are outlined. This Section concludes by considering a range of contextual factors in schools which might act as barriers or facilitators to the implementation of school based mental health provision including the model of intervention the young people have accessed; the characteristics of the members of staff involved; how the provision is embedded and perceived within the school as a whole; and school improvement.

The third Section (2.4) focuses on literature with regard to obtaining young people's views about mental health and involving them in informing service delivery. It reviews the role of young people in the design and evaluation of mental health services and considers the benefits of involving them in shaping their own mental health provision along with some of the barriers which may make this process problematic. Papers which explore the part that young people play in research about their own well-being are also reviewed and the ethical concerns and solutions which relate to this process are included. Literature with regard to the use of focus groups to collect children's views surrounding mental health provision is then briefly discussed and is returned to in Chapter 3.

2.2 Young People and Mental Health

2.2.1 Overview of Section 2.2

This Section begins by presenting literature which focuses on young people and mental health in general. This includes a debate about defining mental health and a discussion about the problems which surround this. These problems are particularly apparent when trying to find a clear definition of young people's mental health problems. This Section also provides information about the prevalence of mental health problems in young people and highlights the need to use caution when interpreting some of the associated figures. It then goes on to outline some of the risk factors associated with young people's mental health problems and the impact and consequences that they can have. A discussion of how mental health problems in childhood can affect adult functioning is presented and the need to accept the significance of the consequences for young people during their childhood is emphasised. The relationships between young people's mental health and school attendance; pupil behaviour; and school exclusion are explored in the latter part of Section 2.2. This Section concludes by discussing literature concerning young people's referrals to CAMHS and issues which surround this.

2.2.2 What do we mean by Mental Health?

Mental health is a general term that can be used to refer to concepts of mental wellbeing, mental health problems and mental health disorders (Clare and Maitland, 2004, cited in NASUWT, 2005). Drawing on my own experience as an EP working regularly in schools, it appears to be a difficult concept to define and is a term that can easily be misinterpreted. The phrase seems to be most prominently synonymous with mental health problems or issues. Weare and Markham (2005) point out that the term mental health can produce anxiety and denial in many people's minds. As a result, there is a certain level of stigma

attached to the term mental health and it is often perceived as a negative concept.

One belief about mental health is that it should be viewed on a continuum or spectrum where positive mental health is at one end and negative mental health is at the other. We are all on this continuum at some point and our placement on this continuum fluctuates and is subject to change depending on a range of factors. Hence, mental health should not be seen as a static concept but as something that is interchangeable depending on personal, situational and environmental factors. In line with this view, the final report of the National CAMHS Review (DCSF, 2008b) states '*all of us have mental health needs, and from time to time these may become problems that require support from others*' (p.15). This report also suggests that mental health is about having the resilience, self-awareness, social skills and empathy required to form relationships, enjoy one's own company and to deal constructively with the setbacks that everyone faces from time to time.

This definition also indicates that mental health should not be seen solely as a negative factor but as something that can also be positive. According to Ryan (2007) mental health means more than the absence of mental illness or mental disorder and involves the ability to develop psychologically, emotionally, intellectually and spiritually; to be able to make and sustain good personal relationships; and to be able to cope with difficulties and distress. The promotion of the notion of positive mental health is key in decreasing the negative connotations attached to this label.

2.2.3 Issues Surrounding a Definition of Children and Young People's Mental Health Problems

According to the DCSF (2008b) the way in which a child or young person approaches and tackles opportunities and challenges whilst growing up is a good indicator of their mental health and well-being. Furthermore the DCSF highlights that mental health is affected both positively and negatively by a child's own make up; the influence of their parents, carers, families and wider communities; and by their everyday experiences. In the National Service Framework, the DFES (2004c) state that there are recognised difficulties in defining the mental health problems that affect children and young people. They provide the following definition for children and young people's mental health problems:

'Mental health problems may be reflected in difficulties and/or disabilities in the realm of personal relationships, psychological development, the capacity for play and learning and in distress and maladaptive behaviour. They are relatively common, and may or may not be persistent'. (p.44)

The Framework goes on to describe that when these problems are persistent, severe and affect functioning on a day to day basis they are defined as mental health disorders. It also points out that it is common to find co-morbidity which increases the challenge and complexity of care and treatment.

To make the issue of defining young people's mental health problems more confusing, the term social and emotional well-being / skills appears to be used interchangeably with the term mental health, particularly in education. This is most evident when looking at the titles of recent documentation and guidance provided for schools by the government and NICE (see Section 2.3.4 for an outline of guidance for schools with regard to young people's mental health). The use of different terms such as 'social and emotional' may serve to reduce negative connotations surrounding the term mental health and might be more normalising. Thus, this could serve to reduce associated stigma. However,

according to Wigelsworth, Humphrey, Afroditu and Lendrum (2010) there seems to be little common consensus as regards to what is meant by social and emotional skills and how they are best measured. The authors point out that academic and professional literature is 'awash' (p.174) with other terms such as 'social and emotional intelligence', 'emotional literacy' and 'social and emotional competence'. They indicate that within the literature these terms are largely interchangeable and describe the same features, which makes accurate measurement and assessment of the appropriate skills that are relevant difficult to achieve.

Furthermore, the DFES (2001a) state:

'Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.' (DFES, 2001, p.1)

The term emotional and behavioural difficulties (EBD) also appears to be used synonymously with mental health difficulties in children and young people. The NASUWT (2005) have recently carried out a study of UK teachers' experience and views about the identification and management of pupils with mental health difficulties. One of the main findings was that teachers often feel unable to discern between mental health problems and EBD. This is probably because when definitions of these two factors are compared they are very similar. Moreover, and in line with the above paragraph, The NASUWT (2005) illustrate that teachers tend to avoid using psychiatric language including the term mental health because of teaching tradition; ethos and boundaries; and because it is perceived as stigmatising and harmful.

Evidently there are a number of issues with the terminology surrounding mental health in general. Moreover when looking at mental health and young people a

lack of commonality in the language used within education and health settings is apparent. Wolpert (2008) illustrates that the lack of common language across mental health and education services acts as a barrier which may prevent effective integrated service provision. Weare and Gray (2003) also suggest that it would be helpful for DFES and the many professionals involved in this field to develop a greater understanding and awareness of the range of terms involved, and work towards achieving greater commonality of terminology. They recommend that the terms 'emotional and social well being' and 'emotional and social competence' should be used to cover both environmental and pedagogic aspects. In addition, they also assert that parallel terms, in particular 'emotional literacy', 'emotional intelligence' and 'mental health' should also be recognised. Children's mental health problems are diverse; they manifest in a number of complex social, emotional and behavioural needs; and include a number of disorders. This fact, coupled with the issues discussed already in this Section, makes it very difficult to come to a conclusive definition of what we actually mean when we refer to children's mental health and children's mental health problems. It is important to be mindful of all these issues which surround definition when reviewing the literature and when carrying out a study in this complex area.

For the purpose of this study, mental health will be regarded as encompassing social, emotional, behavioural and psychological elements and will be viewed as a concept that is 'fluid' in nature and that can be either positive or negative dependent upon a range of contextual factors. The term social and/or emotional well-being or mental well-being will also be considered to hold the same meaning as the term mental health within this study. The issue of using the term EBD synonymously with the phrase mental health will be returned to, and discussed further in Section 2.2.7 of this review. It is interesting in itself to note that the LA in which this study takes place decided to change the title of the TaMHS project to the '2Me project' and that this title does not contain the phrase mental health.

2.2.4 Young People's Mental Health: Recent Figures

The incidence of mental health problems among children and young people is thought to have risen substantially over the last 50 years (Audit Commission, 1999). The Mental Health Foundation (2005b) indicate that about half of all mental health problems are thought to begin in childhood, and among teenagers, rates of depression and anxiety have increased in the past 25 years. Recent figures relating to young people and mental health are worrying and indicate a high occurrence of mental health problems. For instance, The Mental Health Foundation (2005a) suggests that about one in five children have a mental health problem in any one year, and one in ten at any point in time. In line with this, a large scale national survey of child mental health in the UK carried out by the Office for National Statistics in 1999 indicated that almost one in ten, 5 to 15 year olds were facing '*handicapping emotional or behavioural problems*' at the time of the survey, with mental health disorders being more common in boys (Maughan, Brock and Ladva, 2004, p.3). Ryan (2007) illustrates that around 20 to 30 percent of children suffer from some form of mental health problem and that between 10 and 20 percent suffer from a diagnosable mental health disorder, when their problems become more extreme and persistent. Very recently, the DCSF (2010a) have carried out an initial evaluation of the TaMHS project and findings suggest that pupil responses across 465 schools in 25 LAs throughout the UK indicate that around ten percent of children are experiencing adverse levels of emotional or behavioural difficulties.

In a presentation about Social and Emotional Aspects of Learning (SEAL) Aynsley-Green (2007) provided another example of some figures regarding children's mental health which are concerning. He inferred that in a 1000 pupil secondary school, at any one time 100 pupils will be suffering from significant mental illness; 50 pupils will be seriously depressed; 10 to 20 pupils will have an obsessive compulsive disorder; and 5 to 10 girls will be affected by eating

disorders. However, the exact definition of '*significant mental illness*' is not made clear and the source of these statistics is uncertain.

Statistics like these, which focus on young people and mental health appear to be alarmist and some level of caution should be adhered to when interpreting them. A number of factors should be taken into account, for example how the term mental health is defined in this instance; how the concept of mental health is viewed; and how it has been measured will all inevitably affect the statistics surrounding prevalence. In support, Collishaw, Maughan, Goodman and Pickles (2004) suggest that methodological limitations make it difficult to provide conclusive answers about changes in adolescent mental health disorders and that the comparison rates of disorder assessed at different time points is complicated by changing diagnostic criteria, differences in assessment methods and variations in official reporting practices. Nevertheless, it is clear that the issue of mental health problems in young people exists and this certainly raises cause for concern, thus highlighting a need for more work to be done in this area.

2.2.5 Risk Factors and Consequences Associated with Child Mental Health Problems

The mental health of children and young people is affected by a variety of factors which include environment; school; economic and social hardship; abuse; and the use of alcohol and drugs. However, children and young people from all backgrounds can suffer from mental health problems (NASUWT, 2005).

According to Maughan et al (2004) biological, psychological and social factors all seem likely to contribute to the risk of psychiatric disorders, and may often act in combination. They suggest that risks seem more likely to be mediated through family, peer and neighbourhood influences and also point out that some groups of young people are at particular risk of mental health problems including children with severe illnesses; disabilities and learning problems; those in adverse family circumstances; looked after children; young people who are homeless; and

young offenders. In line with this, according to Aynsley-Green (2007) vulnerable groups include young carers; children in care; children who have encountered bereavement; children with disabilities; children who have been abused; and young people with drug or alcohol issues.

Maughan et al (2004) state *'for young people, their families and the wider society, the cost of child mental health problems is high'* (p.3). The DFES (2004c) assert that untreated mental health problems create distress not only in children and young people, but also for their families and carers, continuing into adult life and affecting the next generation. Similarly, Barnes (1998) points out that mental health prevention in childhood can have a major positive impact on both the micro level, for children and families, and the macro level for institutions and communities.

Papers which focus on the impact of children's mental health problems tend to consider how these problems impact on adult functioning; issues in later life; and negative effects for society as a whole. Collectively, many authors who write about this area draw attention to the fact that if mental health problems are not responded to in childhood they are likely to continue through to adulthood. Research does show that mental health in childhood has important implications for outcomes in adult life (Mental Health Foundation, 1999) and according to Maughan et al (2004) longitudinal evidence has confirmed that many child mental health disorders persist well into adult life, increasing risks for mental health problems and difficulties in social functioning. In line with this, the Mental Health Foundation (2005b) point out that early vulnerability to mental health problems is predictive not just of mental health problems in later life but also of poor socialisation; criminality; lack of participation; relationship difficulties; and future family break up. Other factors which are associated with child mental health problems include difficulties in finding employment; reduced parenting capacity; and early pregnancy (Ryan, 2007).

Although the impact of early mental health problems on adult functioning is important to consider, it is equally essential to accept the significance of the effects for young people *during* their childhood and adolescence. In line with this view, Ben-Arieh (2005) argues that we should accept childhood as a phase of itself and perceive children as active actors in society rather than subjects of social concern. According to the DFES (2004c) the importance of psychological well-being in children and young people, for their healthy emotional; social; physical; cognitive; and educational development is well recognised. The impact of mental health problems for young people during their youth is both concerning and wide ranging. Mental health can undoubtedly affect school outcomes for young people. Aynsely-Green illustrates that 44 percent of children with emotional disorders have fallen behind at school and that there is growing evidence that emotional resilience underpins cognitive aspects of learning for all children. Moreover, The National Service Framework (DFES, 2004c) indicates that mental health problems in children are associated with educational failure; family disruption; disability; offending; and anti-social behaviour.

Poor school attendance; behaviour difficulties in school; and increased chances of school exclusion are some of the main educational consequences of mental health problems for children and young people and the remainder of this Section focuses on these aspects.

2.2.6 The Effects of Mental Health Problems on Young People's Attendance at School

The Statistical First Release (SFR) (DCSF, 2009b and 2010a) reports on school absence each academic year and is based on pupil level absence data collected via the school census. The SFR report illustrates that the percentage of half days missed due to absence in schools in England for academic year 07/08 was 6.29 percent (DCSF, 2009b) and for academic year 08/09 this figure was slightly lower

at 6.27 percent (DCSF, 2010a). The most common recorded reason for school absence was 'illness' for both academic years. Persistent absentee's (PAs) (64 or more sessions of absence) reduced from 3.6 percent in 07/08 to 3.3 percent in 08/09. For both years the occurrence of PAs was higher amongst pupils who were known to be eligible for free school meals; slightly higher amongst girls; and the percentage of PAs increased as pupils' progressed through school i.e. the rate of pupil absence increased by National Curriculum year group/age. Interestingly, for both years the absence rate for pupils at School Action Plus on the SEN Code of Practice was 1.7 times that for pupils with no identified SEN. Unsurprisingly, attendance was worse in pupils who resided and went to school in 'most deprived areas' as opposed to those in 'least deprived areas'. It is important to point out here that these issues which are linked to increased absence are also linked to an increased risk of mental health problems (see Section 2.1.5 for examples of risk factors associated with child mental health problems). For example, both SEN and social disadvantage are linked to an increased risk of mental health problems in young people (Maughan et al, 2004). In support, Parsons, Godfrey, Howlett, Hayden and Martin (2001) illustrated in a sample of 726 children across ten LAs that there was an association between school attendance problems and contact with EP services, social services, child and family therapy, special schools, PRUs and educational support.

According to Hallam, Rhamie and Shaw (2006) the causes of non-attendance at school are many and complex. They suggest the following reasons for non-attendance:

- illness or anxiety;
- holidays, special occasions, outside activities;
- family circumstances (helping at home, family needs or desires, extreme family pressures);

- issues within school (the environment, school requirements, school circumstances, attitudes towards school, relationships with teachers and peers, exclusion);
- attractions outside school.

One factor which can negatively affect children and young people's attendance at school is mental health problems. This would be synonymous with Hallam et al's category above entitled 'illness or anxiety'. Consequently, non-attendance at school may also promote an increased risk of suffering from mental health problems. In a review article entitled *Absence from School and Mental Health*, Berg (1992) points out that the justification of failure to attend school on the grounds of illness has considerable mental health implications. In fact, according to Berg some attendance problems at school may actually be classified as a mental health disorder. To illustrate this point Berg states:

'Problems of school attendance, which may take the form of truancy, i.e. not going to school while concealing the absence from parents, or school refusal, i.e. remaining at home at the prospect of attending school while sharing the problem with other members of the family, have had a prominent place in child and adolescent psychiatry as significant disorders....' (p.154)

Berg (1992) also highlights that attendance problems can alternatively be considered as kinds of social impairment which may affect children with conduct disorders in the case of truancy, and children with anxiety or mood disorders in the case of school refusal. A more recent study carried out in the UK by Berg, Butler, Franklin, Hayes, Lucas and Sims (2006) investigated 80 13-15 year old children who failed to attend one of four schools for more than 40 percent of the term without good reason. They used a systematic schedule to interview parents and children. The results indicated that 25 of the young people had disruptive behaviour disorders and that 15 of the young people had anxiety / mood disorders. Findings also suggested that truancy was associated with the former

and school refusal with the latter, although both often occurred without any disorder. Worryingly, the results of this study also portray that pupils experiencing school refusal with anxiety disorder rarely received psychiatric treatment and that non-disturbed absentees were not usually dealt with properly. In summary, it might be assumed from Berg et al's (1992 and 2006) research that school attendance can be affected adversely as a result of children and young people encountering mental health problems and disorders.

Hodges and Cheong-Seok (1999) investigated the predictive validity of the Child and Adolescent Functional Assessment Scale (CAFAS) in the USA. According to the authors this scale measures the *'degree of impairment in youths with emotional, behavioural, psychiatric, psychological, or substance use problems'* (p.287). The results of logistic regressions showed that the CAFAS total score was a positive predictor of the likelihood of contact with the law and of poor school attendance. This remained true when controlling for age, gender and risk factors; and after excluding scores on subscales which may have been influenced by absenteeism or delinquency. For the analysis of school attendance, this study used a large sample of 1,552 young people from the USA who were 7 years or older, and included children who received a *'treatment plan and were enrolled in a system of care'* (p. 290). The sample were identified as 'at risk' based on their clinical profile on the CAFAS. Thus, in line with Berg (1992 and 2006) this research also points out that there is a relationship between mental health problems in young people and problems with school attendance. As with much of the research discussed in this review, some caution should be exercised when interpreting the findings of Hodges and Cheong-Seok's (1999) study in relation to the population in the UK. In addition, although the authors indicate that the psychometric properties of the CAFAS scale have a sound evidence base; this scale is only one way of measuring mental health issues in young people and findings could differ if using a different measure of mental health.

There is some research which suggests that positive mental health in young people may lead to increased and more positive attendance patterns. Adelman and Taylor (1999) carried out a review of school mental health support in the USA and they suggest that an extensive literature exists which reports the positive outcomes for psychological interventions in schools. They illustrate that one of the benefits for schools of applying practices which promote children's mental health includes increased attendance. In line with this, Patterson and Harris (2006) carried out a systematic review of the research evidence on the effectiveness of counselling for young people in the UK and indicate that promoting mental health in children can have positive effects upon school attendance. Furthermore, Challen et al (2011) found a significant short-term improvement in pupils' school attendance rates following involvement in the UK Resilience Programme (a programme which aims to improve pupil well being). However, the size of the impact varied by how workshops were organised and on average the effect of the workshops lasted only as long as the academic year.

2.2.7 Exploring the Terms Emotional and Behavioural Difficulties (EBD) and Mental Health

Children experiencing externalising problems in schools tend to be defined as having EBD (DFES, 2001a). Hartnell (2010) points out that there is increased concern with problematic behaviour in schools. She suggests that this has been influenced by the many, often contradictory challenges for schools which include the introduction of league Tables comparing academic results of schools and the focus on inclusion. As mentioned earlier (see Section 2.2.3), the term EBD is frequently used synonymously with the phrase mental health difficulties in children and young people, particularly in educational settings. The NASUWT (2005) point out that teachers often feel unable to discern between the two.

Furthermore, the DCSF (2001a) suggest that children defined as having EBD in an educational context may be described as having a conduct disorder by a medical practitioner. They state:

'The terms mental health problems and mental health difficulties are not precise – with definitions ranging from the highly categorised still employed by some health service professionals, to those based on more descriptive terms which are prevalent in schools and school support services'. (p.2)

The DCSF (2001a) suggest that EBD is used within an educational context to describe a range of difficulties that children might experience as a result of adverse experiences in the early years; difficult family relationships; ineffective behaviour management; or means of ineffectively engaging children within school. Collectively the DCSF state with regard to defining EBD:

'Such a definition will include many children who experience or are at risk of experiencing mental health problems; such as those who are so withdrawn and anxious that it is significantly impacting on their ability to learn, or those whose behaviour is so extreme they are not able to sit and concentrate'. (p.2)

However, it is important to be mindful of using definitions of EBD and mental health problems synonymously as the terms can describe different concepts. The DCSF (2001a) also illustrate that not all children with mental health problems will have special educational needs. Similarly, The Code of Practice (2001c) indicates that there is some overlap between EBD and mental health problems but also suggests that they are different concepts. The quote below suggests that EBD can 'exist' without mental health problems.

'Children with SEN are more likely to have mental health problems than those without...many children with mental health problems, but by no means all, may also be recognised as children with Emotional and Behavioural difficulties.' (p.146)

If a child is described as having mental health problems it can mean something different than describing a child as having behavioural problems depending on the situation and the context. Parsons, Godfrey, Howlett, Hayden and Martin (2001) highlight this in their study which explores the outcomes for children who were excluded in primary school six years after their exclusions. They showed that where EBD was identified as being a child's main need, this tended to be an all encompassing category which did not adequately describe the very different needs that the young people had. They suggested that some of these children may have been better described as disaffected, as having mental health needs, as being 'exceptional' or as having a combination of these things in their behavioural profile. To further highlight this point, Merrell (2002) discusses what is meant by the term 'social-emotional' in his paper which explores social emotional interventions in schools. He questions whether it differs from the term behaviour and concludes that the social emotional domain includes, but is perhaps more broad than the behavioural domain.

2.2.8 The Link between Mental Health and Behaviour Problems in Young People

It may be concluded from the discussion above in Section 2.2.7 that mental health and behaviour problems in young people are inherently linked. The DCSF (2008a) state that one of the most common mental health needs among children and young people is behavioural problems. According to the Office for National Statistics study (Maughan et al, 2004) one of the risks associated with child mental health problems is a direct increase in negative emotionality and disruptive behaviours. Similarly, the Mental Health Foundation (2005b) illustrate that the consequences of child mental health problems can include emotional difficulties (including anxiety and depression); behavioural problems (including mood swings, bullying and vandalism); poor school outcomes; poor physical health; self harm; and other risk taking behaviours. In line with this, Ryan (2007)

also points out that mental health problems in children can be demonstrated by behavioural problems at home and at school; risk taking behaviours; running away; self harm or being isolated and withdrawn. In addition, Patterson and Harris (2006) found that providing counselling to support young people's mental health can have positive effects upon school behaviour. Moreover, research carried out by Adelman and Taylor (1999) in the USA suggests that promoting children's mental health can lead to less teacher frustration which is often linked with young people's problem behaviour.

Consequently, positive mental health may be linked to a decreased risk of behaviour problems in young people. In support of this view, NICE (2009) highlight that good social, emotional and psychological health helps protect young people against emotional and behavioural problems. Similarly, KidsMatter (2008) highlight in a resource for schools about supporting emotional development that when children learn to manage their emotions they are also better able to manage their behaviour. A study carried out by Weare and Gray (2003) looked at practice around developing children's emotional and social competence and well being. The study involved a literature review, case study work in five LAs and interviews with professionals working in the field within the UK. They found that across the five case studies there was a view that problem behaviour has underlying social and emotional causes which need to be addressed in a holistic, environmental way. In addition, all case study LAs viewed work on emotional and social competence and well-being as integral to strategies to promote good behaviour.

Nevertheless, research carried out by Challen et al (2011) (see Section 2.3.9 for further details of this evaluation) found that there was no measured impact of workshops on pupils' behaviour scores following their involvement in the UK Resilience Programme (a programme designed to improve pupil well being).

This suggests that an improvement in well being was not linked to an improvement in pupil behaviour in this case.

Collectively, the fact that a link between behaviour problems or EBD and mental health problems exists suggests that children presenting with mental health problems are more likely to be excluded from school as a result. The relationship between mental health and school exclusion is discussed specifically and in more detail in Section 2.1.9 below.

2.2.9 School Exclusion: Some Recent Figures and Associated Risks

Behaviour problems in school can often lead to either a fixed term or permanent exclusion. According to Hartnell (2010) permanent exclusions from school have increased significantly over the last twenty years, reaching a peak during the 1990's. Evidence suggests that excluded children are amongst some of the most vulnerable young people in society today. According to Hayden (1998) they are likely to come from families which have broken down; some children will have spent time in care; have experienced abuse and neglect; as well as having identified SEN.

The SFR (DCSF 2009b and 2010a) provides information about permanent and fixed term exclusions in schools across the UK. Some level of caution should be adhered to when interpreting this data as evidence suggests that exclusions may sometimes occur without regard to official procedures. Also, according to Hallam et al (2006) there are very few permanent exclusions in primary schools and data relating to fixed term exclusions is sparse and often unreliable. According to the SFR, in academic year 07/08 there were 8,130 permanent exclusions which represent 0.11 percent of the number of pupils in primary, secondary and all special schools. In 08/09 there was an estimated 6,550 permanent exclusions which represent 0.09 percent of the number of pupils across all schools.

Fixed term exclusions have also decreased over the two academic years. In 08/09 there were 307,840 fixed period exclusions from state funded secondary schools reported compared with 324,180 in the previous year (07/08). In 07/08 there were 43,290 fixed period exclusions from primary schools compared with 39,510 fixed period exclusions from primary schools in 08/09.

Interesting trends which are common to both academic years include the fact that permanent exclusion was higher in boys; the most common year groups to be excluded were Years 9 and 10; pupils with SEN were over eight times more likely to be permanently excluded than those pupils with no SEN; and children who were eligible for free school meals were around three times more likely to receive either a fixed term or permanent exclusion than children who were not. The most common reason for both forms of exclusion was 'persistent disruptive behaviour'.

A study by Parsons et al (2001) investigated outcomes for children six years after they had been excluded. The study followed up, through case records 726 children excluded permanently, indefinitely or for fixed term periods in 93/94 in ten LAs in the UK. They looked at the outcomes at secondary level in 98/99. Of the sample of 726 children being studied, 56 percent of them had SEN, usually behaviour. Around three quarters (74.7%) of them had other agencies involved and around a quarter (25.2%) of them had attendance problems. The results indicated that problems intensified in half of the sample. Nearly half (46%) of the young people had further exclusions and 36 percent received exclusions in their secondary education. Having SEN and being in public care were associated with more negative outcomes. In accordance with this, Berrindge, Brodie, Pitts, Porteous and Tarling (2001) suggest that excluded pupils are more likely than other students to have SEN, usually related to emotional and behavioural difficulties. They also point out that pupils who are excluded are more likely to be

socially and educationally disadvantaged; often do not have regular school attendance; and are more likely to take part in offending behaviours.

Collectively, factors such as SEN, poor attendance and social disadvantage which are linked to a risk of exclusion from school, are also linked to an increased risk of mental health problems in young people (Maughan et al, 2004). Barnes (1998) highlights this by pointing out that young people who are excluded from school have multiple risks for mental health problems. He outlines that many excluded pupils live in disadvantaged communities; in families facing poverty; social isolation; and lone parenthood.

2.2.10 The Relationship between Mental Health Problems and School

Exclusion

A link between mental health problems and permanent and fixed term exclusion in young people is evident. Hayden (1997) cites a number of factors which can be linked to the issue of school exclusion including the apparent increase in child and adolescent mental health disorders. She suggests that amongst other factors, high levels of hyperactivity, conduct disorder and restless / disorganised behaviours are common variables in the characteristics and circumstances of primary school children excluded from school. Similarly, Hallam and Castle (2001) suggest that increasing child mental health problems is one of a range of social and educational factors that is linked to increased permanent exclusion.

As well as mental health problems being the cause of school exclusion, research also highlights that school exclusion may exacerbate the risk of child mental health problems (NASUWT, 2005). Furthermore, Barnes (1998) highlights the fact that many schools appear to use exclusion of pupils as a means of dealing with emotional and behavioural problems and that this in many cases makes the problems worse.

According to Hallam et al (2006) the reduction of exclusions depends on schools developing inclusive approaches to the curriculum and teaching, while also developing strategies for working with other agencies in supporting pupils who are at risk. They also point out that successful interventions to reduce exclusion and improve behaviour often actively involve parents. Hayden and Castle (2001) suggest that involvement of the whole teaching staff; the involvement of parents; the involvement of pupils in self-monitoring; the establishment of systems for identification; monitoring; communication; and flexibility are common features of successful strategies for preventing exclusion in schools.

2.2.11 Access to Specialist Child and Adolescent Mental Health Services: Issues and Concerns

The Department of Health (DOH) (2008) provides the following definition of CAMHS:

'CAMHS refers to any service or support that promotes the mental health and emotional well-being of children and young people. This includes universal services (Tier 1), targeted and specialist services (Tiers 2 and 3) and highly specialised intensive provision (Tier 4).' (p.2)

The NASUWT (2005) assert that there must be a system of *'true equal opportunity'* (p.12) where all children have access to a diversity of health services that can be tailored to individual physical, emotional, social and educational needs in order for them to reach their full potential. Due to the high incidence of mental health problems in young people and the many adverse effects that this can have, it seems imperative that they have access to specialist services when this is appropriate.

According to The National Service Framework (DFES, 2004c) around 1.1 million children and young people would benefit from specialist services. The Framework also points out that there are up to 45,000 young people with a severe mental health disorder and that around 40 percent of children with a mental health disorder are not currently receiving any specialist service. However, it is not made clear how this figure is derived in this document, suggesting that caution should be used when drawing conclusions from it. Nevertheless, it is worrying that research indicates that many children who experience mental health problems do not access specialist mental health services when needed. The Office for National Statistics study (Maughan et al, 2004) suggests that although children with mental health disorders in the UK are more likely to be in touch with services than their peers in other countries, not all will have received the specialist help required to meet their needs. Interestingly, this research also points out that studies in other countries have consistently found that most children who need mental health services are not receiving specialist care.

A recent study by Ford, Hamilton, Goodman and Meltzer (2005) followed up a third of the children from the 1999 British Child and Adolescent Mental Health Survey over three years. They found that having a mental health disorder predicted substantially increased contact with social services, special educational needs resources, the youth justice system and mental health services. Of those children with psychiatric disorders, 58 percent had been in contact with at least one of these services for help with emotional, behavioural or concentration difficulties, including 23 percent who had been in contact with mental health services. The authors conclude that the proportion of children seeing specialist mental health services is higher than that generally reported in the research literature. However, the study also indicates that about three quarters of British children with a mental health disorder were not seen by mental health services

during the three year follow up period and that the planned expansion of child mental health services is necessary.

Rothi and Leavey (2006) suggest that although research highlights that the mental health needs of young people are inadequately supported, it is difficult to gauge the level of unmet mental health needs. They purport that this is partly due to the lack of systematic exploration of this issue and partly due to the manner in which mental health need is differentially defined.

The fact that some young people don't access the specialist support they need may be linked to their own reluctance to seek help. Rickwood et al (2007) point out that the reluctance of young people to seek professional help for mental health problems is increasingly acknowledged as a challenge to effective early intervention approaches. In line with this, Rothi and Leavey (2006) believe that in order to better meet the needs of young people with mental health problems, it is important to identify factors that facilitate or impede young people's help-seeking behaviours, and to use this knowledge to improve the delivery of service information and the accessibility of CAMHS services. Rothi and Leavey (2006) further point out that young people are more likely to seek help for themselves from people in their social networks or from teachers.

2.2.12 Supporting Young People's Mental Health at a Universal Level without Accessing Specialist CAMHS

According to Rothi and Leavey (2006) the distress of many young people is not recognised until it reaches more serious levels. They assert that mental health problems warrant active efforts in mental health promotion, prevention and treatment; and state that early intervention is needed to address psychological distress before it becomes a potentially serious mental health problem. The NASUWT (2005) highlight that where mental health services are available

through the education sector, children are far more likely to receive help through this route than any other. In accordance with this, Rutter (1991) argues that the greatest chance of positive change in children with mental health problems relies primarily in improvements in their family circumstances, positive peer group relationships and good school experiences; and less on direct contact with clinicians such as child psychiatrists. Similarly, The National Service Framework (DFES, 2004c) highlights that children and young people with less serious mental health problems need help; and that this can be provided in most cases by services in primary health care; social care; education; and the voluntary sector. It states:

'It is important to recognise that supporting children and young people with mental health problems is not just the responsibility of specialist CAMHS. In many cases, the intervention that makes a difference will come from another service...The lack of provision in one service may impact on the ability of other services to be effective.' (p.7)

Thus, if children don't access specialist CAMHS it does not necessarily mean that their mental health needs remain unsupported. This may be particularly true for those with less serious mental health problems. Hence, it is important that referrals to specialist CAMHS are appropriate in order to ensure a match between young people's needs and the level of provision and support that they access.

A study by Farmer, Burns, Philips, Angold and Costello (2003) explored the pathways into mental health services in the USA. It indicated that where services were available through schools approximately 60 percent of children first received services through the education sector. The researchers also found that the majority of children with less severe problems were supported only through school based services and that these children did not require services provided by other sectors. Thus suggesting in line with The National Service Framework (DFES, 2004c), that early intervention for children with less serious problems at a

school level can address issues before they become a more serious mental health problem or disorder.

There is a need to look at why school based mental health interventions appear to be accessed at a higher rate. The NASUWT (2005) point out that although school based mental health services are likely to reach children who do not receive help through other service routes, the reasons for this are not clearly established. It is suggested in their study that it may be due to a number of reasons including: Heightened awareness among staff and / or children; because the environment is familiar and easily accessible; access in school is less disruptive to studies than would be the case if children had to attend specialist services; the school environment is less stigmatising; and parents are more likely to seek help from school based services. Collectively, the role of schools in mental health support and promotion is vital, and the literature surrounding mental health interventions in schools is discussed in detail in Section 2.3 below.

2.2.13 Summary of Section 2.2

Finding a conclusive definition for the term mental health is difficult, and this becomes more problematic when searching for a consistent definition of children and young people's mental health problems. The phrase mental health, particularly when used in educational settings is used interchangeably and synonymously with a number of other concepts such as social and emotional well-being and EBD. There appears to be a need to increase clarity surrounding terminology in this area; to reduce the negative connotations which are associated with this term; and to promote the notion of positive mental health.

Although some caution should be adhered to when interpreting figures which surround children's mental health problems, the available statistics suggest a high and increasing incidence. These figures highlight a need for more work to

be carried out to investigate how the mental health needs of young people can be best supported. Research suggests that children at particular risk of mental health problems include those with severe illnesses; disabilities and learning problems; those in adverse family circumstances; looked after children; young people who are homeless; and young offenders.

The negative impact of child mental health problems is both concerning and wide ranging and research indicates that associated detrimental outcomes are evident in adulthood. Although, it is equally important to acknowledge the significance of the consequences of mental health problems for young people during their childhood and adolescence. Mental health can undoubtedly affect school outcomes for young people and mental health problems can be associated with educational failure; family disruption; disability; offending; and anti-social behaviour. Poor school attendance; behaviour difficulties in school; and increased chances of school exclusion are some of the main educational consequences of mental health problems for children and young people. The literature discussed in this Section has indicated that mental health issues can exacerbate these outcomes and that consequently positive mental health can be a protective factor where these areas are concerned.

It is worrying that the available literature indicates that many young people with mental health needs do not access specialist CAMHS. However, there is evidence to suggest that school based mental health support is effective in supporting children's mental health problems, particularly in less serious incidences and at an early stage. The role of schools in this field is discussed specifically in Section 2.3 below.

2.3 The Role of Schools in Supporting and Promoting Young People's Mental Health

2.3.1 Overview of Section 2.3

This Section starts by emphasising the important part that schools can play in mental health support and promotion; and outlines the current situation with regards to this in the USA. It then reviews guidance which is available for schools in the UK pertaining to young people's mental health. The role of teachers and the need for training for school staff in this area is then considered. The implications for EPs in school based mental health support are then discussed.

This Section continues by reviewing available literature and research concerning mental health interventions in schools. This includes an exploration of findings from systematic reviews of whole school and universal approaches and specifically looks at the evaluation of the KidsMatter initiative and the UK Resilience programme. Research around the use of targeted and indicated interventions is then outlined, including the use of small group work in supporting mental health. It is important to emphasise here that there are an abundance of research papers in this area which describe interventions that have been carried out in the USA, where the use of school based mental health programmes is more common (for example, Adelman and Taylor, 1999; Rones and Hoagwood, 2000; and Arbustner and Litchman, 1999; Durlak, Dymnicki, Schellinger, Taylor and Weissberg (2011)). Fewer papers are available which explore the role of school's in providing mental health interventions in the UK. Hence, caution should be used when generalising the findings of the USA studies presented in the Section to UK settings.

The TaMHS project has already been summarised within the introduction to this study with an emphasis on the local model being used in the LA where the study

takes place; and in order to set the context for the study. This Section provides a more detailed description of this initiative with a focus on the project's aims, background and purpose nationally. Some initial evaluation of the project which was available at the time of writing this thesis is also described. Some of the findings in recent documents entitled 'Learning from Targeted Mental Health in Schools Phase 1 Pathfinders' (DCSF, 2009a) and 'Me and My School: Preliminary Findings from the First Year of the National Evaluation of TaMHS (2008-09)'(DCSF, 2010a) are summarised.

This Section concludes by considering a range of contextual factors in schools which might act as barriers or facilitators to the implementation of school based mental health provision including the model of intervention the young people have accessed; the characteristics of the members of staff involved; how the provision is embedded and perceived within the school as a whole; and school improvement.

2.3.2 The Important Role of Schools in Mental Health Support

According to Weare (2000) school is potentially one of the most important and effective agencies for promoting children's mental health. Rothi and Leavey (2006) state *'the ability (or not) of school organisations to recognise and effectively manage mental health difficulties among pupils is a pressing issue'* (p.10). Lately, there is an increasing expectation on schools in the UK to become involved in supporting the mental health of pupils and in promoting an environment which is conducive of positive mental health. In fact, schools have a statutory responsibility to promote social and emotional well-being. The Public Service Delivery Agreement (PSA) number 12 (PSA, 2007) which is entitled 'Improve the Health and Wellbeing of Children and Young People' sets out the government's plan for 2008 to 2011. This vision includes the aspiration that schools will promote emotional health and resilience and by 2011 that all schools

will offer access to extended services which may include health or therapy services on site. It also states that schools have a duty to promote the well-being of pupils. In line with this, Ryan (2007) points out that schools need to be aware of their duty to promote the well being of children and understand how this links with their policies around behaviour and inclusion.

2.3.3 School Based Mental Health Support in the USA

The available literature illustrates that school based mental health services are more common practice in the USA. An example of this is the rapid growth of Expanded School Mental Health Programmes, which according to Waxman and Weist (1999) involve the provision of mental health services for youths in schools and include assessment, intervention, prevention and consultation. In a review of 47 studies of USA school based mental health programmes Ronnes and Hoagwood (2000) report that there are a strong group of school based mental health programmes that have evidence of impact across a range of emotional and behavioural problems.

Armbuster and Litchman (1999) carried out a study across 36 inner city schools in the USA which explored the effectiveness of school based mental health services. They compared a sample of 220 children who were seen in clinic with a sample of 256 children who received the same support in schools. Findings revealed that both groups of children showed improvement according to clinician ratings and standardised measures. The authors conclude that *'school based mental health services have the potential for bridging the gap between need and utilization by reaching disadvantaged children who would otherwise not have access to these services'* (p.493). However, although much of the evidence for supporting mental health in schools is positive, Evans (1999) investigated behavioural health services in schools in the USA which are being used to support pupils' mental health. He cites some criticism of this support such as the

claim that it is being forced upon students. He also provides examples of counselling and treatment being administered to children without parental consent. Moreover, Weare and Markham (2005) indicate that systematic reviews have shown that not all interventions are effective and that promoting young people's mental health through the school system is challenging. This serves to highlight a need for more work to be carried out in this field in order to determine the most effective way that schools can support their young people's mental health needs.

It is both surprising and concerning that given the emphasis that is placed on the important role that schools play in the area of mental health, many commonly sighted mental health interventions for young people have not been thoroughly tested in schools (Wolpert, 2008). This is particularly true in the UK. It is apparent when reviewing the literature surrounding school based mental health interventions that much of the research in this area originates in the USA, which of course raises issues of generalisability in addition to highlighting a need for replication. Moreover, there is a need to test mental health interventions more thoroughly in a school based context as opposed to a clinical setting in order to test the reliability of these approaches in different contexts.

2.3.4 Guidance for Schools in the UK with a Focus on Young People's Mental Health

There has been an abundance of government initiatives and guidance introduced recently in the UK which place increased expectations on schools to promote the emotional well-being and mental health of young people. These include the National Healthy Schools Standard (NHS) (DFES 1999), Promoting Children's Mental Health within Early Years and School Settings (DFES, 2001a), SEAL (DFES, 2007), Guidance for Schools on Developing Emotional Health and Wellbeing (DCSF and NHS, 2007) and most recently documentation relating to

the TaMHS project (DCSF, 2008a, 2009a and 2010b). In addition, the National Institute for Clinical Excellence (NICE) has produced evidence based guidance on promoting social and emotional wellbeing in primary schools (NICE, 2008) and more recently in secondary education (NICE 2009).

Notably, The National Service Framework for Children, Young People and Maternity Services (DFES, 2004c) and Effective Joint Working between CAMHS and Schools (DFES, 2003a) examine and promote links between schools and CAMHS in order to improve the mental health of children and young people. In addition, Every Child Matters Next Steps (DFES, 2004d) highlights that schools have a requirement in the area of mental health and states that 'universal services', which includes teaching staff and schools, should offer general advice and treatment for less severe mental health problems; contribute towards mental health promotion; identify problems early in their development and refer to more specialist services.

2.3.5 The Part that Teachers Play and the Need for Training for School Staff around Mental Health

Rothi and Leavey (2006) state:

'We ask much from our teachers and school staff. Not only do we expect them to be good educators, we expect them to be informed about anything that may impact on young people's physical health, learning potential and psychological well being. Given the sheer number of influences on good mental functioning we know that the task is indeed a complex one'. (p.10)

According to Ford, Hamilton, Goodman and Meltzer (2005) children in the UK are most likely to consult with teachers about mental health than any other agency. Rothi and Leavey (2006) also highlight that teachers continue to play a central role in monitoring and referring young people with suspected mental health

problems. It is reassuring that Atkinson and Hornby (2002) suggest that with the necessary knowledge, understanding and support, teachers are able to function as the frontline of identification, support and referral to other services.

However, some research also highlights that school staff may have problems recognising and responding to mental health difficulties in pupils (Baxter, 1999) and a recent survey of school inspection reports by OFSTED (2005, cited in NASUWT, 2005, p.11) notes that training for staff on mental health difficulties was found to be needed in three quarters of schools. It is worrying that teachers are unlikely through initial training to have the skills and knowledge required to undertake the responsibility of promoting the emotional well being of children unassisted (Baxter, 2001). The NASUWT (2005) report that there is an acknowledged need for teachers and other school staff to gain some training in mental health related skills. Similarly, Ryan (2007) suggests that LAs and service providers must ensure that the children's workforce is properly trained and adequately supported to promote mental health and respond to mental health problems as they begin to emerge.

A study carried out by Gowers, Thomas and Deeley (2004) involved a questionnaire survey of 291 primary schools and investigated teacher's contribution to the identification, management and referral of children with mental health problems. The survey aimed to clarify school staffs' familiarity with mental health issues and liaison experience with CAMHS. The findings suggested that teachers expressed great interest in children's mental health, which they judged had significantly impacted on their teaching. The results also indicated that they had received little in the way of training in this area but were almost unanimously keen to learn more. The authors conclude that CAMHS and education departments could usefully plan together to meet school teachers' training needs and establish appropriate referral pathways.

In addition to the need for training in this area, there is also a need to increase schools staff's confidence in this area. Rothi and Leavey (2006) point out that in order to enhance teachers' skills and confidence there is a need to open and extend discussion on their willingness and capacity to embrace new competencies.

2.3.6 Implications for EPs in Mental Health Support

Merrell (2002) states:

'There are now unparalleled opportunities to show stakeholders in the schools how school psychology services may best make a difference for students and schools in a big way, including the provision of comprehensive programmes to prevent and reduce social and emotional problems.' (p.144)

During a recent presentation entitled New Horizons for EPs, McKay (2008) asserted that the increase in mental health problems in children and young people has major implications for EPs. A recent paper by Wigelsworth et al (2010) similarly affirms that as a result of the importance of social and emotional skills in educational contexts being re-emphasised, EPs are increasingly likely to be involved in the measurement of social and emotional skills. The authors suggest that this involvement may be through EP case work; through research; or through being asked to provide advice to schools looking to evaluate aspects of their practice in this area. Moreover, Baxter (2002) asserts that EPs, trained in child development, research and evaluation are well placed to assist and guide their LA, school and voluntary sector partners to promote the emotional well-being of children. Furthermore, research suggests that schools in the UK work more commonly with EPs than any other professional that might promote children's mental health outcomes (Woods, Farrell, Lewis, Rooney, Squires and O'Connor, 2006).

The role of the EP is discussed in a study carried out by the NASUWT (2005, p.29) which explores teachers' experiences and views surrounding mental health. The findings from this study suggest that EPs are perceived by teachers to be an important part of the support system for pupils with mental health needs. Their skills in facilitating disclosure from the children and discussions with parents were highly regarded by teachers. The study highlights that once an EP becomes involved they generally help school staff to formulate and revise individual education plans and may suggest practical strategies to help support children experiencing difficulties. The study also shows that the EPS had provided training on bereavement counselling, although this type of provision was unusual. However, the results also indicate that efforts by schools to involve EPs are hampered or delayed by pupils' parents and that this is linked to stigma associated with a referral to the EP. Interestingly, when asked about the role of the EP, most teacher answers focussed mainly on observation and assessment.

The NASUWT (2005) discuss the fact that teachers and schools perceive there to be a shortage of EPs and that this shortage appears to be affecting schools' ability to respond to their pupils' needs quickly and effectively. Teachers also felt that they are unable to implement suggestions from the EP due to larger class sizes and the number of SEN children, and also voiced frustration over the lack of time to build relationships with their EP. Notably, and in conflict with some of the views outlined at the start of this Section, although some teachers believed that EPs can help identify the type of problem a child may be experiencing, when it comes to possible mental health difficulties EPs were not seen as a substitute for contact with a mental health professional. Some example quotes are provided to illustrate this last point, one of these being: *'The EP deals with educational matters...But it doesn't mean that they are in a position to be able to say that a child has got a mental health issue'* (p.33). This suggests that there is work to be carried out in schools in order to clarify the EP role in mental health support.

2.3.7 School Based Mental Health Interventions

There are a number of whole school and targeted/indicated approaches available to facilitate mental health and well-being work with pupils. According to the DCSF (2008a) children with social and emotional needs are supported most effectively when there is universal provision to promote the well-being of all pupils, reinforced by targeted support for those with particular needs.

There are a number of resources and interventions now available which specifically focus on the role of schools in the promotion of children and young people's mental health. These are outlined above in Section 2.3.4. A prominent example includes SEAL (DFES, 2007). All these initiatives highlight the need to develop a whole school/universal approach to promoting social and emotional well-being which also includes access to targeted/indicated interventions for more vulnerable pupils. For example, SEAL provides a whole curriculum framework for promoting social and emotional well-being and it also includes small group interventions for children who find it hard to learn social and emotional skills or who have particular needs in this area.

A small amount of research has been carried out in order to evaluate existing interventions which aim to improve mental health and social and emotional well-being in children and young people in schools. Relevant examples of research in this area include a report entitled Mental Wellbeing of Children in Primary Education (Targeted / Indicted activities) (Shucksmith, Summerbell, Jones and Whittaker, 2007); A Systematic review of the effectiveness of interventions to promote mental wellbeing Report 3: Universal Approaches with focus on prevention of violence and bullying (Adi, McMillan, Kiloran and Stewart-Brown, 2007); A systematic review of the effectiveness of interventions to promote mental well-being in children in Primary Education: Universal Approaches Non-Violence related outcomes (Adi, Killoran, Janmohamed and Stewart-Brown, 2008); and a study which comprises of a national evaluation of the use of small

group work as part of Primary SEAL (Humphrey, Kalambouka, Bolton, Lendrum, Wigelsworth, Lennie and Farrell, 2008).

Some research looks at the circumstances under which school-based mental health interventions are most effective. For example Kam, Greenberg and Walls (2003) carried out a literature review which suggests the necessary conditions for successful outcomes which include: programme design; programme co-ordination; educator preparation and support; and programme evaluation. In addition, there is evidence to suggest that providing a whole school environment which is conducive to the promotion of positive mental health enhances the success of mental health interventions. Using a whole school approach is discussed further in Section 2.3.8 below. Elias, Zins, Graczyk and Weissberg (2003) indicate that difficulties encountered in the implementation of mental health support in schools may include; the perpetuation of a narrow and decontextualised perspective on programmes and packages; poor management of resources; and insufficient attention to the qualities of staff carrying out different aspects of implementation and intervention.

Although research suggests that there are a range of effective approaches for supporting children's mental health, there is a need to be mindful of the reliability of this evidence base. As mentioned previously, many of the studies in this area have taken place in the USA. In addition, a number of mental health interventions have not been thoroughly tested in school settings and instead have only been investigated in a clinical context. Furthermore, according to Wolpert (2008) the design of some of these studies '*places limits upon their utility*' (p.4). Thus, only speculative conclusions may be drawn from the much of the research discussed in the Sections below and the need to test interventions in schools across the UK more rigorously is apparent.

2.3.8 Developing a Whole School Approach

The Mental Health Foundation's report entitled *Choosing Mental Health* (Mental Health Foundation, 2005a) indicates that successful programmes in schools involve parents and the wider community, strengthen school attachment and address the ethos and culture of the school as a whole. This idea of a whole school approach is also supported by recent government initiatives such as NHS (DFES 1999), SEAL (DFES, 2007) and more recently TaMHS (DCSF, 2008a).

In line with the above, Weare and Markham (2005) highlight that there is strong evidence in large scale systematic reviews that schools need to use a whole school approach to promote mental health effectively. They also suggest that schools need to use positive models of mental health and promote the idea of mental health as '*everyone's business*' (p.14). This is a notion that is linked with the concept of 'universal services' being involved in mental health promotion as discussed in *Every Child Matters* (DFES, 2003b). Weare and Markham point out a number of characteristics that the most effective programmes in schools have, including universal provision; multi-dimensional and coherent; supportive climates that promote warmth, empathy, positive expectations and clear boundaries; tackle mental health problems early; long term developmental approach, identify and target vulnerable and at risk groups; encourage a feeling of ownership and participation; and provide effective training for those who run the programmes. Weare and Markham (2005) also point out that using a universal approach makes it more likely that those with problems will receive support and also state that it helps to address the biggest barrier to people seeking mental health support, namely stigma and discrimination.

2.3.9 Analysis of Whole School and Universal Approaches

Adi et al (2008) carried out a systematic review of universal interventions to promote mental well-being in primary school children which focus on non-violence related outcomes. 31 studies were included in the review. The authors do not state how the papers were selected for the review, or how many reviewers performed the selection. The paper focuses on studies which used controlled trials of interventions using universal approaches for mental well-being and which reported changes in aspects of mental well-being (emotional, psychological and social). Studies involved children aged 4 to 11 years based in primary education settings. The authors state that studies of interventions with both universal and targeted components were also eligible for inclusion. Studies concerned with the prevention of violence and bullying were excluded as this area was investigated in a further study (described below in this Section).

The report indicates that most of the interventions which were included in the review included a classroom component (which was usually part of the taught curriculum), and many included a component for parents. Only two studies examined the same intervention (the PATHS curriculum). Many studies had no intervention as a control. The majority of outcomes used aimed to measure the children's behaviour, either antisocial or pro social; most of the measures used were validated, and the most commonly used was the Child Behaviour Checklist. The review concludes that there is good evidence to support the implementation of programmes which include a significant component of teacher training. It also illustrates that interventions which are offered to children over a prolonged period are supported. In addition, the review highlights that the inclusion of a parenting support component to school mental health promotion programmes has good evidence of success.

Adi et al (2007) have also carried out a systematic review of the published literature on the effectiveness of school based interventions that take a universal

approach **and** are primarily focussed on the prevention of violence or bullying. This review reports data from 17 studies outside the UK. The review evaluates the effectiveness of a range of different interventions, including the following (either alone or combined): Changes in school ethos, policies and environment; teaching training in behaviour management; classroom based intervention; parent component and wider community component. Four types of interventions are considered in the review: Curriculum-only interventions; school and classroom behaviour management programmes with or without school wide policy development ; whole school bullying prevention programmes; and multi-component programmes, involving parent education, a taught curriculum and teacher training in behaviour management. This review indicates that multi-component programmes are more effective at improving outcomes relevant to bullying. This is because they typically combine social skills development with better teacher behaviour management and a greater involvement of parents. The authors also conclude that curriculum only programmes that aim to reduce aggressive behaviour and increase pro-social behaviour suggest the possibility of short, but not long term, effectiveness. In addition, results showed that training teachers to implement a game to help with controlling behaviour was effective in boys who displayed high level aggression at the outset but it was more effective when combined with other programmes. The review suggests that generally programmes had more effect on boys than girls, on white children than black children and on high risk than low risk children.

Wells, Barlow and Stewart-Brown (2003) undertook a systematic review of 17 studies which evaluated universal approaches to mental health promotion in schools. They found positive evidence of effectiveness for programmes that adopted a whole school approach, were implemented continuously for more than a year, and were aimed at the promotion of mental health as opposed to the prevention of mental illness. They concluded that the interventions to improve mental health that were moderately or more successful were more likely to

measure self-concept, emotional awareness and positive interpersonal behaviours. Those that were less successful were more likely to measure conduct problems and antisocial behaviour.

Very recently, Durlak, Dymnicki, Schellinger, Taylor and Weissberg (2011) carried out a meta-analysis of 213 school based universal social and emotional learning (SEL) interventions in the USA that involved 270,034 students. Durlak et al point out that the goals of these SEL programmes in schools include fostering the development of 5 interrelated sets of cognitive, affective, and behavioural competencies, these being: self-awareness, self-management, social awareness, relationship skills and responsible decision making. They also state that within school contexts, SEL programming incorporates two co-ordinated sets of educational strategies to enhance school performance and youth development.

The study involved a literature search using four strategies, which according to the authors secured a '*systematic, nonbiased, representative sample of published and unpublished*' studies' (p.408). These strategies included identifying relevant studies through computer searches; examining reference lists of each identified study and reviews of psychosocial interventions for youth; conducting manual searches of journals containing relevant studies; and searching organisation websites promoting youth development and social – emotional learning. Studies eligible for the review were written in English; appeared in published or unpublished form by December 31st 2007; emphasised the development of one or more SEL skills; targeted students between the ages of 5 and 18 without any adjustment or learning problems; included a control group; and reported sufficient information so that effect sizes could be calculated. The main independent variables in the study were intervention format; the use of four recommended practices related to skill development; and reported implementation problems. The dependent variables used in the meta-analysis

were six different student outcomes including social and emotional skills; attitudes toward self and others; positive social behaviours; conduct problems; emotional distress; and academic performance.

Overall, the study concludes that SEL programmes can have a positive impact across multiple outcomes. The authors report that compared to controls, SEL participants demonstrated significantly improved social and emotional skills, attitudes and positive social behaviours and academic performance following intervention, and also demonstrated fewer conduct problems and had lower levels of emotional distress. The largest effect occurred for social and emotional skill performance which included assessments of social- cognitive and affective competencies that SEL programmes targeted such as emotions recognition, stress management, empathy, problem solving, or decision making skills. Results also suggest that gains in these areas were reduced in magnitude during follow up assessments, although only a small percentage of studies collected follow up information. Nevertheless, effects remained significantly significant for a minimum of 6 months after the intervention.

Interestingly, the study investigated whether SEL programmes can be incorporated into '*routine*' (p.408) educational practice and whether they can be successfully delivered by existing school staff during the regular school day. In the analysis, interventions that were delivered by regular school staff and those delivered by non school personnel were looked at separately. The analysis found that school teaching staff successfully conducted SEL programmes. In fact classroom by teacher programmes were effective in all six outcome categories, and multi-component programmes which were also conducted by school staff were effective in four outcome categories. In contrast, classroom programmes delivered by non school personnel produced only three significant outcomes. Notably, academic performance only improved when school personnel conducted the intervention. Thus, suggesting that these types of interventions can be

incorporated into educational practices and do not require outside personnel for their effective delivery. Results also suggest that SEL programmes are successful at all educational levels and in varying types of areas.

In addition, the study discovered that the use of four recommended practices for developing skills moderated programme outcomes. The four recommended practices included whether the programme used a connected and co-ordinated set of activities to achieve their objectives relative to skill development; whether the programme used active forms of learning; whether the programme had at least one component devoted to developing personal and social skills; and whether the programme targeted specific SEL skills rather than targeting skills or positive development in general terms. Programmes which followed all four of these procedures produced significant effects for all six outcomes, whereas programmes not applying these practices achieved significant effects in only three areas (attitudes; conduct problems; and academic performance).

The analysis also found that the presence of implementation problems affected the success of the programmes. Programmes which encountered implementation problems achieved significant effects in only two outcome categories (attitudes and conduct problems) and interventions without any implementation problems yielded significant mean effects in all six categories. Notably, compared to teacher led programmes, multi-component programmes were less likely to follow the four recommended procedures and were more likely to have implementation problems. Thus creating a confound which according to the authors, may explain why multi-component interventions were not found to be superior in this analysis.

KidsMatter Evaluation

KidsMatter is an Australian primary school mental health initiative that has been piloted in 101 schools over two years (2007-2008) nationally and evaluated by Slee, Lawson, Russell, Askell-Williams, Dix, Owens, Skrzypiec and Spears

(2009). According to the authors of this evaluation, KidsMatter uses a whole school approach and provides schools with a framework; an implementation process; and key resources to develop and implement evidence based mental health promotion, prevention and early intervention strategies. The programme aims to improve the mental health and well-being of primary school students; reduce mental health difficulties amongst students; and achieve greater support for students experiencing mental health difficulties. The framework consists of four key areas which are designated as the KidsMatter components:

1. Positive school community;
2. Social and emotional learning for students;
3. Parenting support and education;
4. Early intervention for students experiencing mental health difficulties.

Markedly, the evaluation of KidsMatter is directly relevant to the present study as this initiative has many parallels to the TaMHS project (discussed in detail below in Section 2.3.12) which was being piloted within the UK at the time this piece of work was written and which is the main focus of the current thesis.

The evaluation of KidsMatter examined the impact of this initiative on 101 schools, teachers, parents and students (aged 10 years). Questionnaires which mainly used a seven point Likert scale were used to measure mental health; engagement with, and implementation of KidsMatter; and influences on schools, teachers, parents and students. The first survey was completed by the parents and teachers of 4890 students. The mental health of students was also measured using the Strengths and Difficulties Questionnaire (Goodman, 2005) for up to 76 pupils per school. Qualitative data was also collected from various sources including reports from KidsMatter project officers; interviews and focus group discussions conducted with school leaders, teachers, parents and students

in ten schools; and summaries of processes and effects within their schools provided by principals and team leaders.

Overall, the evaluation of the KidsMatter programme indicates that there were positive changes to schools, teachers, parents, and children associated with KidsMatter over the two year trial and that schools adopted the initiative and actively worked at its implementation. In fact, the evaluation shows evidence of change relating to all of the above four components of the KidsMatter framework, although not all components improved to the same extent and there was more evidence of positive change in the ratings from teachers than in the ratings from parents. Interestingly, across the two year trial there were increases in the teacher ratings of their knowledge, competence and confidence with respect to teaching students about social and emotional competencies. However, teacher attitudes about the importance of teaching students about social and emotional competencies changed little over the course of the trial, although they were high at the start. Interviews with parents and carers revealed that they valued both the information provided by their school and the strategies this information gave them for handling issues related to their children's mental health. Nevertheless, findings from the parent questionnaire related to parenting knowledge and parenting styles showed no evidence of change as a result of KidsMatter.

Parents' and teachers' ratings of students' social and emotional competence rose by seven percent by the end of the KidsMatter trial. Also, during the two years of the initiative 90 percent of teachers consistently agreed that students who are socially and emotionally competent learn more at school; and teachers' ratings of the positive impact of KidsMatter on students' schoolwork increased by 14 percent by the end of the trial.

The initiative was associated with improvement in students' measured mental health, in terms of both reduced mental health difficulties and increased mental

health strengths. More specifically, on average across all students, the total SDQ difficulties score declined significantly over the period of KidsMatter, equivalent to a small effect size and this decline represents a practically significant overall reduction in mental health difficulties associated with the implementation of the programme. Another major finding was that the impact of the KidsMatter programme was more apparent for students who were rated as having higher levels of mental health difficulties at the start of the trial. Interestingly, based only on the SDQ total difficulties score, the results indicate a five percent increase in the proportion of students classified as being in the normal range for mental health. When an alternative method of classification was used to take into account students' strengths as well as difficulties; and by bringing together parent and teacher reports, results showed ten percent more students being classified into the normal range by the end of the trial.

In addition to reductions in mental health difficulties, students in the abnormal and borderline ranges as measured by the SDQ at the start of KidsMatter showed significant improvements over the period of the trial on a scale designed to measure mental health strengths. Furthermore, students in these ranges also improved significantly on a measure of social and emotional competencies over the period of the trial.

The overall results indicated that there was substantial similarity in the findings for schools formally involved in KidsMatter for one year and for schools formally involved over two years. However, there were some measures that showed stronger effects in the schools involved in the initiative for two years. The authors of the evaluation also point out that although there is evidence from the evaluation of the successful implementation of KidsMatter and of associated positive changes, the observed impacts varied in size and were not evident in all aspects of KidsMatter. Furthermore, evidence of potential limitations and of possibilities for increasing the effectiveness of the initiative also emerged within

the evaluation. For example, the importance of leadership was apparent; schools being able to find space in the curriculum for all of the components; and the potential for sustainability of KidsMatter.

The evaluation concludes by recommending the national roll out of the broad framework, processes and resources of KidsMatter as a whole package and a number of suggestions for improving the efficacy of the initiative are provided for its future development. It is important to note that KidsMatter and the associated research was carried out and implemented in Australian schools, thus caution must be used when interpreting the findings with regard to UK settings.

The Views of Students on KidsMatter

As the focus of this thesis is on pupil voice, the study and findings relating to the views of students on KidsMatter are relevant and will be summarised briefly. Slee et al (2009) state that students were not directly involved in the evaluation, whereas stakeholders, such as staff and Project Officers, were asked directly about KidsMatter by the evaluators. However, according to the authors of the evaluation, it would be expected that students would be able to report on their awareness of, and ways they had been engaged with, social and emotional learning from their '*immersion*' (p.32) in KidsMatter.

Focus groups took place with students in ten schools which according to the authors were selected to provide a diverse representation of different geographical areas, and also to represent schools that, on preliminary analysis of data, appeared either to be going well, or were finding difficulties with implementing KidsMatter. The student focus groups, which generally comprised of five to eight girls and boys of approximately ten years of age, commenced with a scenario about a child named Cris. This scenario acted as an ice-breaker for the discussions, and prompted the children to think about situations in which someone is feeling sad and discouraged. The scenario then led to a general

discussion about feelings, which provided the opportunity for the students to discuss what they could recall about teaching and learning about feelings, friendships and related mental health topics. Students were also asked about the specific social and emotional programme the school had chosen to implement, and to express what had been happening in their school and classrooms.

According to Slee et al, it appeared that all students who participated in the student voice study had some knowledge of KidsMatter. They suggest that this could reflect that the initiative was visible throughout the schools, as well as the teaching and learning around social and emotional learning that occurred in classrooms. In their comments in the focus groups, students were able to provide insight into their understanding of KidsMatter, as well as indicating what they had been doing as part of it. Furthermore, students described some of the learning activities provided for them. Examples to illustrate this included:

“It’s about the five keys: organisation, confidence, resilience, persistence ...the five keys to ...be happy.” Student School 5

“Bouncing back...it’s about when you’re not feeling too well and you’re just angry - it’s going back to your normal self, not being the sulking around person.” Student School 4

“We do pictures and writing...our teacher reads out cards...you make up a pocket and they go and write something...after lunch you’ve got lots of nice messages in there....We’ve done posters and we have to write friendship or loyalty...and then you draw pictures and write stuff down.” Student School 6’ (p. 32)

Slee et al point out that students’ comments about activities provide further evidence of engagement with KidsMatter and about how it was implemented. For example, one group of students became ambassadors and, after some training, engaged in cross-age tutoring around the notions of KidsMatter. And in another school, students spoke favourably about a peer support program, especially in the school yard when difficulties arose for some students and it was

evident in this school that these young people had an explicit understanding of mental health, due to the training they had been given.

In addition, Slee et al suggest that through discussions about the vignette about Cris, there was evidence from the students themselves about how KidsMatter had had a positive impact on their social and emotional competencies, their coping strategies and their behaviour. For example, students felt that there were not as many fights; they were better at expressing their feelings; they had made more friends; they were more responsible; and they were not '*bad*' (p.74) anymore. Furthermore, Slee et al also point out that the students were able to apply their learning across the school and family contexts and to different kinds of relationships and problems. Examples of changes in students' competencies at school included thinking how their behaviour affects others; dealing with not getting on with others; and feeling more comfortable about coming to school. Examples of changes in students competencies at home included helping students talk about problems at home and increased understanding that life can involve 'ups and downs'. Moreover, in the student voice study the students indicated that they had become empowered to express their feelings, to solve problems, and to generate alternate ways of coping when situations were difficult or confronting.

Students also discussed anger management strategies, ways of building positive friendships and peer relationships; and how they might manage bullying. According to Slee et al, these responses from students interviewed in the student voice study can be directly related to content and strategies that were a focus in the social and emotional learning aspect of the project. The authors of the evaluation suggest that although there was no formal assessment of change in student's knowledge, it seems reasonable that the views reported by interviewed students could be associated with the positive changes in the ratings of students' social and emotional competencies by parents and teachers.

Notably, the student voice element of the KidsMatter evaluation lacks depth. Although it does focus on their knowledge of KidsMatter in general, and explores what students could recall about teaching and learning about feelings, friendships and related mental health topics; the evaluation does not involve the young people in appraising the effectiveness of the initiative. For example, what is good or bad about it; nor does it ascertain their views surrounding how this initiative could be improved in the future. The evaluation of KidsMatter could thus be strengthened by obtaining young peoples' views on these aspects.

UK Resilience Programme

In September 2007, three LAs piloted the UK Resilience Programme with Year seven pupils in 22 of their schools, with the aim of building pupils' resilience and promoting their well being. More schools since have started the programme. The programme was delivered by teachers who attended between eight and ten days training. The UK Resilience Programme is the UK implementation of the Penn Resiliency Program, a well being programme that has been trialled more than 13 times in different settings. The programmes' aim is to build resilience; and promote realistic thinking, adaptive coping skills and social problem solving in children. The Penn Resiliency Program is a 'manualised' intervention comprising 18 hours of workshops where the curriculum teaches cognitive behavioural and social problem solving skills. Participants are encouraged to identify and challenge unrealistic negative beliefs, to employ evidence to make more accurate appraisals of situations and other's behaviour, and to use effective coping mechanisms when faced with adversity. Participants also learn techniques for positive social behaviour, assertiveness, negotiation, decision making and relaxation.

The programme evaluation has involved the publication of two interim reports which offer preliminary findings about its impact. The final evaluation was carried out by Challen, Noden, West and Machin (2011) with the aim of investigating

whether the programme can be delivered at scale, and whether it has an impact on children's well being; behaviour; attendance; and academic attainment. Information on pupils' well-being was collected through questionnaires administered before and after the programme to pupils who had participated in the first year of workshops. Questionnaires were also completed by a control group. The quantitative work examines the impact on the original cohort of pupils (those in workshops in 2007-08) over a three year period. In addition, interviews with pupils, facilitators (workshop leaders) and school managers were carried out in ten of the 22 secondary schools involved in the programme at the end of the academic year 2007-08, and follow-up interviews were carried out in nine of these ten schools in the autumn term of 2009-10. The interviews explore participants' experiences of the programme, and how schools were implementing the programme in the pilot year and then two years later.

The quantitative work found a significant short term improvement in pupils' depression symptom scores, school attendance rates, and academic attainment in English. There was some impact on anxiety scores and maths attainment, but this was inconsistent and concentrated in a few groups of pupils. Interestingly, the size of the impact varied by how workshops were organised and weekly workshops showed a larger impact than those timetabled fortnightly. The impact also varied by pupil characteristics. For example, pupils who were entitled to free school meals who had not attained the national targets at Key Stage 2, and who had worse initial symptoms of depression or anxiety, were all more likely to experience a larger measured impact of the workshops on their depression and anxiety scores. However, there was little difference by pupil characteristics on the absence rate. On average the effect of the workshops lasted only as long as the academic year, and had faded by the one-year follow-up questionnaire in June 2009. However, there was still an impact for certain groups at follow-up, particularly for pupils who had not attained the national target levels at Key Stage 2 in English or maths. There was no impact on any of the outcome measures by

the two-year follow-up in June 2010. In addition, there was no measured impact of workshops on behaviour scores or life satisfaction scores.

Return visits to nine of the case study schools in autumn 2009 revealed that seven of the nine schools were continuing to deliver the programme to all Year seven pupils. Facilitators were extremely positive about the ideas underlying the programme and about the training they had received. Most reported that they used the skills themselves. However, facilitators found the curriculum materials too didactic and thought they could be improved.

Pupils' Views of the UK Resilience Programme

According to Challen et al (2011), pupils were generally positive about the programme and interviews for the first interim report suggested that pupils had applied skills in real life situations, and some interviewees showed a good understanding of elements of the programme. There were numerous examples which pupils gave where they had '*not risen*' to some kind of provocation, however, according to the authors of the evaluation many of these responses were '*somewhat sketchy*' (p.5). Other interviewees described using an ABC model or skills such as assertiveness or negotiation. Examples provided by pupils tended to focus on day to day problems such as conflict with siblings. Interestingly pupils frequently reported that the UK Resilience Programme sessions were among their favourite lessons.

2.3. 10 Targeted and Indicated Interventions in Schools

In addition to developing a whole school approach, targeted and indicated interventions play a part in supporting the mental health needs of more vulnerable children and evidence suggests that the two should both be used to compliment each other in schools. Shucksmith et al (2007) highlight that indicated and targeted interventions focus on particular types of behaviour or

particular groups of pupils. Humphrey et al (2008) state that *'targeted interventions are used to help children thought to be at risk of developing social and emotional problems'* and indicated interventions help *'children already identified as experiencing problems'* (p.14). According to NICE guidelines (2008) targeted approaches should be made available for children who are showing early signs of emotional and social difficulties, for example anxiety or emotional distress and those at risk of developing (or who already display) disruptive behavioural problems. According to Humphrey et al (2008) there is an established and rapidly growing evidence base for targeted interventions with children considered to be at risk of developing social and emotional problems.

Evidence presented in NICE guidelines (2008) suggests that targeted interventions are not cost effective in the short term, as they incur similar costs to universal interventions but only a small proportion of the school population benefits. However, it suggests they may be cost effective in the longer term (after 4 years) when both the health and broader societal benefits are taken into account.

A report entitled *Mental Wellbeing of Children in Primary Education (targeted / indicated activities)* (Shucksmith et al, 2007) examines the effectiveness of targeted/indicated activities aimed at promoting the mental well-being of children in primary education. 32 primary research studies met the inclusion criteria for this study and the majority of studies were USA based. Intervention strategies covered a range of areas including training in social skills, stress management, training in self monitoring, normative peer work and mentoring. There was considerable consensus in the Shucksmith et al (2007) study that multi-component interventions, which offer a mix of CBT; social skills training; attribution training; and training of teachers and parents in reinforcement and discipline, are the most effective content of interventions. In line with this, Fonagy, Target, Cotterell, Jeanette and Kurtz (2002) suggest that school based

approaches using both individual and group CBT, social skills training, peer mediated interventions, behavioural strategies and coping skills show promise.

Shucksmith et al (2007) also highlight that most of the interventions in the study offered weekly or twice weekly sessions to pupils and lasted longer than a year. A few of the studies examined brief interventions (eight to ten weeks). The latter were only shown to work well for certain groups of children. The majority of the interventions were delivered by psychologists, although school staff were involved in rating children's behaviour and well-being. The authors conclude that earlier small scale clinical studies with clinical staff may have less applicability to current classroom settings. They also highlight that later studies have focussed on large, multi component longitudinal trials and indicated useful effects, but that there are financial implications around the implementation of such programmes.

2.3.11 The Role of Small Group Work in Supporting Mental Health in Schools

According to the DFES (2001a) there is a range of important early interventions that schools can implement for more vulnerable children which can include Circle Time, Circle of Friends, Nurture Groups and Social Skills Groups. DCSF guidelines for the TaMHS project (2008a) suggest a number of interventions at waves one, two and three that can be used with children and young people (p.7). This guidance highlights that an appropriate intervention for children displaying early signs of externalising problems at wave two may include small group sessions with a focus on developing problem-solving skills and pro-social behaviour. The guidelines also suggest that for children showing early signs of internalising problems, small group work with a focus on developing problem solving skills and changing thinking patterns may also be used.

There are a number of studies which illustrate the positive effects that small group work can have on children and young people's mental health. Burton (2004) illustrates how this type of intervention could be used to develop self esteem with three groups of secondary school pupils with dyslexia. Burton (2006) also carried out a study which evaluated the use of group work to help five pupils to avoid exclusion. Both Burton's examples use a six session course of small group work that was developed to specifically meet the group's needs.

Recently, Humphrey et al (2008) carried out a national evaluation of the use of small group work as part of primary SEAL. SEAL small group work interventions are brief in length (six to eight weeks) and are low intensity (30-40 minutes). The groups also contain children who are positive role models in addition to targeted pupils. The study focussed on a sample of over 600 pupils across 37 schools and school staff were used to collect the data. Humphrey et al acknowledge the limitations of this approach to data collection, for example some schools were more efficient than others in returning the questionnaires. The authors used triangulated assessment techniques and integrated a naturally occurring comparison group into the research design. In summary, the authors state that the quantitative impact evaluation found statistically significant evidence of the positive impact of primary SEAL small group work in the ratings of both pupils and staff, although the effect size was small.

Chapter Seven of the Behaviour and Attendance Pilot (Hallam et al, 2006) presents evidence surrounding the use of small group interventions aimed at children who are at risk of exclusion and those '*needing additional and focussed help*'. In line with the SEAL small group work (Humphrey et al, 2008), the small groups included both targeted / indicated pupils and role models. The sessions included developing empathy, social skills and understanding and managing feelings. The findings are based on data derived from interviews with LA personnel across ten case study LAs; interviews with 16 good practice schools;

case studies of participating children; questionnaires completed by children participating in the small group at pre and post stages; inventories completed by parents and teachers; and questionnaires completed by parents following the group. Teacher assessments suggested that children displayed less emotional problems (emotional distress scale) and more pro-social behaviour (kind and helpful scale) over the course of the intervention. Parent and pupil assessments did not mirror these findings. Pupil's reported positive changes in their perception of their own emotions and social skills. Interviews with pupils indicated that they enjoyed attending the groups; liked the activities; were able to remember some of the rules; and wanted the groups to continue. However, Hallam et al (2006) conclude that *'the lack of control group means that it is not possible to say with absolute confidence that the positive changes were as a result of the programme'* (p.96).

2.3.12 What is the Targeted Mental Health in Schools (TaMHS) Project?

The TaMHS project was funded by the DCSF and was first piloted within 25 'pathfinder' LAs and their partner Primary Care Trusts (PCTs) across the UK in April 2008. The LA where the present study takes place was one of these first 25 wave one pathfinders. Since then, further second and third wave pathfinders became involved. The phased national roll out of TaMHS continued in April 2009, with 55 further local authorities and their partner PCTs (wave two) joining the programme. The remaining 72 local authorities and their partner PCTs joined the programme in April 2010 (wave three). The approach to helping children with mental health difficulties and the range of support on offer varies from one LA to another according to their own locally formulated models. The locally formulated model for the LA in this study is described in the introduction Section of this study.

The TaMHS pathfinders were tasked to build on the success of NHS (DFES, 1999) and SEAL (DFES, 2007) programmes in both primary and secondary schools. The project aimed to build on these programmes by focusing on the needs of children and young people aged five to thirteen who are at risk of, or are experiencing, mental health problems, and their families. Each TaMHS area worked through a cluster of primary and secondary schools. According to the DCSF (2009a) the work of the project is underpinned by the following principles: Maintaining a whole school focus to create the climate and conditions for promoting mental health; promoting the mental health of all pupils to prevent problems arising, and providing more targeted support for those already experiencing problems; and using evidence-based approaches for whole school, group and individual support work. The DCSF have produced guidance for Head Teachers and commissioners entitled Targeted Mental Health in Schools Project: Using the Evidence to inform your Approach: A Practical Guide for Head Teachers and Commissioners (DCSF, 2008a). This guide includes an outline of mental health interventions based on evidence from research that can be used to support whole school and targeted approaches for both children with mental health needs and those at risk.

2.3.13 The Aims of TaMHS

According to the DCSF (2009a) '*The aims of TaMHS are to be realised through the development of innovative models of evidence-based mental health support that bring together relevant partners and will be delivered through schools*' (p.5). The overall aim of the TaMHS project was to improve mental health outcomes for children and young people via interventions delivered through schools. This was to be achieved through providing the opportunity for participating schools to extend their existing work on promoting mental health and supporting children with problems. The project also aimed to provide the opportunity for targeted services to enable schools to build their own capacity to meet the needs of all of

its pupils. In addition, the project sought to enable effective models of early intervention work which have a clear impact on improving mental health outcomes for children and young people at risk of, and experiencing, mental health problems to be tested within school-based settings. The project should also have integrated effective early intervention models as part of wider local authority and PCT systems of assessment, referral and intervention work within targeted support services and specialist CAMHS.

A further aim of the TaMHS project surrounds evaluation. In addition to a national evaluation of this project which is entitled 'Me and My School', each pathfinder was tasked with carrying out a 'local' evaluation of the project within their own LA. At the time of embarking on this study, both these were in their initial stages. One aim of the evaluations was to develop an understanding of the factors promoting the successful implementation of the effective models at a strategic and operational level so that these lessons can be further rolled out. In addition, the evaluation should enable an understanding of the barriers (structural, cultural, financial and professional) to the successful implementation of effective models of work in schools at strategic and operational levels. According to the DCSF (2008a) pathfinders should use an evidence base to inform their approach not only to maximise the opportunity to improve mental health outcomes for children and families but to also help promote the understanding of how these work in a school context.

2.3.14 The National Evaluation of TaMHS: Some Preliminary Findings

The National Evaluation of the TaMHS project has been called 'Me and My School'. It is a three year research project which began in April 2008. The key aim was to explore the project's impact and find out which approaches seem to be the best way for schools to help children. According to Wolpert (2008) the aim of this research is also to investigate the comparative efficacy of different

approaches to TaMHS and identify the barriers to implementation. It involved both project schools and comparison schools. The study proposed to develop and introduce an experimental intervention which was implemented as part of a randomised control trial in year two of the project to see how far barriers can successfully be addressed. The research was thus split into two studies one being a longitudinal study looking at pupils in 25 areas over three academic years (2008-10) and focussing on what approaches have been adopted and their impact. The second study is a randomised control trial and looks at children in a further 74 areas over the course of two academic years (2009-10). In this part of the research, areas were randomly assigned to different conditions. The impact of TaMHS is assessed at three levels these being area, school and child. Measures include semi-structured interviews, collecting electronic area level, child level and school data from existing sources and the completion of scales / measures.

The DCSF (2010b) have published a report entitled Me and My School: Preliminary Findings from the First Year of the National Evaluation of TaMHS (2008-09). This focuses on information predominantly collected from the initial 25 pathfinders in 2008-09. In this report it is indicated that in 2008-09, 19,661 children in Year 4 and Year 7 across 465 schools in 25 LAs throughout the UK who were involved in the TaMHS project filled in online surveys concerning their feelings about themselves and their schools. These children were followed over the course of three years starting in 2008. Parents, teachers and school staff also completed questionnaires. Data collection also involved using qualitative measures from sources such as policy documentation, interviews and participant observation.

According to the DCSF (2010b) pupil responses suggest that around ten percent of children are experiencing adverse levels of emotional or behavioural difficulties. The difficulties include problems with aggression or conduct;

difficulties relating to anxiety; depression; and attention problems. There was very little variation in emotional and behavioural difficulty scores across schools and even less variation across LAs at the first time of measurement in 2008-09. As part of the evaluation, children and young people were asked to give a sense of how they felt about school life. The findings suggest that most pupils appear to have positive views of their schools; this was particularly true for children in Year 4. The DCSF (2010b) indicate that the reason why younger children rated their schools more positively than older children will be explored in future years.

The DCSF (2010b) also present some findings around what schools are doing to help pupils with emotional and behavioural difficulties and have investigated what wave one schools and local authorities were doing in comparison to wave two and wave three areas. In the DCSF (2010b) report entitled *Me and My School: Preliminary Findings from the First Year of the National Evaluation of TaMHS (2008-09)* it is stated that there appears to be a very wide range of activities going on or planned in schools, much of which goes beyond the traditional psychological interventions (e.g. CBT and counselling). The following provisional typology was developed through clustering activities into particular categories using expert knowledge from the research group and consultation with pathfinder leads and school representatives. Activities included: Social and emotional skills development of pupils; creative and physical activity for pupils; information for pupils; peer support for pupils; behaviour for learning and structural support for pupils; individual therapy for pupils; group therapy for pupils; information for parents; training for parents; counselling/support for parents; training for staff; supervision and consultation for staff; counselling/support for staff; and whole school culture change. The DCSF highlight that these areas will be explored further in future years with an aim of finding out which of these categories are associated with improvements in children's mental health.

The initial evaluation also investigated what wave one schools and local authorities were doing in comparison to wave two and wave three areas. They illustrate that LAs who have already started TaMHS have increased activity in a number of areas (e.g. individual and group therapy), whereas areas who had not yet begun their TaMHS project reported more activity around SEAL and whole school culture change. According to the report it is not yet clear whether differences between these two types of areas is due to the implementation of TaMHS or due to other factors, such as lack of LA staff awareness of the specifics of what each school is doing. Again, they suggest that this will be explored further in future analysis.

The DCSF have produced a document entitled Learning from Targeted Mental Health in Schools Phase 1 Pathfinders (DCSF, 2009a). This summary report draws together the key points of learning from quarterly action learning set summary reports. Participants in the action learning sets included project managers, practitioners from schools and observers from the national evaluation. The report also draws on findings from 11 interviews with a range of people involved in delivering TaMHS at wave one. Within this document some initial findings are presented with regards to the experiences of wave one pathfinders.

Findings suggest that there is a common theme of relationship building, which has an impact on the successful delivery of the pathfinders at several levels. The document outlines that experiences of wave one pathfinders show that there have been many challenges associated with changing the culture of stakeholders' perceptions of mental health support for children and young people. However, the report also suggests that TaMHS is playing an important role in bringing together professionals from the health and education sectors, and consequently providing opportunity for practitioners to share knowledge. Another finding presented in the report is that effective support for the agenda at Assistant Director (AD) level helps develop a strong foundation for the future of the

pathfinder. Another significant learning point is that progress appears to have been made over the course of the first year through sustained investment in relationship-building with CAMHS to promote the role of targeted support provided by practitioners in schools. In addition, the report suggests that dedicated time spent engaging individual schools at the micro-level is essential in the set-up phase, often involving 'selling' the benefits of TaMHS to schools. It follows from this that positive collaborative relationships with schools provide a sound foundation for reaching parents and children and young people when schools are able to see the benefits of TaMHS. With schools and parents, an awareness of and sensitivity to the school environment and timetable is key to making these relationships work, as there have been particular challenges connected to mutual understanding of different organisational cultures in health and education. The report concludes by asserting that facilitating an open dialogue with all partners is key to establishing constructive relationships, contributing to a more effective whole-system preventive approach for children and young people.

The National evaluation collected data from pupils, parents, school staff and LAs for the second year. This includes information from wave 1, 2 and 3 LAs. The next stage of the evaluation sought to look into the range of support being provided across all of these LAs and how it relates to changes in children's emotional and behavioural difficulties. As part of this they looked at whether activity relating to the categories of activities outlined in Me and My School: Preliminary Findings from the First Year of the National Evaluation of TaMHS (2008-09) are associated with children's levels of emotional and behavioural difficulties over time. The National evaluation also looked at whether there are differences in children's emotional and behavioural difficulties between areas that have implemented TaMHS and those who have not yet become operational with their TaMHS project.

2.3.15 The National Evaluation of TaMHS: Summary of Final Findings

A report entitled 'Me and My School: Findings from the National Evaluation of TaMHS 2008 – 2011' was published by the DFE in 2011 (b). The report highlights that the Randomised Controlled Trial found that the implementation of TaMHS led to a significant reduction in problems for pupils in primary school with behavioural problems when compared to schools not implementing TaMHS. However, no impact was found for pupils with emotional problems or for secondary school pupils with either emotional or behavioural problems. In addition, reduction in problems for pupils in primary school with behavioural problems was greater when pupils were also given evidence based self-help booklets devised as part of the evaluation. The report also indicates that the Longitudinal Study revealed that in secondary schools greater inter-agency working, measured by use of Common Assessment Framework (CAF); more positive links with specialist CAMHS; and provision of information to pupils were all independently associated with greater reductions in behaviour problems. There was, however, some evidence that school reports of giving information to pupils in primary school with emotional problems may be associated with less reduction in emotional problems.

Other significant findings included:

- Overall the self-reported mental health of children taking part in the study improved (except for behaviour problems in secondary school pupils);
- TaMHS was well received by workers, teachers, parents and pupils;
- Schools reported not using manualised approaches to guide their mental health work in schools;
- Parents reported schools as the key point of first contact for advice about their child's mental health needs;

- Schools indicated that it was rare they referred children with significant emotional and behavioural problems direct to specialist CAMHS, but did make use of EP services;
- Some of those involved in the qualitative studies raised issues about differences in philosophy and language across mental health and education services, and also the concern that new provision such as TaMHS could sometimes substitute rather than supplement existing services and support.

The report states that the association of mental health with academic attainment for all groups is to be assessed in 2012 when academic records for the pupils involved in this study will be available.

The final report also puts forward a number of implications and issues for further consideration. For example, prioritising mental health work with primary school pupils in relation to behavioural problems to have maximum impact before problems become too entrenched; considering further use of evidence based self-help materials for primary school pupils at risk of or with behavioural difficulties; and using caution when giving information to pupils in primary school with emotional problems to ensure the material does not impact negatively. Moreover, the report recommends prioritising improved inter-agency working (such as by use of systems such as the CAF) as a way to help address behavioural problems in pupils in secondary school and implies that it may be beneficial to prioritise improved relationships and referral routes between schools and specialist CAMHS as ways to help address behavioural problems in pupils in secondary school. It also advises that it may make sense to prioritise the provision of materials to help young people find and access such support for behavioural problems in pupils in secondary school. Interestingly, the report intimates that it may be helpful for schools to be encouraged to consider using more manualised approaches with a clear evidence base as these have been

found in the literature to have the greatest impact, though this needs to be combined with need for local ownership to aid uptake.

The final report also points out that it may be important to ensure that schools retain a role in being able to refer their pupils for appropriate help given the fact that parents identify them as the key point of contact and valued advice for their concerns about their children. It is worthy of note that the report suggests that EPs appear to be a key group in relation to mental health provision in schools and their potential role in aiding links between schools and specialist CAMHS should be encouraged. Another recommendation is that strong links with specialist CAMHS and good use of inter-agency working (as demonstrated by high use of the CAF) should be encouraged, especially in secondary schools where they are associated with reduction in behavioural problems for pupils with significant problems.

The report discusses possible future developments and states that It may be helpful to ensure that in any future roll out of mental health provision in schools attention is paid to ensuring a common language and as full integration as possible of services in schools and that when implementing interventions such as TaMHS on a large scale, it may be of benefit to determine beforehand how best to avoid displacing existing support and to how such support can be sustained – for example, by not requiring that provision be “innovative” or “new” and rather allowing areas to draw on existing good practice.

2.3.16 Contextual Factors that May Effect the Implementation of School Based Mental Health Provision

Research suggests that there may be a range of contextual factors in schools which might act as barriers or facilitators to the implementation of school based mental health provision. These can be categorised under the following three headings: The model of intervention the young people have accessed; the characteristics of the members of staff involved; and how the provision is embedded and perceived within the school as a whole. In line with this Humphrey, Lendrum and Wigelsworth (2010) found a range of enabling and inhibiting factors in their analysis of qualitative case study school data exploring the implementation of secondary SEAL. These included factors relating to preplanning and foundations, implementation support systems, implementation environment, implementer factors and programme characteristics. The authors indicate that these factors clearly interacted in creating the conditions for the effective or ineffective implementation of SEAL.

Moreover, according to Durlak and Dupre (2008):

‘Developing effective interventions is only the first step toward improving the health and well-being of populations. Transferring effective programmes into real world settings and maintaining them there is a complicated, long term process that requires dealing effectively with the successive, complex phases of programme diffusion.’ (p. 327)

The authors go on to suggest that the phases of diffusion include how well information about the programme’s existence and value is supplied to communities (dissemination), whether a local organisation or group decides to try the new programme (adoption), how well the programme is conducted during a trial period (implementation), and whether the programme is maintained over time (sustainability). Durlak and Dupre’s (2008) research therefore implies that factors which surround a project’s implementation are key to its success. They

carried out a review of research on the influence of implementation on programme outcomes for newly introduced promotion and preventative approaches targeting children and adolescents and also studied the factors affecting implementation. They examined the results from over 500 quantitative studies and concluded that the studies offered strong empirical support that the level of implementation affects the outcomes obtained in prevention and promotion programmes. They also found that negative results can occur if the programme is not implemented sufficiently, or alternatively positive impact can be achieved through an innovation that, in practice was very different from what was intended. The findings support the notion that achieving good implementation increases the chances of programme success in statistical terms and can also lead to much stronger benefits for participants. In addition, the study also found that there were at least 23 contextual factors that influenced implementation in the studies reviewed. The results suggest that the implementation process is affected by variables related to communities; providers (i.e. self efficacy and skill proficiency); innovations (i.e. flexibility and contextual appropriateness); aspects of the prevention delivery system (i.e. organisational functioning): and aspects of the prevention support system (i.e. training and technical assistance). The authors conclude that contextual factors must be considered when programmes are implemented in real world settings

2.3.17 Model of Intervention the Young People have Accessed

Kam, Greenberg and Walls (2003) carried out a literature review which suggests the necessary conditions for successful outcomes associated with work around young people's emotional well-being include the programme design, co-ordination and evaluation. Alternatively, Elias, Zins, Graczyk and Weissberg (2003) indicate that the perpetuation of a narrow and decontextualised perspective on programmes and packages and poor management of resources cause difficulties in the implementation of mental health support in schools.

According to Humphrey, Lendrum and Wigelsworth (2010) the Social and Emotional Literacy (SEL) evidence base suggests that successful programmes have certain latent characteristics. Firstly, successful SEL programmes have been shown to have a high level of structure and consistency in programme delivery. Secondly, such programmes are carefully monitored to ensure that they are delivered as intended by their developers. Thirdly, they are underpinned by a level of resources (e.g. human, financial).

2.3.18 Characteristics of the Members of Staff Involved

Hallam et al (2006) suggest that attitudes of staff affect the success of group work around emotional well-being. Similarly, Humphrey et al (2008) point out in their evaluation of SEAL small group work that attitudes of staff may act as barriers to, or facilitators of implementation. In addition, Durlak and Dupre (2008) found that '*provider characteristics*' (p.336) are related to the success of the implementation of prevention and promotion programmes and that these involve perceptions related to the need for, and potential benefits of the innovation, self efficacy, and skill proficiency. For example providers who recognise a specific need for the innovation believe the innovation will produce desired benefits, feel more confident in their ability to do what is expected (self-efficacy), and have the requisite skills and are more likely to implement a programme at higher levels of fidelity.

In their more recent evaluation of secondary SEAL, Humphrey, Lendrum and Wigelsworth (2010) found that staff '*will and skill*' (p.2) were factors which the authors identified as being involved in creating the conditions for effective or ineffective implementation of SEAL. They also highlight that resistance to SEAL among staff in their case study schools provided a critical barrier that prevented other important implementation activities from taking place. In fact the authors state '*it can be argued that school staff are the fulcrum on which the success or failure of a programme like SEAL rests*' (p.94). The authors also suggest that

'ongoing staff development activity' (p.93) is a factor that may have been beneficial in terms of schools' progress in the implementation of SEAL. They suggest that this perhaps enabled more CPD and training to occur in relation to SEAL, further increasing staff skills and helping to reduce pockets of resistance among reluctant teachers.

In support of these findings, Kam, Greenberg and Walls (2003) suggest that educator preparation and support are necessary conditions for successful outcomes associated with work around young people's emotional well-being. Furthermore, Elias, Zins, Graczyk and Weissberg (2003) indicate that difficulties encountered in the implementation of mental health support in schools may include insufficient attention to the qualities of staff carrying out different aspects of implementation and intervention.

Collectively, building the capacity of staff within schools appears to be essential in order for positive developments to take place in this area and indeed for school improvement in general (Fullan, 2001). The DCSF (2008a) suggest that there are a number of school specific issues to consider in relation to the TaMHS project which have been highlighted by research into systemic processes to support children and young people with emotional and behavioural problems. The guidance suggests that they involve challenging and enabling teachers to:

- *'See the contribution that they can make to improving behaviour and pupil well-being;*
- *Change their practice in the classroom in line with evidence based behavioural methods;*
- *Work in a structured, consultative way with each other and with professionals from outside agencies (e.g. EPs); and to*

- *See the child or young person ‘in the round’ and as a member of a number of different, temporarily ‘overlapping’ systems, each with their own rules and norms (e.g. school, family, community, peers).’ (DCSF, 2008a, p.26)*

2.3.19 How the Provision is Embedded and Perceived within the School as a Whole

There is evidence to suggest that providing a whole school environment which is conducive to the promotion of positive mental health enhances the success of mental health interventions. According to the DCSF (2008a) a key element of the TaMHS project is the need for schools to engage in a whole school approach to promoting children’s mental health. In support, Burton (2006) emphasises that group work in schools not only depends on the content and the skills of the facilitator, but also depends on the general ethos of the school and the commitment of school staff to support the work. Hallam et al (2006) also suggest that the work being seen as embedded within a larger programme and the level of follow up work affect the success of group work around emotional well-being. Similarly, Humprey et al (2008) point out in their evaluation of SEAL small group work that contextual factors, such as the needs of the school in question and the wider community may facilitate implementation.

Coroboy and McDonald (2007) indicate that the lack of classroom follow up in some schools; the level of readiness and pre-planning by the schools and the availability of technical support in schools can impact negatively on the implementation of school based programmes for children with emerging disruptive behaviour disorders. Additionally, Kam et al’s (2003) study which examines the role of implementation quality in school based prevention using the PATHS curriculum highlights that adequate support from school principals and a high degree of classroom implementation by teachers were factors that contributed to the success of the intervention.

Humphrey, Lendrum and Wigelsworth (2010) found in their research around the implementation of secondary SEAL that across nine case study schools the extent to which they adopted a whole school approach to implementing SEAL was *'extremely variable and fragmented'* (p.2). They also cite a *'somewhat superficial approach to implementation (box ticking)'* (p.2) and *'a failure to sustain initial activity levels'* as issues in schools which were influential in determining differences in progress in SEAL implementation between schools over the same period of time.

Moreover, Humphrey, Lendrum and Wigelsworth (2010) state *'development of a truly whole school nature inevitably takes time to become fully embedded. This may be particularly true of large complex institutions such as secondary schools'* (p.2). They suggest that the mixed findings between schools in their approach to secondary SEAL may be linked to this. They also suggest a number of other factors which may have contributed to the lack of a consistent whole school approach in their study which are likely to be relevant to the mixed results ascertained within this study. These include the way that schools interpreted the guidance; the ability to sustain the energy and effort required to drive programmes forward in the face of competing pressures; and the perception that things would begin to change in the short term among some staff which lead to a withdrawal of effort and interest when this did not happen.

2.3.20 School Improvement

Literature around school improvement in general is also relevant when considering contextual factors that may influence the success of school based mental health provision in schools. Fullan has authored a number of books and articles in this area, one recent example includes a paper written by Fullan, Bertani, and Quinn (2004) that identified ten components that make large scale change and school improvement possible and who also suggest that when

leaders implement these components rigorously, they can build school capacity and improve student learning. These components include conceptualization (high engagement with others and plenty of two-way communication that deepens shared ownership and commitment); collective moral purpose (everyone has a responsibility for changing the larger education context for the better); the right bus (the right structure for helping staff develop professionally and work together toward a common goal); capacity building; lateral capacity building; ongoing learning; productive conflict (channel differences into areas that are essential for solving problems); a demanding culture (organizations with a high level of trust, respect, personal regard, integrity, and competence); external partners (such as business groups, foundations, community-based organizations, or universities); and focused financial investments. Fullan has also explored the role of the school Principal (Head Teacher) extensively in his work, for example Fullan (2001) examines the Principal's role and concludes that this role is central to building capacity in school which Fullan views as central to promoting or inhibiting change in schools.

2.3.21 Summary of Section 2.3

The role of schools in mental health support and promotion appears to be crucial and evidence suggests that schools have a responsibility to provide intervention in this area. It becomes apparent when reviewing the research carried out in this field, that school based mental health support is more developed in the USA and that many of the studies in this area originate from there. However, there are a smaller number of studies outlined in this Section which do investigate the use of mental health interventions in schools within the UK. This highlights both a need to be cautious when generalising the findings from studies carried out in the USA to UK settings; and a need to further develop and test interventions in this area within schools in this country to enable them to become more fully embedded in schools across the UK.

There is an increasing amount of guidance available for schools which focus on the duty that schools have in promoting mental health and which outline how this can best be done. The role of teachers is paramount in supporting mental health in schools and it is apparent from the literature that more training is needed for school staff in this area. EPs have a role to play in mental health promotion and some evidence suggests that this role is becoming more important in line with rising statistics and the increased emphasis on schools to support mental health. There is perhaps a need for more clarity surrounding the function of EPs within schools in this area.

The literature presented in this Chapter reviews a range of mental health interventions available for use in schools. Research points to the need to develop a whole school approach for supporting mental health and also suggests that the provision of targeted/indicated interventions for more vulnerable pupils is needed alongside this. There have been a number of systematic reviews carried out to investigate successful aspects of these types of support, although much of the studies included in these originate the USA. The KidsMatter initiative from Australia and the UK Resilience Programme are examples of universal initiatives that have been evaluated positively in terms of improving pupils' well being. The use of small group work has also received positive evaluation in terms of supporting young people's mental health needs in schools.

The TaMHS project is a recent project that was funded by the DCSF which aimed to improve mental health outcomes for children and young people via evidence based interventions delivered through schools. This project is being evaluated both locally and nationally and these evaluations were in their initial stages at the time of embarking on this study. Some of the preliminary findings available at the time of writing this study which include what schools are doing to help pupils with emotional and behavioural difficulties; what wave one schools and local

authorities are doing in comparison to wave two and wave three areas; and key points of learning from wave one pathfinders have been summarised in this Section.

There are a range of contextual factors in schools which might act as barriers or facilitators to the implementation of school based mental health provision. These include the model of intervention the young people have accessed; the characteristics of the members of staff involved; how the provision is embedded and perceived within the school as a whole; and school improvement.

2.4 Obtaining Young People's Views about Mental Health and Involving them in Informing Service Delivery

2.4.1 Overview of Section 2.4

This Section begins by highlighting the importance of listening to young people and giving them a voice; and outlines some of the relevant guidance and legislation relating to this area. The important role of the EP in this area is discussed briefly. Papers which highlight the significance of enabling young people to inform service delivery and the advantages and barriers associated with this process are then presented.

Literature with regard to the commonly accepted notions of customer satisfaction and a child centred approach within CAMHS is presented and the role of young people in the design and evaluation of the mental health services they receive is also discussed. The benefits of involving children in shaping their own mental health provision and some of the barriers which may make this process problematic are then considered. Findings from research which focuses on what children and young people think and say about mental health provision are then outlined.

Papers which consider young people's role in research about their own well-being are reviewed and Ben-Arieh's (2005) paper about children's role in measuring and monitoring their well-being is given specific attention. In addition, the ethical concerns and solutions which relate to this process are included. A brief discussion regarding the use of focus groups to collect children's views surrounding mental health provision is provided and a study carried out by Day, Carey and Surgenor (2006) is described to support this. Further consideration of the involvement of young people in focus groups takes place within Chapter 3.

In summary, the literature presented within this Section consistently highlights a need to ensure that obtaining young people's views enables them to make a difference in order to influence the mental health services they receive. Thus, the final part of this Section discusses implications for developing young people's views beyond tokenism.

2.4.2 The Importance of Listening to Young People and Current Guidance

'Children and young people everywhere - across all regions and sections of society – want their views, experiences and suggestions listened to. It remains true that the hardest voices to reach are the ones that we most need to hear.' (Learning to Listen, DFES, 2001b, p. 3).

Having a voice in matters pertinent to their lives and being involved in decisions which affect them can be seen as a child's basic right. The United Nations Convention on the Rights of the Child (UN, 1989, Articles 12 - 13) leads the way in endorsing advocacy as a right for children. It highlights that children have a right to express an opinion and to have that opinion taken into account in any matters affecting them.

Children's participation might be promoted for pragmatic reasons (to achieve better results), for ethical and moral reasons (as a matter of justice) and because the right to participate is seen as a basic right of the child. Gray (2004, p.15) points out that there has been a recent shift from professionals and parents *'knowing best'* towards a culture where young people have their views listened to and respected. Notably the number of research projects concerning the voice of the child is increasing (May 2005).

Recent Legislation points to the importance of listening to the views of children and young people and enabling them to play a part in informing service delivery.

Documents which promote the voice of the child and also highlight that listening to young people should lead to change include Listening as a Way of Life (National Children's Bureau, 2004), Learning to Listen (DFES, 2001b), Building a Culture of Participation (DFES, 2003c), Working Together: Giving Children and Young People A Say (DFES, 2004a) and Hear by Right (National Youth Agency, 2005). Every Child Matters (DFES, 2003b), along with the Children Act (DFES, 2004b) endorses the participation of children and young people in decision making and strives to ensure that children are given a voice. However, Cavet and Sloper (2004) point out that although there is a good deal of guidance available about how to promote the involvement of children and young people, the basis of this advice is not always clear and more evidence about children's views and their experience of participation in public decision making is required.

2.4.3 The Role of the EP in Young People's Participation

The EPS Report of the Working Group (DFEE, 2000) suggests that EPs are well placed to ensure that children's views are both elicited in a neutral way and included in plans being drawn up for them. The EP Professional Practice Guidelines (BPS, 2002) state that EPs should encourage the young person to participate in processes and decision making when considering intervention. It also points out that assessment and intervention should '*incorporate the child's understanding of his or her world*' (p.25).

Moreover, Norwich and Kelly (2006) believe that EPs have led the way in assessing children's perspective, in conducting studies of the impact of participation and in advocating for participation. Furthermore, Todd, Hobbs and Taylor (2000) write that a central concern of every EP should be how to develop a professional practice that genuinely enables the views of children and young people to be heard.

2.4.4 Enabling Young People to Inform Service Delivery

In order to provide effective and appropriate services for young people we need to enable them to become involved in shaping service delivery through obtaining their views and acting upon them. Rickwood, Deane and Wilson (2007) state *'it is essential for services to respect and build upon young people's growing independence and mastery'* (p.38). They believe that this is acknowledged through genuine participation of young people in developing and implementing services to meet their needs. In line with this view, the National Service Framework (DFES, 2004c) purports that children and young people should have the opportunity to play an effective role in the design and delivery of policies and services.

A number of authors emphasise the integral role that children and young people can play in informing service delivery and evidence suggests that there are a variety of benefits of involving young people. In her paper which reviews studies that evaluate children's satisfaction with services in education, paediatrics and mental health, Hennessy (1999) states *'children's views can help us to understand the effects and evaluate the effectiveness of provision and intervention'* (p.153). Similarly, Cavat and Sloper (2006) argue that more effective and responsive services are likely to be developed as a result of listening to children and young people and that children's development will be enhanced by participation in public decisions.

According to May (2005) there are documented personal and interpersonal benefits for pupils, teachers and schools of pupil participation within school and classroom contexts. In addition, Todd (2003a) points out that if pupils are part of the decision making process, they can provide appropriate information about their skills and abilities and they can provide their views about possible interventions. She suggests that this can make interventions more likely to succeed. Furthermore, Moules (2002) highlights that advantages of involving

young people in decision making include the fact that they are acknowledged as individuals with views of their own that cannot always be represented by others; their involvement leads to better decision making which is more likely to be based on accurate information; they are more likely to be implemented; and therefore more likely to have beneficial outcomes.

Although enabling young people to inform service delivery is important, research suggests that this does not always happen. For example, Cavet and Sloper (2004) found that there is a growing body of information describing practice in this field; however there is also a smaller, but substantial amount of evidence indicating that the extent of involvement has been limited. To emphasise this point, in a study involving the observation of the formal assessment of 29 children with emotional and behavioural difficulties, Armstrong, Galloway and Tomlinson (1993) found that many of the children appeared to be unaware of how decisions had been reached. They also found that children in the sample reported anxieties about the lack of information given to them about the purpose and outcomes of psychological interviews. The researchers outline a case study where a boy describes his experience of leaving a special school and returning to mainstream school as follows:

'I wish I'd never left there. I would have gone back if I'd had the chance. I would have told them if they'd asked, but I wouldn't tell them if they didn't...' (p.124)

This account highlights that a child can present a clear picture of how they see their own needs and draws attention to the importance of providing opportunities for children to articulate their needs and how their needs might be met.

It is also important to acknowledge that ascertaining young people's views and enabling them to inform service delivery is not an easy task. Hennessy (1999)

highlights a number of difficulties involved in this process, including ethical considerations around consent and children's limited attention and memory skills. Cavet and Sloper (2006) carried out systematic literature searches in order to review evidence on children's participation. They also supplemented these searches by contact with key people in relevant organisations due to recent literature in this area being grey literature. From studying the practice in this field, they suggest a number of barriers to children's participation in decision making, these include: Adult attitudes and intransigence; lack of training for key adults; lack of clarity leading to tokenism; the nature of organisations; and the short term nature of much funding. Their paper also highlights evidence indicating that good practice includes: Listening culture among staff; clarity; flexibility; adequate resources; skills development and training for staff and participating children; inclusion of marginalised groups; feedback; and evaluation. The authors conclude that there is only limited evidence that children and young people's involvement in public decision making leads to more appropriate services, although there is evidence that participating children and young people benefit in terms of personal development and that staff and organisations learn about their views. They also assert that more research needs to be done in this area, particularly with regards to any impact on service development from the involvement of young people.

2.4.5 Young People's Involvement in the Design and Evaluation of Mental Health Initiatives

The final report of the National CAMHS Review entitled Children and Young People in Mind (DCSF, 2008b) asserts that local areas have to understand the needs of all their children and young people and engage effectively with children, young people and their families in developing approaches to meet those needs. The importance of involving young people in the evaluation of mental health provision is becoming an increasingly accepted phenomenon and user

participation is high on the agenda for CAMHS services. The National Service Framework (DFES, 2004c) has placed child centred care at the core of the NHS in the UK and a better understanding of children and young people's service receipt, as well as their needs and priorities, is essential to achieving this objective. Such knowledge can be used to inform and influence clinical practice and service planning, development and evaluation. NICE (2008) indicate that there is a need to share information about mental health services with children and to increase their access to such information. In a presentation about Social and Emotional Aspects of Learning (SEAL) Aynsley-Green (2007) indicated that to answer the key question of what we need to do to improve children's well-being, we need to '*ask children and young people to propose their own solutions and recommendations*'.

Laws (1998) cites a series of projects which aimed to develop effective ways of consulting with young people who experience mental health problems. The projects involved a total of 110 young people from the age of 13 upwards. The results showed that they were not only capable of giving relevant, considered views on the services they encountered, but were also capable of actively participating in the process of identifying problem areas and collecting information. Laws concluded that it is important for services to recognise the capacity of young people to evaluate provision and give reasoned opinions.

There are a number of benefits of involving children in shaping their own mental health provision. Rickwood et al (2007) suggest that to encourage and support adolescents to seek professional help early for emerging mental health problems, services must be guided by the young people themselves. In addition, Ben-Arieh (2005) argues that children should be actively involved in the study, measuring and monitoring of their own well-being for a number of reasons including children's rights; accepting childhood as a phase of itself; and accepting the need for a subjective view of childhood. Furthermore, The Mental Health Foundation

(2005a) suggests that involving young people is important to ensure that services are responsive and do not become rigid or inflexible, they state:

'A message repeated over and over again within the Mental Health Foundation's programme of work on children and young people's mental health is the importance of being listened to and the all too frequent experience of this not happening. Young people need to be supported to make their voices heard...Young people should have a say in their own care and in how their services could function better.' (p.11)

However, young people's involvement in the area of mental health does not always happen. The standard of the National Service Framework (DFES, 2004c) for the mental health and psychological well-being of children and young people asserts that it is clear that a variety of creative approaches are needed to improve participation and user involvement. It reports that it is challenging for CAMHS to ensure the participation of children, young people and their families at all levels of service provision.

In their review entitled Mental Health Help-Seeking and Young People, Rothi and Leavey (2006) illustrate that the needs and help-seeking behaviours of young people in psychological distress are poorly understood and often mediated through older people. They state:

'We know very little about their (young people's) help-seeking strategies and service use, barriers or facilitators to care, satisfaction with services and service preferences. In addition we have limited knowledge of how young people conceptualise mental health or how they perceive mental health professionals.' (p.4)

Furthermore, Weare and Markham (2005) point out that compared with adult groups, young people are not often consulted about mental health matters. However, they also illustrate that there have been some interesting efforts to ascertain the views of young people about mental health and to build them into

recommendations for action, which have shown that young people are capable of making a well informed and considered contribution. The authors suggest that it is important to build on this work to enable young people with mental health problems to inform approaches to promote mental health.

There are number of issues relating to ascertaining young people's views about mental health services that may make this process problematic. The DOH (2008) suggests that there are challenges to young people's participation surrounding mental health and that these need to be acknowledged and managed. These include the fact that during treatment for a mental health difficulty young people are by definition unwell, and it may not be the best time for them to give meaningful thought to service developments and improvements. Also, even after treatment, being involved in the evaluation of a service may have difficult associations for young people. In addition, the DOH suggest that during the evaluation of services young people may feel intimidated by professional language and that formal meetings relating to evaluation may seem tedious and difficult to understand for some young people.

2.4.6 What have Young People said about Mental Health Provision?

Examples from Research

In Ben-Arieh's (2005) review of literature, he provides examples from research where children have said the following about being involved in research about their own well-being: They want to be asked; they want to be asked in an interesting way; they want to be involved in research that matters; and they believe that they can contribute to research. The Health and Social Care Advisory Service (HASCAS) have carried out a literature review which investigates children and young people's participation in CAMHS, and which forms part of the HASCAS project entitled turning what young people say into what services do (DOH, 2008). The authors of this review state that the aim of

this project is to stop professionals just asking young people what they want and to focus instead on making plans to change provision. The review states that there is consistency across a range of literature about what young people want from services and how they would like to be involved in shaping them. It is stated:

'From services children and young people want their voice to be heard and to be taken seriously. They want plenty of information in a variety of formats, so they are better informed about the nature of their difficulties and the range of options available to them for support and care. In participation children and young people want to know that they are acting as citizens, on an equal footing with adults, within a process that is genuine, not tokenistic'. (p.21)

The review indicates that suggestions from young people about what they want from mental health services included the following: Young people want a timely response; they value counselling services; they want to know about a range of treatment options, not just medication; they want services to be more flexible and welcoming to young people; they think relationships and communication with staff on their experience of health services are important; and primarily they want more information about services.

The Mental Health Foundation (2005) carried out a study which found that young people think it is important that they input into staff training surrounding mental health. Findings also indicated that young people felt that mental health workers would provide a more sensitive service if they received such training.

Research carried out to inform the final report of the National CAMHS Review entitled Children and Young People in Mind (DCSF, 2008b) found out a number of things that young people want in terms of mental health support. The review reports that young people said that mental health services are not as well known; accessible; responsive or child centred as they should be. Children also told the

researchers that they wanted more information about mental health and psychological well-being and wanted to be better informed about the places they could go to seek advice and support, especially when they were first concerned. It is also outlined that young people were clear that they would most often turn to the following when they need help: Close family; close friend; councillor; partner; teacher; or pet. The review highlights that young people consistently reported the following qualities and features that they would like to see across all services that promote mental health: Awareness; trust; accessibility; communication; involvement; support when it's needed; and a holistic approach. Notably, the report states these factors are an integral part of the review's vision for improvement mental health. However, the authors also point out that the challenge for services lies in embedding these priorities ascertained from children's views in service design and provision, and in demonstrating to children that their priorities have been taken seriously. Interestingly, this document provides evidence surrounding the terminology that children and young people use to describe mental health. It suggests that young people use terms such as 'feeling in control' or 'feeling balanced' to define mental health.

2.4.7 The Role of Young People in Research about their own Well-Being

Research suggests that children have an important role to play in the study of their own mental health. Ben-Arieh (2005) argues that children should have 'a *role of active participants rather than of subjects for research*' (p.573). He purports that there is a need for a more subjective view which should involve children in the design, data collection, analysis and the dissemination in studies which seek to explore their own well-being. He also points out that children should be the source of information in the evaluation of their well-being and suggests that it seems obvious that the best source of information for studying children's well-being would be the children themselves. Ben-Arieh (2005) also highlights some concerns relating to using children as the source of information

and suggests a number of solutions in terms of overcoming related ethical issues. Ben-Arieh (2005) highlights some concerns relating to using children as the source of information, namely around involving children of the '*right age*' (p.582) and the accuracy of children's self report. He indicates that within the literature there is an agreement that pre-school children are too young, although the literature is mixed for older children. He states that there are a number of studies which have found that children as young as six years old can be consulted.

In addition, Ben-Arieh's paper illustrates that including children in research involves ethical issues. These include gaining informed consent, the researcher's duty to protect the well-being of the participants, confidentiality and exploitation/abuse of participants. Ben-Arieh points out that these issues are common to work with people at any age but that when children are involved these issues tend to present themselves '*more sharply*' (p.587). This is mainly due to differences in children's understanding and experience compared to adults; their different means of communication; and different power relationships.

Ben-Arieh (2005) suggests a number of solutions in terms of overcoming ethical issues present when carrying out research with young people and indicates that through children taking an active role in studies the methodology can be improved. With regard to consent, it should be clear to the children that they are free to withdraw from the research at any point. He also states that they should be able to conclude an interview whenever they wish, they do not have to answer all questions and they do not have to agree to tape recording. Furthermore, he points out that children should be given as much choice as possible over how they participate in the research. In relation to confidentiality and protection from abuse, it is suggested that issues surrounding this can be overcome by allowing children the autonomy to decide what they want to say and who they want to say it to. The importance of assurance around confidentiality is illustrated and it is

suggested that any disclosure of information during research would be an indication that the child is ready to pass the information to someone they trust.

A focus group is one method that may be used to obtain young people's views about mental health services. Day, Carey and Surgenor (2006) argue that focus groups are a useful method for engaging the active participation of children for a number of reasons, including the fact that children may be more comfortable in the presence of their peers, which can facilitate the process; and the fact that focus groups provide responses that may be overlooked when using more structured quantitative data collection methods. The involvement of young people in focus groups is considered again more generally within Chapter 3 of this study.

Day, Carey and Surgenor (2006) carried out focus groups with 11 young people aged nine to fourteen years who had previously attended mental health services in the UK in order to discuss their experience. Notably this is a small sample and the authors acknowledge the methodological constraints of the study such as sampling and recruitment. Thematic content analysis of transcriptions was carried out which revealed 13 themes. The authors suggest that the themes found in this study may reflect some of the key constructs of children's service experience. The themes suggested that children's expectations about therapy were important and that their concerns relating to the process, content and outcome of therapy may be important to their experience of care. Themes relating to children's concerns regarding the mental health care they had received included the importance of pre-appointment preparation; augmenting and enhancing interaction with children through the use of activities; the implications of being seen with their parents; the effects of being asked intrusive questions; the interpersonal skills and qualities of the clinician; and the outcome of the care they received. The children suggested that services could be

improved by clinicians actively listening to children. They also indicated that the presence of 'helper qualities' like respect, warmth and empathy were important. Children also suggested that the use of within session activities such as drawing and board games would improve the service. As a result the service being evaluated ensured that all clinicians had ready access to a range of play and activity materials.

In their study, Day et al (2006) point out that many instruments are now available for measuring young people's satisfaction with services, but that there are well recognised methodological flaws with service satisfaction evaluation. These include sampling bias; low response rates and measurement problems; and the extent to which these child satisfaction measures have been derived from constructs of importance to children rather than clinicians and researchers. In line with this Hennessy (1999) concludes that there is little evidence to suggest that the majority of questionnaires used to establish children's satisfaction with services actually address aspects that are salient or relevant for their child clients. Thus, the extent to which children's views are genuinely represented may be limited by the use of instruments available. In support, Sharpio, Welker and Jacobson (1997) suggest that existing measures which are used for measuring children's satisfaction with mental health services have been characterised as limited by a lack of psychometric information; sampling problems; vulnerability to social desirability; response bias; and a lack of differentiation among dimensions of satisfaction.

2.4.8 Implications for Developing Young People's Views: Beyond Tokenism

It is vital to consider the extent to which the information that is ascertained from young people, including those with mental health issues will be used to inform practice and whether it will actually bring about positive change for them. After all, it is acting upon the child's views that truly enables advocacy and

empowerment. Ethically, it is important to be clear about the aims and objectives of a consultation with young people and of its value. There should be clarity of how the information ascertained from the child is going to be used to benefit them or others in similar circumstances.

The DCSF (2003c) state that *'listening needs to influence change. Taking account of what children say is what makes their involvement meaningful'* (p.3). They indicate that there is still work to be done in ensuring that participation is meaningful to young people, that it is effective in bringing about change and that it is sustained. They also point out that much participation activity is one-off, or isolated, rather than embedded within agencies. Moreover, they illustrate that organisations need to be clear about their reasons for undertaking participation and how they plan to develop this work into the future. In accordance with these views, the DOH (2008) assert that real participation has demonstrable outcomes, both for the individuals involved, whether young people or adults, as well as the organisation. They state *'if participation does not make a tangible difference it begs the question of why it took place'* (p.21).

Cavet and Sloper (2004) outline in their literature review about pupil participation that the dangers of tokenism are highlighted within the research in this area and that even where consultation is genuine, unresolved power issues remain. They also suggest that there is some evidence that young people are mainly consulted about relatively trivial matters. Moreover, Hennessy (1999) illustrates that there is little evidence that the majority of questionnaires available for service evaluation by young people actually address aspects of services which are important to the young people who use them.

2.4.9 Summary of Section 2.4

Involving children and young people in informing service provision through obtaining their views and acting upon them is a widely accepted phenomenon. Recent legislation highlights the importance of listening to children and a range of guidance is available on how best to promote young people's participation. The EP has a key role to play within this area and much of their work involves ascertaining children's views, advocating for them and involving them in decisions about their education. There are a number of advantages which surround obtaining young people's views and a range of studies have highlighted these. However, barriers which inhibit this process exist and children and young people may not be consulted about services they access as often as hoped or required.

Current thinking within the field of mental health provision calls attention to the importance of both customer satisfaction and a child centred approach. Evidence suggests that young people are capable of giving relevant views in order to evaluate the mental health services they receive and there are a number of benefits of involving children in shaping their own mental health provision. However, young people's involvement in the evaluation of mental health services does not always happen and some authors outline barriers which may make this process problematic. There is evidence of young people being consulted in this area and research which explores what children and young people think and say about mental health provision has been illustrated within this Section.

Young people have a key role to play in research about their own well-being and this Section has discussed Ben-Arieh's (2005) paper about children's role in measuring and monitoring their well-being and the ethical concerns and solutions which relate to this process have been presented. Focus groups are one useful method that can be used to collect children's views surrounding mental health provision and this is discussed. In summary, the literature presented within

Section 2.4 of this review consistently highlights a need to develop young people's views in order to enable them to make a difference; and to influence the mental health services they receive.

CHAPTER 3: METHODOLOGY

3.1 Overview

This Chapter describes and explains the methodology used to collect and analyse data in order to answer the following research questions:

1. How do targeted young people view the services they have received through the TaMHS project?
2. What impact do targeted young people think the TaMHS project has had on them?
3. How do targeted young people think that the TaMHS project could best meet targeted young people's needs?
4. How useful might the views of targeted young people be in helping to improve school based mental health provision?

This study obtains targeted pupils' evaluations of TaMHS in order to find out how they view the impact of the introduction of the project in one LA. It also explores how targeted young people view the TaMHS project's effectiveness and how they believe the TaMHS project could best meet the needs of targeted young people in the future. Consideration is also given to the utility of the responses that the young people give in terms of improving school based mental health provision.

The study incorporates a qualitative design where nine focus groups were carried out with a total of 45 targeted pupils who have had some level of involvement with TaMHS in project schools. Data from each focus group was transcribed. The data from the three high school focus groups were analysed together by focus group question. The data from focus groups across the six primary schools were also analysed together also by focus group question. Thematic analysis was used to provide a thematic description of the data collected in the focus

groups so as to enable the predominant and important key themes to be reported for each question.

Chapter 3 begins by describing and critiquing the design of the study. It then continues with a detailed description of the data collection and analysis involved. A consideration of ethical issues and a critique of the methodologies chosen are also provided.

3.2 Description and Critique of the Design of the Study

Some key features incorporated into the design of the study are discussed and described in this Section. The following elements are critiqued: Evaluative studies; my reflections about issues linked to insider research; and practice based evidence. These features have been used successfully across other studies. However, there are also some apparent limitations associated with these aspects of the study and these factors have been taken into account and acknowledged.

3.2.1 Evaluative studies

According to Trochim (2006) '*evaluation is the systematic acquisition and assessment of information to provide useful feedback about some object*' (p.1). Silver (2004) illustrates that evaluative studies can be encapsulated in the two terms '*impact*' and '*process*' so as to highlight what '*has happened*' and '*what is and has been happening*' (p.7). This study measures both impact and process through exploring how targeted young people view the introduction of the TaMHS project in one LA.

Robson (2005) states '*Evaluation is often concerned not only with assessing worth or value but also with seeking to assist in the improvement of whatever is being evaluated*' (p.204). He also intimates that good quality evaluation studies

target aspects such as whether or not a programme meets the needs of those taking part. Through asking targeted young people how they think the TaMHS project could best meet young people's needs, the study enables their views to contribute to future planning for the TaMHS project and to inform the improvement of school based mental health provision.

This study is concerned with the effectiveness of the project after its first year of being operational. Evaluating its effects after one year enables some understanding of whether the project is having any initial positive effects; and also highlights what is working and areas for development. The study also forms part of a wider local evaluation of the TaMHS project over three years. Taking these factors into account, the study can be defined as more of a 'formative evaluation' as opposed to a 'summative evaluation'. Trochim (2006) defines formative evaluation as being used to strengthen or improve the object being evaluated and helping to form it by examining the delivery and quality of the programme. In contrast, he defines summative evaluation as being used to examine the effects or outcomes of some object and summarising it by describing what happens subsequent to the delivery of the programme.

Notably, Robson (2005) states '*evaluation is a sensitive activity where there may be a risk or duty of revealing inadequacy or worse*' (p.202). He points out that a number of issues such as clearances and permissions; negotiations with 'gate keepers'; the political nature of the evaluation; ethics; and the type of report set an important context for the choice of design. The aforementioned factors have all been taken into account for the purposes this study.

3.2.2 Reflections: Issues linked to Insider Research

According to Silver (2004) evaluation in education encompasses competing criteria and purposes and is situated in potentially sensitive political and ethical contexts. Silver (2004) states with regard to evaluation research in education:

‘Evaluation of an innovation or an activity, a curriculum or organisational change, raises a series of sometimes difficult or contentious issues. Who is sponsoring the evaluation, what do they want to know, and why do they want to know it? What depends on the outcomes – more or less finance, promotion or redundancy? What is the salient issue for the evaluation?...Whose opinion counts most?...’ (p.3)

I have considered the effects and consequences of this evaluation for those involved in the study and other interested parties. For example, I am aware of the fact that a positive evaluation may contribute to supporting the continuation of the TaMHS project after the three year pilot. Alternatively, a less positive evaluation may lead to the TaMHS project being withdrawn or unsupported. In addition, I am an employee of the LA in which the study takes place and am aware that local agendas exist with regard to the continuation of the TaMHS project. For example, redundancy will occur as a result of the project ceasing.

As this evaluation focuses on a project which is in the political arena, I have endeavoured to carry out a technically adequate evaluation where attention has been given to the design and conduct of the study. A number of measures were put into place to overcome researcher bias. For example, I have investigated both successful and unsuccessful outcomes of the project and ensured that my questions in the focus group enabled the young people to report what is ‘not so good’ about the TaMHS project in addition to being asked what is good. Moreover, both negative and positive responses were acknowledged in the same way during the focus groups.

Furthermore, I have made every effort to ensure that the findings are reported accurately and truthfully. For example, I have shared and discussed data with

TaMHS colleagues during the analysis phase of the study for the purposes of triangulation. I have some 'insider' knowledge of the TaMHS project and have therefore been mindful throughout the data collection and analysis to remain objective and impartial in order to achieve critical distance.

The fact that being an 'insider' may have had limitations is acknowledged. For example, during the focus groups the targeted young people may have associated me and the co-facilitator with the TaMHS project and this may have led them to providing more positive responses. This factor was controlled via purposely not involving those pupils who myself or the co-facilitator had been directly involved with in the focus groups.

3.2.3 Practice Based Evidence and Research

Practice based evidence can be defined as:

'Evidence from the real world, which is based on service user and practitioner experiences, and which has a clear connection and relevance to the changes that are being sought'. (Simons, Kushner, Jones and James, 2003, p.347)

Margison, Barkham, Evans, McGrath, Mellor-Clark, Audin and Connell (2000) define practice based evidence as *'good quality data from routine practice'* (p.124). According to Morgan (2001) practice based evidence presents a challenge to us all to think more carefully about the ways we can support the development of good practice in mental health services. Also, Morgan (2004) believes that practice based evidence contributes to enriching our knowledge of what works by combining the experience of daily practice with the experience of research.

A key element of the TaMHS project is to evaluate mental health interventions and to explore practice based evidence within schools in order to inform future practice (DCSF, 2008a). According to the DCSF (2008a), practice based evidence involves practitioners evaluating their practice in relation to the outcomes which have been set, and modifying their practice in relation to this evaluation. The DCSF (2008a) also suggests that in order to bridge the gap between the high level knowledge base that is emerging from research into mental health interventions, and the complex, highly specific and often chaotic situations of individuals with mental health problems, research based evidence should be considered alongside practice based evidence. According to Lucock Leach, Iveson, Lynch, Horsefield and Hall (2003) practice based evidence informs us of what works for whom and it also can be used within services to feed data back to clinicians to inform their practice, and to feed back to clients.

This study incorporates practice based evidence in its design as it is interested in initial evaluations of the TaMHS project after one year of being operational in one LA. It involves collecting the views of service users (targeted young people) with a view to their opinions contributing to informing future service delivery. The results of this initial and formative evaluation of the project should thus influence the future delivery of TaMHS and could also contribute to an evidence base which is specific and responsive to the local context. Therefore the outcomes being evaluated will be fed back into the development of practice in this area.

Lucock et al (2003) suggest that practice based evidence is important to complement the '*so-called gold standard*' (p.389) randomised controlled trials and evidence-based practice which are emphasised in clinical governance and clinical effectiveness agendas. According to Barkham and Mellor-Clark (2003) studies derived from a practice based paradigm have high external validity because they sample therapy as it is in routine practice. However, they also suggest that the potential for confounds in explaining why a result occurs reduces

their internal validity. In addition, Lucock et al (2003) suggest there are a number of issues linked to using a practice based approach which include practical constraints; the costs; getting staff on board; attrition from services; and service user involvement. Nevertheless, their paper suggests that the approach provides a framework for routine, systematic and integrated service evaluation.

3.3 Data Collection

3.3.1 Sample

Focus Group Composition

Qualitative data was collected from focus groups carried out in six mainstream primary schools and three mainstream secondary schools which were participating in the TaMHS project in one LA. To ensure confidentiality, the project schools involved in the study will be referred to as outlined in Table 2 below. The schools have been colour coded for the purposes of the thematic analysis and to enable the reader to determine which school the data originates from when it is reported in Chapter 4. See Appendix A for a brief description of the project schools.

Table 2: School Names and Colour Codes

Project Primary School A (PPA)

Project Primary School B (PPB)

Project Primary School C (PPC)

Project Primary School D (PPD)

Project Primary School E (PPE)

Project Primary School F (PPF)

Project Secondary School A (PSA)

Project Secondary School B (PSB)

Project Secondary School C (PSC)

A total of 30 primary aged pupils and 15 secondary aged pupils took part in the focus groups across the nine TaMHS project schools. It is felt that data collated from this number of pupils across the project schools provides both a representative sample and a manageable amount of data.

In the six primary schools focus groups were made up of between four and six pupils from school Years 4, 5 and 6 (chronological ages 8 years to 11 years). It is thought that children younger than this age would be unable to access the focus group due to the language, social and cognitive skills required.

In the three project secondary schools between four and six pupils from school Years 7, 8, and 9 (chronological ages 11 years to 14 years) made up the focus groups. These three secondary Year groups have been chosen due to the fact that the TaMHS project can only be accessed by secondary aged pupils in these Year groups and the TaMHS project supports children and young people up to 14 years of age. Table 3 below outlines details of the composition of the focus groups in each school. The Table shows the number of pupils who took part in each school, their school Year group and their gender.

Table 3: Composition of the Focus Groups in Each School

School	Composition of Focus Group
Project Primary School A (PPA)	6 pupils: 3 x Year 6 pupils (2 male, 1 female) 1 x Year 5 pupil (male) 2 x Year 4 pupils (1 male, 1 female)
Project Primary School B (PPB)	4 pupils: 4 x Year 3 pupils (1 male, 3 female)
Project Primary School C (PPC)	5 pupils: 2 x Year 6 (1 male, 1 female)

	1 x Year 5 (male) 2 x Year 4 (1 male, 1 female)
Project Primary School D (PPD)	6 pupils: 3 x Year 6 (1 male, 2 female) 1 x Year 5 (male) 2 x Year 4 (female)
Project Primary School E (PPE)	5 pupils: 2 x Year 6 (1 male, 1 female) 1 x Year 5 (male) 2 x Year 4 (male)
Project Primary School F (PPF)	4 pupils: 4 x Year 5 (female)
Project Secondary School A (PSA)	5 pupils: 2 x Year 9 pupils (1 male, 1 female) 3 x Year 8 pupils (2 female, 1 male)
Project Secondary School B (PSB)	6 pupils: 1 x Year 9 (female) 3 x Year 8 (2 male, 1 female) 2 x Year 7 (male)
Project Secondary School C (PSC)	4 pupils: 2 x Year 9 (female) 2 x Year 8 pupils (1 male, 1 female)

Description of the Targeted Young People involved in the Focus Groups and Interventions they have accessed

The criterion for being included in the focus groups was that the young people had been involved with TaMHS at 'any level'. This criterion was chosen on purpose to enable a wide range of the interventions relating to TaMHS to be

evaluated and in order to reflect the flexibility of the TaMHS model across different schools. Thus, pupils in the focus groups may have had involvement at either tier 1 'virtual team' level; they may have worked with an emotional well-being worker at tier 2 level; or may have accessed central team level support at tier 3 (see Table 1 in Section 1.2.2 for a more detailed description of each tier of support). Most of the young people who participated in the focus groups have had TaMHS involvement at a number of these levels. Due to their attendance at TaMHS project schools, all the targeted young people have also accessed whole school approaches and initiatives linked to the project (See Section 1.2.2 for an outline of these).

The targeted interventions that young people accessed as a result of being referred to TaMHS are tailor made to suit their individual needs and therefore one standard approach or method is not used across cases or indeed across schools. The focus groups are designed to evaluate the TaMHS project as a whole and investigate the range of specific and bespoke approaches which are designed to meet the individual needs of targeted pupils.

Many of the young people who were involved in the focus groups had accessed small group social skills interventions which focussed on problem-solving skills and pro-social behaviour where issues such as self esteem; managing feelings / anger; friendship and social skills; and bullying were explored. This type of intervention has been used widely across TaMHS schools and has been facilitated by 'virtual' and 'central' team members; and the emotional well-being workers that are based in the secondary schools. Other interventions that the young people involved in the focus groups had accessed included:

- One to one therapeutic work on a specific issue with virtual team and central team workers e.g. bereavement, managing feelings, relationships etc;

- Workshops held during school holidays including art and music based therapeutic activities;
- Specific projects including den making, drumming, yoga, art, cartoon drawing, gardening and music.

3.3.2 Procedure and Measures

Data Collection via Focus Groups with Targeted Young People

The schools, parents and pupils involved in the study were made aware of the aims of the focus groups and consent for their involvement was gained prior to the groups taking place. Schools were informed firstly via a letter to Head Teachers of project schools (see Appendix B). The senior management lead for TaMHS within each of the project schools was asked via the letter to select six pupils who had had any level of involvement with the project in Years 4, 5 and 6 (chronological ages 8 years to 11 years) in primary schools and Years 7, 8, and 9 (chronological ages 11 years to 14 years) in secondary schools at random. As myself and a colleague facilitated the focus groups, pupils with which we had direct involvement with were excluded from the selection process to prevent any bias.

Consent was then gained from the parents of the pupils who were selected for involvement in the focus groups via a letter that was sent out to parents from schools (see Appendix C). This letter described the study and contained a consent slip for parents to sign if they were willing for their child to take part. Additionally, informed consent needed to be gained from the targeted young people for their involvement in the focus group. The parental consent slip also contained a Section for the young person to sign if they agreed to take part (see Appendix C) and consent was also gained from young people verbally before the focus groups.

Design of the Focus Groups in the Study

The focus groups involved the discussion of six pre-determined questions.

These are presented in Table 4 below:

Table 4: Focus Group Questions

1.	What is the TaMHS / 2 B Me project about?
2.	What is good about the 2 B Me project?
3.	What is not so good about the 2 B Me project?
4.	What in the 2 B Me project has made a difference to you / helped you? How has the 2 B Me project supported you?
5.	What has the 2 B Me project supported you with? What has changed as a result of you being involved with the 2 B Me project?
6.	How could the 2 B Me project support you best / what could be better about the 2 B Me project / what would you like to see the 2 B Me project doing in the future in order to support you?

These questions were designed in consultation with both EP and TaMHS colleagues and with my thesis supervisor. They were also piloted with young people who were not involved in the focus groups prior to data collection to improve face validity. I carried out a pilot of these questions to ensure the questions were going to measure what I wanted them to, and chiefly to make certain that the research questions of the study would be answered. A pilot has several functions, principally to increase reliability, validity and practicability (Cohen et al, 2000).

The first question was created intentionally to establish whether the young people involved in the groups understood what the TaMHS project is. Following discussion of this question, a description of the TaMHS project was given to the young people which included informing them of the specific intervention/s that they had accessed as a result of being involved with the TaMHS project. This was done so that they could answer the other five focus group questions accurately. Focus group questions two, three, four, five and six were designed to assess outcomes and process through exploring how targeted young people view the TaMHS project's effectiveness and impact and how they think the project could be improved.

More specifically, focus group questions two and three relate to the first research question of this study and sought to find out how the targeted young people viewed the services they had received through TaMHS project. The responses to these two focus group questions are also used to answer research question 4, which considers the possible utility of the views given in response to these questions with regard to helping to improve future development of school based mental health provision.

Focus group questions four and five are linked to research question two of the study and aimed to find out what impact the targeted young people thought the TaMHS project had had on them.

The last focus group question was designed to enable young people to make suggestions as to how mental health provision could best meet targeted young peoples' needs and to enable them inform and improve future service delivery. Responses to this focus group question aimed to answer to the third and fourth research question of the study.

When asking the questions, I went round each member of the group in turn asking if they wanted to contribute. In addition, I used phrases such as '*what does everyone else think?*' and '*does anyone agree / think anything different?*' in order to encourage discussion. Throughout the groups, particularly with regard to the primary aged pupils, flexibility in the way the questions were asked and repetition of the questions in different formats with examples was used as opposed to just reading the questions out verbatim. This was helpful in ensuring the young people fully understood what they were being asked and to enable them to contribute effectively. I also had to be spontaneous in exploring any issues that emerged throughout the discussion and asked further questions to check meaning and for further explanation.

Format of the Focus Groups in the Study

The focus groups took place during different times within the school day and were carried out in the project schools. A time was agreed with school senior management that was convenient for both school staff and pupils who were involved. However, this was sometimes difficult to arrange due to other commitments in the school day. The focus groups lasted approximately 30 minutes. Myself and a colleague (CaMHS outreach worker who works for the central TaMHS team) were present at the focus groups. I facilitated the groups and asked the questions, and my colleague made notes of the discussion.

Before the focus groups began, pupils were asked for their informed consent after listening to a short introduction which explained the purpose of the group, discussed confidentiality and thanked them. A time to finish was also agreed. A sheet which contained the focus group questions was handed out to each of the young people with a space to make notes on. For each question the young people were asked to individually reflect and make notes themselves and then asked to share these with the group. Following this a more general discussion took place. After question one was discussed, a description of the TaMHS

project was given to the young people which included informing them of the specific intervention/s that they had accessed as a result of being involved with the TaMHS project. The format presented in Table 5 below was used for all nine focus groups to enable consistency:

Table 5: Format for Focus Groups

<p>Introductions and seating</p> <p>Agreement on a time to finish (approx 30-45mins)</p> <p>Read the following:</p> <p><i>“We are asking you these questions so that we can find out what you think about the 2BMe project. We want young people to tell us about the project so that we can find out whether it has made a difference and so we can make it better.</i></p> <p><i>The focus group will be recorded so that we can have a record of what has been discussed and can write it down. We will be the only ones who listen to the tape recordings. Your name will be kept confidential, which means it will not appear on the written results. It is important that the information we discuss is kept confidential, which means that we won’t share what has been said in the group with others unless we feel you are in danger.</i></p> <p><i>If you do not want to take part in this group then you can go back to your classroom now. Also, if you want to stop being involved at any time it is okay for you to go back to your classroom. You don’t have to answer each question if you don’t want to.</i></p> <p><i>Thank you for your help with this evaluation”.</i></p> <p>Questions handed out on a sheet with space to make notes on</p> <p>For each question:</p> <ul style="list-style-type: none">• Young person asked to reflect and make a few notes themselves• Share these with the group• General discussion/consensus on a flip chart – main points recorded by

scribe

- Overview of consensus for each question and generation of fresh conclusions and further points from this overview.

Ended by going back over the flip charts to check that everyone agrees with the record, and opportunity to correct or add to information already provided.

Robson (2005) indicates that audio-taping of focus groups is generally recommended and that it is good practice to have written notes made even if the session is recorded. Each of the focus groups was recorded on a digital voice recorder to enable the data to be transcribed (this data is available from the researcher and an example of transcription can be found in Appendix D). In addition written notes were made by a co-facilitator on a flip chart in each of the focus groups comprising of the key points for each question (see Appendix E for a typed example). The flip chart notes provided a visual representation of the key answers for group members to refer to during the focus group and also enabled me to summarise the main points at the end of each question. The key points were fed back to the group at the end of the focus group in order to triangulate the data and to establish a level of agreement that their answers were representative.

3.3.3 Critique of Methodology used for Data Collection

What is a Focus Group?

Powell and Single (1996, Cited in Gibbs, A. 1997) describe a focus group as '*a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research*' (p.499). According to Catterall and Maclaran (1997) the distinguishing features of a focus group are that the discussion is focussed on a particular topic

and that group dynamics assist in data generation. Robson (2005) suggests that focus groups are commonly used in conjunction with other methods.

Advantages of Using Focus Groups

According to Gibbs, F. (2007) focus groups have become a popular and widely used method in qualitative research across the diversity of health care and Race, Hotch and Parker (1994, Cited in Gibbs, A.,1997) suggest that focus groups can be used to evaluate or develop a particular programme of activities. Focus groups were chosen as a means of data collection in this study in order to ensure that topics relevant to the research questions were explored while also allowing the young people involved the freedom to express their opinions within this framework. Gibbs, A. (1997) points out that this method is particularly suited for obtaining several perspectives on the same topic and in gaining insights into people's shared understandings of everyday life.

According to Coolican (1999) discussion among members of a focus group may provoke an exchange of views and revelations providing information and insights less likely to surface during a one to one interview. Furthermore, Webb and Kevern (2001) point out that definitions of focus groups centre on the use of interaction among participants as a way of accessing data that would not emerge if other methods were used. They also suggest that this interaction gives the method a high level of face validity. Evidently, the discussion that took place in the focus groups enhanced the young people's responses and created more in depth data than may have been achieved within individual interviews. Also, group dynamics appeared to help in focussing important responses and the young people appeared to be stimulated by the thoughts and comments of the others in the group. Moreover, pupils appeared to be more at ease discussing the questions with their peers than when in a one to one interview type setting.

This methodology has also been chosen to maximise the amount of meaningful data for minimum burden on the young people involved. Focus groups were used as opposed to individual interviews as they are economical in terms of time. Robson (2005) points out that one of the advantages of using a focus group is that it is an '*efficient technique*' (p.284) that generates substantial amounts of data.

The particular format that I used for the focus group in this study had a number of benefits. For example, asking a colleague to scribe the main points onto a flip chart had a number of advantages. Having someone else to scribe allowed me to focus on facilitating the group and to concentrate on group dynamics and making sure the questions were understood, for example by rephrasing them. The flip chart provided a visual representation of the key answers for group members to refer to, and also enabled me to summarise the main points and to reach a group understanding and some consensus. Further, the data was triangulated within the session as I presented the findings to the young people to enable them to have the opportunity to add to or correct their responses.

Robson (2005) points out that participants tend to enjoy the experience of being involved in a focus group and that they can feel empowered and able to make their own comments, while being stimulated by comments of the group. Similarly, Gibbs, A. (1997) states '*the benefits for participants of focus group research should not be underestimated*' (p.3). This was evident in both primary and secondary school pupils. One example is that the young people asked whether they would be participating in a group like this again and also asked when we would be returning to school as they wanted to take part again.

Limitations of Using Focus Groups

The disadvantages associated with using a focus group need to be acknowledged. It was sometimes difficult to follow up and identify the views of

individuals within the group and some of the young people's responses may have been influenced by the other participants and the situation. Webb (2002) highlights that members of a focus group may conform to the majority opinion because of the groups dynamics and that it may not be possible to reach in depth information about the topic because of the group context. Also group dynamics or power hierarchies affect who speaks and what they say. The fact that there was a mixture of age groups within the groups may have meant that younger pupils may have felt intimidated about discussing certain things in the presence of the older pupils. In addition, as the pupils did not all know each other as they were in different school Year groups this may have caused them to be more cautious or anxious about speaking in front of the group.

Gibbs, A. (1997) points out that another disadvantage of using focus groups is that they are limited in terms of their ability to generalise findings to a whole population. One focus group took place within each of the TaMHS project schools across the LA including three secondary schools and their six associated primary schools. This is a relatively small sample and the views of the young people involved may not be representative of all young people. Moreover, the interactions within the focus group were positive and a great deal of information was gained from the young people who participated. However, Robson (2005) suggests that the live and immediate nature of the interaction within a focus group may cause the researcher to place greater faith in the findings than is actually warranted.

The role of the moderator is significant and good levels of group leadership and interpersonal skill are required to moderate a focus group successfully. As the moderator, I sometimes found it difficult to avoid giving personal opinions as the topic being investigated is of such interest to me. Throughout I needed to remind myself that it is important as a moderator not to influence participants towards any particular opinion so as to achieve desired responses. In addition, during

focus groups I made sure that both positive and negative comments were equally acknowledged. I was able to use my prior knowledge, skills and experience of both working with children and young people and carrying out focus groups and interviews to make the group feel comfortable and at ease. I kept the group focused on the topic, ensured that all the pupils had the opportunity to participate and sought clarification to ensure an accurate account of their views were captured.

Critique of Carrying Out Focus Groups with Young People

The use of focus groups has been applied mainly to research with adults and it is only recently that there has been an expansion in their use with children and young people. Focus groups can offer a valuable and effective method for use with children. However, conducting focus groups with young people is not without its challenges.

According to Gibbs, F. (2007) getting rich data is possible with focus groups containing four young people; although she points out that the effect of group size with young people has not been described in the literature. A study carried out by Kennedy, Kools, and Kruger (2001) illustrated that when working with children aged six to ten years, groups of four to six engendered lively discussion and manageable activity.

Kennedy, Kools and Kruger (2001) suggest that focus groups can serve as an innovative approach to understanding children's experiences from a developmental perspective and that they free children and the researcher from the data gathering limitations placed by literacy levels that are evident in quantitative methods such as self report.

In this study some logistical issues were present during the course of the focus groups with young people. For example, on some occasions the focus group did

not take place on the initial date that it had been arranged. Informed consent was required from the pupils' parents to enable the young people to take part in the focus groups. In some cases this consent had not been completed by parents or collected by school staff in sufficient time before the focus groups had been arranged. As a result, focus groups had to be cancelled and re-arranged. This occurred in PPC once and in PPE and PSC twice.

In addition, the focus group had to be cancelled and re-arranged because the associated school staff had forgotten it was due to take place in PPE. This meant that the focus group took place on the fourth time of arranging it in PPE due to consent not being available on the other two occasions. In addition, the focus group in PSA had to be re-arranged once due to the member of staff who had arranged the group being absent from work.

Initially, it was difficult to find a quiet space / room for the focus groups to take place in some of the schools where there were minimal distractions. Although, in all cases a suitable room which was quiet and private was found in the schools. Holding the focus groups in schools may have been a positive factor. Kennedy et al (2001) suggest that for younger children, new environments can be anxiety provoking. Gibbs, F. (2007) also suggests that the use of schools for some age groups may be an ideal option, as participants are insiders and hence the power imbalance between participants and researchers may be reduced. However, familiarity may have been a distraction, for example a number of children had to be reminded that they did not have to raise their hand before they spoke in the groups and this may have been linked with the fact that this is how they normally behave in the school context.

3.4 Ethical Considerations

This thesis has been reviewed by the Committee on the Ethics of Research on Human Participants at Manchester University and has been given ethical approval. The study has a clear rationale (see Chapters 1 and 2) and I have considered the effects and consequences of this evaluation for those involved in the study and other interested parties. For example, I am aware of the fact that a positive evaluation may contribute to supporting the continuation of the TaMHS project after the three year pilot. Alternatively, a less positive evaluation may lead to the TaMHS project being withdrawn or unsupported. I have been mindful of political concerns and have endeavoured to carry out a technically adequate evaluation where attention is given to the design and conduct of the study. Furthermore, I have reported the findings accurately and truthfully.

The following specific ethical considerations have been taken into account when carrying out this study:

3.4.1 Informed Consent for Obtaining the Views of Targeted Young People who have been Involved with TaMHS via Focus Groups

The schools, parents and pupils involved in the study were all made aware of the aims of the focus groups and consent for their involvement was gained on a voluntary and informed basis. Schools were informed firstly in order for the focus groups to take place. This was done via a letter to Head Teachers of project schools (see Appendix B). Informed consent was also gained from the parents of the pupils who are selected for involvement in the focus groups. Again a letter was sent to parents which described the study and contained a consent slip for them to sign if they are willing for their child to take part (see Appendix C). Pupils were not allowed to take part in the focus group if consent slips had not been signed.

Additionally, informed consent was gained from the targeted young people for their involvement in the focus group. The parental consent slip also contained a section for the young person to sign if they agreed to take part (see Appendix C). Furthermore, when me and my colleague visited the schools, pupils were asked for their informed consent after listening to a brief description of the study (See Table 5 above for the script that was used to facilitate and run the focus groups). The young people were also assured of their right to withdraw from the focus group at any time and were told that they could choose not to answer the questions. Ben-Arieh (2005) suggests a number of solutions in terms of overcoming ethical issues present when carrying out research with young people and indicates that through children taking an active role in studies the methodology can be improved. With regard to consent, it should be clear to the children that they are free to withdraw from the research at any point. He also states that they should be able to conclude an interview whenever they wish, they do not have to answer all questions and they do not have to agree to tape recording. Gibbs, F. (2007) also highlights that the facility for children to leave the focus group before it concludes must be in place. During the focus groups, one secondary aged pupil chose to opt out before the focus group began in PSC. All other pupils who were chosen for the focus groups and for whom consent had been gained from parents, consented to take part and opted to answer all of the questions. The fact that there was a co-facilitator present meant that there was provision to attend to any young person's needs if they did choose to leave the group.

3.4.2 Anonymity / Confidentiality

Throughout this study the information obtained is communicated in ways that do not permit the identification of individuals or organisations. For example I have not used LA, schools' and pupils' names when writing up the thesis. Data is

discussed at school level and the schools have been labelled with letters. The schools have been described so that they cannot be recognised.

I am mindful that focus groups are not fully confidential or anonymous, because the material is shared with the others in the group. The issue of confidentiality was discussed at the start of each group with the young people involved. They were told that their names would not appear when the results are written up and were asked to keep the information discussed confidential. Permission was gained from the young people and parents to audiotape the focus groups and they were made aware of who would have access to this recording. Only myself and a co-worker have listened to the audio recording of the focus group to transcribe it. It will be deleted when the study is written up and all the written transcriptions are anonymous and cannot be related back to the young people involved.

Ben Arieh (2005) highlights the importance of assurance around confidentiality when carrying out research with children and suggests that any disclosure of information during research would be an indication that the child is ready to pass the information to someone they trust.

3.4.3 Relationships with Research Participants

I am conscious that the targeted young people in the focus groups represent a vulnerable group. I endeavoured to treat the young people fairly throughout their participation in the focus groups. For example, I informed them of the purpose of the group; about confidentiality; and informed them of their right to withdraw or choose not to answer. Furthermore, it is hoped that involvement in the focus group was a positive experience for the young people who took part. Pupils appeared to enjoy the experience and a number of them asked at the end if they would be taking part in a group like this again and asked when we would be

coming back into school. Robson (2005) points out that participants tend to enjoy the experience of focus groups and that they can feel empowered and able to make their own comments, while being stimulated by comments of the group.

3.5 Data Analysis

What is Thematic Analysis?

According to Braun and Clarke (2006) *'Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within the data. It minimally organises and describes your data set in (rich) detail'* (p.79).

The process of thematic analysis firstly involves each statement being allocated a code. According to Braun and Clarke (2006) codes identify a feature of the data that appears interesting to the analyst and the process of coding involves organising data into meaningful groups which differ from themes which are often broader. Similar codes are then collated and combined into themes. These themes are then further condensed into overarching key themes. The data in this study was analysed by focus group question. The analysis of primary and secondary school data was done separately. Key themes for each question in the focus group are reported and discussed in Chapter 4 for primary and secondary project schools.

Thematic Analysis Within Schools and Across Schools

The initial part of the analysis which involved coding the data and then condensing these codes into themes was done by individual school. The third stage of the analysis of the data, which involved collating the themes within schools into key themes, was done across schools. At this stage, analysis of data from the six primary schools and the three secondary schools was carried out separately as it was felt that the content of the answers in the focus groups differed across the two settings. This is mainly due to the age difference of the

pupils involved, but also because involvement in the TaMHS project is likely to be a different experience for primary and secondary pupils. For example, secondary schools have employed emotional well-being workers who work with targeted young people, whereas primary schools do not. Due to age differences it is probable that the content of the group work and one to one work that the pupils have accessed differs across the two settings. Moreover, it is also felt that it would be most useful to find out what primary school and secondary school pupils would like to see in terms of the project's development separately in order to inform service delivery in the two settings.

The thematic analysis within this study involved three steps which included exploring the data for each question in the focus group both within schools and across all six primary schools and all three secondary schools. Throughout this process my colleague who jointly facilitated the focus groups with me, 'member checked' and triangulated the codes, themes and key themes at each stage to enhance reliability and to increase confidence that the key themes are representative of the data.

Transcription

Data from the audiotape was transcribed by the researcher. For an example of this transcription see Appendix D. As this data was being transcribed 'first level' data analysis occurred in terms of beginning to notice some initial relationships, commonalities and themes in the data both within and across schools. According to Reissman (1993, Cited in Braun and Clarke, 2006) the process of transcription can be an excellent way to start familiarising yourself with the data.

The Three Steps of the Thematic Analysis in this Study

Table 6 outlines the three step process of the thematic analysis.

Table 6: The Three Step Process of Thematic Analysis

Step 1: Coding the Focus Group Data by Question for Each School

Phase one of thematic analysis involved repeated reading of the data in an active way, searching for meanings and patterns. Following repeated reading and immersion in the data, thematic analysis initially involves coding the transcribed data. According to Braun and Clarke (2006) codes identify a feature of the data that appears interesting to the analyst and the process of coding involves organising data into meaningful groups which differ from themes which are often broader.

To carry out coding, the data must be split into discrete parts called recording units. The recording unit in this study was one statement. The first step of the thematic analysis in the present study involved manually coding the content of the entire data set for each question for each of the nine schools. This involved the data being systematically read through and the identification of interesting aspects in the data items that may form the basis of repeated patterns across that data set. See Appendix F for Tables which outline this process and portray the codes that were assigned to the data in each school for each question.

Step 2: Collating Codes into Themes by Question for Each School

A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set. Step two of the thematic analysis in the present study involved collating and combining the codes from step one into themes for each question for each school. This was done through highlighting and colour coding the coded data and then allocating each of these themes with a working definition. An inductive or 'bottom up' approach was taken as the themes identified were strongly linked to the data themselves. The thematic analysis also used a semantic approach as the themes were identified within the explicit or surface

meanings of the data. As a general rule, codes became themes if they were repeated more than once by more than one member of the focus group. On occasions, some themes were more evident than others. According to Braun and Clarke (2006) when using this approach the analytic approach ideally involves a progression from description to interpretation where there is an attempt to theorise the significance of patterns and their broader meanings and implications. See Appendix G for Tables which illustrate this process and highlight the themes found in each school for each question, the codes that make up that theme and data extracts.

Step 3: Exploring Key Themes Across the Six Primary Schools and the Three Secondary Schools for Each Question in the Focus Group

Step three involved finding repeated patterns in the themed data across the six primary schools and the three secondary schools separately in order to establish key or overarching themes that are present within all primary and secondary schools for each question. This stage involved manually cutting up the themed data from step 2 from each school to make 'key theme piles'. These key themes were assigned a working definition which sometimes changed as the data was worked through. Tables which illustrate the key themes across primary and secondary schools, the themes that make up the key themes from each school and example data extracts are presented in the results and discussion in Chapter 4 for each question in the focus group.

3.6 Critique of Data Analysis

Why Use Thematic Analysis?

There are a number of advantages of using thematic analysis. Thematic analysis was chosen in this study to provide a thematic description of the data collected in the focus groups so as to enable the predominant and important themes to be

reported in order to answer the research questions of the study. Braun and Clarke (2006) illustrate that thematic analysis *'provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of the data'* (p.78). Thematic analysis has also been chosen as it is not a complicated method and it is relatively easy to conduct a thematic analysis on qualitative data. Moreover, I have used thematic analysis in previous studies and therefore have experience in carrying out this type of analysis.

Braun and Clarke (2006) illustrate that many of the disadvantages of thematic analysis depend more on poorly conducted analyses or inappropriate research questions than on the method itself. They also point out that it has limited interpretative power beyond mere description if it is not used within an existing theoretical framework. Furthermore they suggest that the reading and re-reading of data is time consuming.

According to Caterall and Maclaran (1997) cut and paste approaches used in thematic analysis can fail to capture or even recognise a number of events in the unfolding story of the focus group. For example, the sequence of the group, participants' comments can be self-contradictory, participants change their views and opinions in the course of the discussion and participants expand later on experiences recounted earlier.

Alternative approaches, such as grounded theory could have been utilised in this study to analyse the data. However, after consideration of this method, I was reluctant to use this approach due to the fact that grounded theory emphasizes generation of theory from data. Alternatively, the research questions of this study are linked to the themes found within the data and therefore hypotheses about the data were already developed which is in contrast to a grounded theory approach. Consideration was also given to using Interpretative Phenomenological Analysis (IPA); however, this would have required a more in

depth analysis utilising a smaller sample. Within this study a bigger sample was preferred to enable a wider range of experiences of TaMHS to be evaluated. In addition, the focus groups questions would have needed to be more open ended if using this approach and less linked to the research questions.

CHAPTER 4: RESULTS AND DISCUSSION

4.1 Overview

This Chapter presents and discusses the results of the study in relation to the following research questions:

1. How do targeted young people view the services they have received through the TaMHS project? *(addressed in focus group questions 2 and 3)*
2. What impact do targeted young people think the TaMHS project has had on them? *(addressed in focus group questions 4 and 5)*
3. How do targeted young people think that the TaMHS project could best meet targeted young people's needs? *(addressed in focus group question 6)*
4. How useful might the views of targeted young people be in helping to improve school based mental health provision? *(addressed through considering analysed responses to focus group questions 2, 3 and 6)*

Focus group question one, which established what the targeted young people involved in the groups, understood the TaMHS project to be is presented first. This Chapter is then divided into four Sections relating to the above research questions and associated focus group questions. Although the primary and secondary school data was analysed separately, data from both settings is discussed together to enable comparison. Key themes that run across both the primary and secondary schools are considered and reviewed for each question.

A three step process was used to determine the themes and key themes as outlined in detail in Table 6 in Section 3.5 of Chapter 3. Following transcription of

the focus group data, phase one of the thematic analysis involved coding the data and identifying interesting aspects that formed the basis of repeated patterns across that data set. Step two involved collating and combining these codes into themes. An inductive or 'bottom up' approach was taken as the themes identified were strongly linked to the data themselves. A semantic approach was also adopted as the themes were identified within the explicit or surface meanings of the data. As a general rule, codes became themes if they were repeated more than once or by more than one member of the focus group. On occasions, some themes were more evident than others and this is discussed later in this Chapter. Step three of the thematic analysis also involved finding repeated patterns in the themed data in order to establish key themes that were present. These key themes were assigned a working definition which sometimes changed as the data was worked through. As stated in Chapter 3, triangulation with a colleague took place throughout the thematic analysis to increase reliability.

To answer the first three research questions of the study, Tables which illustrate the key themes across all schools; the themes from each school that make up the key themes; and example data extracts are presented for each question in the focus group for primary and secondary schools separately. To answer the fourth research question of the study, Tables which outline key themes; themes; associated views / suggestions; and possible future improvements to school based mental health provision linked to these are presented for primary and secondary schools separately. Tables which illustrate key themes; themes; and associated views / suggestions which are not considered useful in terms of improvements to school based mental health provision are also presented for primary and secondary schools at the end of this Chapter

Data from each of the schools is colour coded in all of these Tables as outlined in the keys below each Table to enable the reader to identify which school each theme and data extract represents.

4.2 Focus Group Question One: What is the TaMHS / 2 B Me Project About?

Tables 7 and 8: Key Themes Across all Schools, Themes From Each School and Example Data Extracts for Focus Group Question One

Table 7: Primary

Key Theme	Social Skills	Understand Self and Feelings	Activities	Don't Know
Themes	Develop skills Relationships Positive interpersonal behaviours Helping Helping Bullying support Friendships Bullying Support Being Nice	Self Help Positive feelings Self esteem About you	Activities Activities	Don't know Don't know Don't know
Data extracts	To express yourself Friendship Don't be mean Don't hurt other people's feelings It's to help you be better I think its about helping people Making new friends ...	Being careful To keep people happy How to improve self esteem and to know the things we are good at About you	Workshops It's what we do with x, like groups	The same (that you didn't know) Forgot I do not know I've not put anything Don't know

KEY: Project Primary School A (PPA), Project Primary School B (PPB), Project Primary School C (PPC), Project Primary School D (PPD), Project Primary School E (PPE), Project Primary School F (PPF)

Table 8: Secondary

Key Theme	Confidence	Emotions	Relationships	Help	Miscellaneous
Themes	Confidence Confidence	Emotional development Emotional support in school Help with emotions	Trust Meeting new people Relationships	Helping Help with problems	Don't know Behaviour Enjoyment
Data extracts	To make you more confident Building you confidence and stuff	Emotional health and wellbeing To develop as a whole person Supporting in school with their... emotions. To help people to be happy in school It helps with your emotions	...and trust in other people Its about getting together and just meeting new people It helps you to talk to other people who are in different years It helped me to work well with other people It helps you to get along with people better	To help young people, like, come to terms with problems at home and stuff To help young people Helps you with problems at school (I've got the same) It helps you with things You can talk to them (staff) about things / problems at home	I don't know Supporting pupils in school with their behaviour It's fun

KEY: Project Secondary School A (PSA), Project Secondary School B (PSB), Project Secondary School C (PSC)

This first focus group question was created intentionally to establish whether the young people involved in the groups understood what the TaMHS project is. It is evident from the existence of the key themes 'social skills'; 'understand self and feelings'; and 'activities' in the primary schools; and the key themes 'confidence'; 'emotions'; 'relationships'; and 'help' in the secondary schools that many of the

targeted young people have their own understanding of what the TaMHS project is about. Similarly, in their evaluation of the KidsMatter, (an Australian primary school mental health initiative that has been piloted in 101 schools over two years (2007-2008) which is very similar to TaMHS) Slee et al (2009) found that all students who participated in their student voice study had some knowledge of KidsMatter. They suggest that this could reflect that the initiative was visible throughout the schools, as well as the teaching and learning around social and emotional learning that occurred in classrooms. In their comments in the focus groups, students were able to provide insight into their understanding of KidsMatter, as well as indicating what they had been doing as part of it. Furthermore, students described some of the learning activities provided for them.

However, the existence of the key theme 'don't know' in primary schools suggests that some of the younger pupils in three of the schools (PPA, PPC and PPE) were unaware of what the TaMHS project is, despite the fact that they have had some level of involvement with it. This factor is quite worrying and suggests that these schools may not have involved pupils in discussions relating to their involvement in TaMHS. It is important to note here that following the discussion associated with focus group question one, a description of the TaMHS project was given to the young people which included informing them of the specific intervention/s that they had accessed as a result of being involved. This was done so that they could answer the remaining five focus group questions accurately.

Unlike in the primary focus groups, the key theme 'don't know' did not arise out of asking this question in secondary school focus groups, although 'don't know' was a theme in PSA. This may suggest that secondary aged pupils have a better understanding of what the project is about. This could be due to the fact that the project is set up differently in the secondary schools. For example the three

secondary schools all have full time emotional well-being workers who are part of the TaMHS team and who are based in school, whereas the primary schools do not. The emotional well-being workers have dedicated time to carry out interventions and to build relationships with the targeted young people in secondary schools. Interestingly, the secondary aged pupils commented on their relationships with the emotional well-being workers during the focus groups. For example, one pupil in PSA stated *“Its good that ‘name of TaMHS worker’ that works with all these groups, like we know her so we are safe with her”*. Another pupil spoke about the positive relationship that they had with the emotional well-being worker and stated *“Working with ‘name of TaMHS worker’. He is fun”*.

The National CAMHS Review (DCSF, 2008b) asserts that local areas have to understand the needs of all their children and young people and engage with them in developing approaches to meet those needs. However, research suggests that young people’s involvement in the area of mental health does not always happen (DFES, 2004c; Weare and Markham, 2005). The key theme ‘don’t know’ in the primary school data has a number of implications and highlights a need for the promotion of a greater awareness of the TaMHS project amongst targeted young people, particularly in the three schools in which this theme occurred. Rothi and Leavey (2006) assert that mental health problems warrant active efforts in mental health promotion. Initial learning from all phase one TaMHS pathfinders (DCSF, 2009a) suggests that positive collaborative relationships with schools provide a sound foundation for reaching parents and children and young people. One implication of the key theme ‘don’t know’ is the apparent need for staff in the central TaMHS team and school staff to work together to make pupils more aware of their involvement in the project and perhaps to include young people in the development of their own interventions (this idea is returned to later in this Chapter when discussing research question 4). There are a number of benefits of involving children in shaping their own mental health provision (Rickwood et al, 2007; Ben-Arieh, 2005; The Mental

Health Foundation, 2005a) and research suggests that young people are able to successfully contribute in this area (Weare and Markham, 2005).

NICE (2008) indicate that there is a need to share information about mental health services with children and to increase their access to such information. In line with this, the DOH (2008) found that young people '*...want plenty of information in a variety of formats, so they are better informed about the nature of their difficulties and the range of options available to them for support and care.*' (p.21). In the LA in which this study takes place, leaflets for children have recently been designed and created with young people with the purpose of describing the project. The key theme 'don't know' highlights a necessity to distribute these leaflets as one way of enhancing pupils' knowledge of what the TaMHS project is. Notably, it is more likely that young people will access support through that TaMHS project if they have an understanding of what it is. In support, Slee et al (2009) indicate that students who participated in the student voice study in the evaluation of KidsMatter had some knowledge of this initiative. They suggest that this could reflect that the initiative was visible throughout the schools, on posters, lanyards, brooches and related artefacts, as well as the teaching and learning around social and emotional learning that occurred in classrooms.

The presence of the key theme 'social skills' in the primary schools and the key theme 'relationships' in the secondary schools suggests that pupils feel that the project improves their ability to develop new friendships and improve existing relationships. One pupil stated "*It's about getting together and just meeting new people*" and another stated "*It helps you to get along with other people better*". The existence of these two key themes is in congruence with the fact that many of the young people who were involved in the focus groups had accessed small group and one to one social skills interventions which focussed on developing relationships, social and friendship skills. This type of intervention has been used

widely across TaMHS schools and has been facilitated by 'virtual' and 'central' team members; and the emotional well-being workers that are based in the schools. There are a number of studies which illustrate the positive effects that small group work designed to develop social skills can have on children and young people's mental health (Burton, 2004; Burton, 2006; Humphrey et al, 2008).

It is also likely that the key theme 'understand self and feelings' derived from the primary focus groups and the key theme 'emotions' within the secondary focus groups is linked to the content of the small group work that many of the targeted young people have accessed. Much of the small group work has focussed on areas such as problem-solving skills and pro-social behaviour where issues including self esteem, managing feelings / anger, friendship skills and bullying were explored.

The key theme 'activities' in the primary school data highlights that some of the younger pupils believe the project is about being involved in activities. Again, examples here involved group work and also workshops. Notably, the secondary aged pupils did not talk about activities in answer to this question. This highlights that there might be differences in the focus of the interventions for these different age groups. As mentioned above, this is a similar finding to that of Slee et al (2009) who found that primary aged students were able to describe some of the learning activities provided for them in KidsMatter when they were asked to describe this initiative via focus groups. Slee et al point out that students' comments about activities provide further evidence of engagement with KidsMatter and about how it was implemented. For example, one group of students became "ambassadors" and, after some training, engaged in cross-age tutoring around the notions of KidsMatter. And in another school, students spoke favourably about a peer support program.

The key theme 'confidence' only appeared within the secondary school data and suggests that some of the older pupils felt that the TaMHS project is about improving confidence. The key theme 'help' also only occurred in the secondary aged focus groups and shows that some of the older young people think that the project is about helping with problems at home and at school. For example, one pupil stated "*You can talk to them (staff) about things / problems at home*" and another pupil stated "*Helps you with problems at school*". In connection with this, The National CAMHS Review (DCSF, 2008b) found that young people turn to teachers amongst others when they need help. Research also highlights that young people are more likely to access interventions for help with mental health problems when they are school based (Armbuster and Litchman, 1999).

The key theme 'miscellaneous' in the secondary school data is made up of the themes 'don't know', 'behaviour' and 'enjoyment'. These themes are school specific and could illustrate the flexibility of the TaMHS model across schools. For example, the theme 'behaviour' was discussed in the focus group in PSB and this may reflect a school specific focus on this area or the fact that individual pupil factors may have created a need for behaviour to be supported in this setting.

4.3 Research Question One: How do Targeted Young People View the Services they have Received Through the TaMHS Project?

Focus Group Question Two: What is Good About the 2 B Me Project?

Tables 9 and 10: Key Themes Across all Schools, Themes from Each School and Example Data Extracts for Focus Group Question Two

Table 9: Primary

Key Theme	Learning	Behaviour	Interpersonal Skills	Emotional Wellbeing	Enjoyment	Activities	Miscellaneous
Themes	Develop Skills Academic support	Helps with behaviour Helps with behaviour	New Relationships Bullying support Relationships Friendships	Emotional Well – Being Increased confidence Express feelings Learn about self Feelings	Enjoyment Enjoyment Enjoyment	Activities Trips Activities Activities Breathworks	Parental Involvement Food Don't know
Data extracts	I learnt how to make a den You can learn new things and express yourself You can learn new things We learnt about bullying and how to like stop it Helping with homework Do homework	People helped me with my behaviour It's helped my anger problems Cos all the time you get in trouble, when you come to 2BMe and you feel better and cheer up To helps us not to be naughty It helps us not get angry Helps you behave better To help you with being good	You interact with other people that you don't know When your getting bullied people say nice things about you Learn about friendship If your not friends with people you can make friends It helps people to be good friends	To calm yourself down and just be yourself It gives you courage and so you can take part. Talking about how you feel It helps you know the things you are good at It's just about feelings	To have fun (You enjoyed doing that did you?) Yes It was good taking part Having a treat ... and having fun It's fun It's funny	... I got to make a comic... Going on a trip Baking You get to sing It gives us better activities You get to do Breathworks (Do you like doing that?) Yes	... it was our parents as well You get to have food Can we make a food class and make pizza? I don't know

KEY: Project Primary School A (PPA), Project Primary School B (PPB), Project Primary School C (PPC), Project Primary School D (PPD), Project Primary School E (PPE), Project Primary School F (PPF)

Table 10: Secondary

Key Theme	Emotions	Feel safe	Support	Relationships	Enjoyment	Miscellaneous
Themes	Emotional Development Emotional support	Reduce worrying Feel safe	Talk about problems Academic support Achieving Goals Support with anger	Mixing with others Relationships Staff Working with others	Enjoyment Enjoyment	Confidential Increase confidence
Data extracts	It helps you like in your emotion You kind of learn things about what can trip you up in life and stuff It is nice to know if you don't feel well or something It makes you feel good about yourself	It helps you to stop getting worried Its good that 'name of 2BME worker' that works with all these groups, like, we know her so we are safe with her	You can go to people when you've got problems It supports you with erm academics It like helps you achieve your goals It was good cos it helped me to sort like my anger issues out	It helps to like meet others and like meet older people so that you are not like worried about them when you are older It helps you build up friendships and stuff. Working with (2BME worker). He is fun. ...because I got to work with my friends and with people that I didn't know ...	It's fun It's good and enjoyable I enjoyed the tasks cos we made like...one of the tasks we went out of school to go to a garden project and we made smoothies. I enjoyed the activities I liked the whole project in general	...and confidential Helps you to be more confident and just talk more

KEY: Project Secondary School A (PSA), Project Secondary School B (PSB), Project Secondary School C (PSC)

The key theme 'learning' is present in the primary school focus group data. This suggests that some of the primary aged pupils think a good thing about the TaMHS project is that it contributes to improving their learning. The themes which make up this key theme include 'develop skills' and 'academic support'. Responses included learning relating to emotional well-being such as 'expressing yourself' and 'bullying'. For example, one young person stated "*we learnt about bullying and how to like stop it....*" The young people's responses also incorporated a more academic focus which included "*helping with homework*". A similar key theme present in the secondary school focus group data is 'support'. This key theme was evident in discussion across all three secondary focus groups and suggests that the targeted young people see the support that they receive through the project as something that is good about it. Secondary pupils talked about the project supporting them with problems, academic work, achieving goals and anger. It is significant that young people perceive improved learning experiences as something that is good about the project because one of the specific aims and outcome measures of the local model of TaMHS is to improve attainment in project schools and positive mental health is linked to increased learning outcomes for young people. In support of this finding a meta analysis of school based universal interventions carried out by Durlak et al (2011) found an 11 percentile gain in academic performance achieved in the SEL programmes they reviewed. Notably, this finding is based on a small subset of the reviewed studies which looked at academic performance. The authors suggest that SEL programmes enhance students' connection to school, classroom behaviour and academic achievement. Durlak et al's paper cites examples from research which suggest why SEL programmes might enhance students' academic performance. For instance, students who are more self-aware and confident about their learning capacities try harder and persist in the face of challenges (Aronson, 2002). Also, students who use problem solving skills to overcome obstacles and make responsible decisions about studying and completing homework do better academically (Zins and Elias, 2006).

Collectively, Durlak et al (2011) suggest that it is likely that some combination of improvements in students' social and emotional competence, the school environment, teacher practices and expectations, and student-teacher relationships contribute to students' immediate and long term behaviour change.

The key theme 'interpersonal skills' in primary schools and 'relationships' in secondary schools implies that young people think that a positive aspect of TaMHS is that it supports and develops interpersonal skills and relationships. The themes which make up this key theme in the primary data include 'new relationships', 'bullying support', 'relationships' and 'friendships'. The themes which make up the 'relationships' key theme in the secondary data include 'mixing with others', 'relationships', 'staff' and 'working with others'. Many of the responses related to these key themes centred around friendship and developing new relationships with other pupils. Example quotes from primary pupils included *"you interact with other people that you don't know"*, *"if you're not friends with people you can make friends"* and *"it helps people to be good friends"*. Secondary pupils stated *"It helps to like meet others and like meet older people so that you are not like worried about them when you are older"*. The presence of this key theme is probably associated with the fact that many of the young people who were involved in the focus groups had accessed one to one and small group social skills interventions. It is significant that having good interpersonal skills is associated with the absence of mental health problems in young people (DFES, 2004c).

Interestingly, the role of the emotional well-being worker was mentioned by secondary pupils, and some young people in PSB perceived their relationship with the emotional well-being worker as positive. An example quote includes *"Working with 'name of TaMHS worker'. He is fun"*. Similarly, research carried out by Woolfson, Mooney and Bryce (2007) which examined secondary aged pupils experience of mental health education indicates that pupils think that the

staff involved in mental health education should have a sense of humour, an approachable manner and enthusiasm for the subject.

Key themes in relation to focus group question two also included 'emotional well-being' in primary schools and 'emotions' in secondary schools. For example, in primary schools some young people talked about having increased confidence, being able to express their feelings and learning about themselves. The key theme 'emotions' is specific to PSB and pupils in this school felt that emotional development and emotional support were positive aspects of the TaMHS project. Specific quotes from secondary pupils included *"It makes you feel good about yourself"* and *"It helps you like in your emotion"*. According to the DCSF (2009a) the overall aim of the TaMHS project is to improve mental health outcomes for children and young people via interventions delivered through schools. This theme suggests that some young people feel that the TaMHS project is supporting them with their emotional well-being which is what the project aims to do. It is evident from the key theme 'enjoyment' across both primary and secondary settings that young people feel that another good thing about the TaMHS project is that it is fun. It is positive that targeted young people are enjoying the support that the project is providing for their mental health needs.

The key theme 'behaviour' is only present in the primary school focus group data with regard to question two of the focus group. This theme illustrates that some of the younger pupils view a good thing about the TaMHS project as helping them with their 'behaviour'. Example responses from primary pupils which illustrate this include *"Helps you behave better"*, *"To helps us not to be naughty"* and *"To help you with being good"*. Pupils also mentioned the project as helping with *"anger problems"*. Notably, behaviour is mostly reflected in responses from pupils who attend PPC. For example, one pupil who attends PPC stated *"Because usually I'm like outside in the playground I'm usually in trouble and um like I get like charts for my behaviour that help me"*. The fact that behaviour wasn't mentioned in any of the secondary pupils' responses to question two may

indicate less emphasis being placed on behaviour in secondary schools; or may illustrate alternatively that older pupils do not perceive support with behaviour as something that is good about the project.

The key theme 'behaviour' is significant for a number of reasons. Firstly, one of the specific outcome measures to determine the success of the project in the local evaluation is reductions in rates of exclusions. Improving behaviour is inevitably linked to reducing exclusions as behaviour problems in school can ultimately lead to either a fixed term or permanent exclusion. According to the SFR (DCSF 2009b and 2010a) the most common reason for both forms of exclusion is 'persistent disruptive behaviour'. Another positive outcome measure in the local evaluation is a reduction in 'behaviour incidents' within project schools. The fact that some young people are reporting that the TaMHS project helps them to improve their behaviour suggests that they perceive that TaMHS is successful in terms of these outcomes.

Furthermore, some research indicates that there is increased concern with problematic behaviour in schools and that permanent exclusions from school have increased significantly over the last twenty years (Hartnell, 2010). Evidence also suggests that excluded children are amongst some of the most vulnerable young people in society (Hayden, 1998). The fact that some young people view the project as something that supports them to improve their behaviour suggests that their involvement in TaMHS may be able to reduce their problematic behaviour.

In addition, the fact that young people associate their involvement with the TaMHS project with improved behaviour mirrors what has been found in previous research which indicates a relationship between positive mental health and improved behaviour. For example, NICE (2009) highlight that good social, emotional and psychological health helps protect young people against emotional and behavioural problems. It is also evident from looking at the literature which

surrounds children's mental health that behaviour problems and mental health issues are often considered to be the same thing particularly within a school setting. For example, The NASUWT (2005) point out that teachers often feel unable to discern between the two. The DCSF (2001a) also suggest that children defined as having EBD in an educational context may be described as having a conduct disorder by a medical practitioner.

Primary aged pupils perceive 'activities' as a positive factor linked to being involved in the TaMHS project. Similarly, Day, Carey and Surgenor (2006) carried out focus groups with young people to discuss their experience of mental health services. The use of activities was a theme found in their study, and was something that the young people felt was important in enhancing interaction during mental health interventions. In addition, Woolfson, Mooney and Bryce (2007) carried out a study which involved obtaining the views of pupils via focus groups and questionnaires in order to examine mental health education. They found that interactive techniques in teaching mental health education, such as practical activities were perceived as important by the young people. They also found that pupils thought that school trips would provide a valuable context which may reinforce their learning. 'Trips' was one theme that made up the key theme 'activities' and pupils in PPB thought that this was something that was good about the TaMHS project.

The key theme 'feel safe' is again school specific and was only discussed in one secondary school (PSA). This theme suggests that pupils in this school perceive feeling safe as something that is good about the project. Example quotes include *"It helps you to stop getting worried"* and *"Its good that 'name of TaMHS worker' that works with all these groups, like we know her so we are safe with her"*. It is significant that the secondary aged pupils see the TaMHS emotional well-being worker as something that is good about the project and someone that makes them feel safe. Research which looks at the circumstances under which school-based mental health interventions are most effective found the qualities of staff

carrying out different aspects of implementation and intervention was important (Elias, Zins, Graczyk and Weissberg, 2003). In addition, research shows that the attitudes of staff is a factor that influences the effectiveness of group work in schools and this can be a barrier to success in some cases (Hallam et al, 2006; Humprey et al, 2008).

When looking at the 'miscellaneous' key theme in primary schools, 'parental involvement' was a theme that came up in school PPA. This theme is relevant as one of the aims of TaMHS in the local context is to improve parents'/carers' confidence and skills in supporting their children with mental health problems. Research suggests that involving parents in mental health initiatives has positive effects. For instance, a review carried out by Adi et al (2008) highlights that the inclusion of a parenting support component to school mental health promotion programmes has good evidence of success.

Focus Group Question Three: What is Not so Good About the 2 B Me Project?

Tables 11 and 12: Key Themes Across all Schools, Themes from Each School and Example Data Extracts for Focus Group Question Three

Table 11: Primary

Key Theme	Positive Comments	Nothing	Don't Know	Restrictions	Miscellaneous Negative Comments
Themes	Positive Comments Positive comments Positive feelings Positive comments Positive comments	Nothing Nothing Nothing Nothing Nothing	Don't know Don't know Don't know	Not being able to do activity Not going on trips	Work Problems with equipment Boring
Data extracts	It was all good Everything was good Everything is good To keep people happy ...it was all good ...it was all good It was good It was mint It was brilliant It's all good	Nothing There was nothing Nothing There is nothing wrong with it Nothing... Nothing... Can't think of anything I wouldn't put anything I can't think of anything Nothing	Don't know Some of them was a bit and some of them wasn't. I don't know	Well there is just one, well, when your drawing you cartoon person, you're not allowed to draw guns or zappers on it That we don't get to go on trips	Working No toys The Wii didn't work Cos the board wouldn't work the Wii wouldn't work Boring

KEY: Project Primary School A (PPA), Project Primary School B (PPB), Project Primary School C (PPC), Project Primary School D (PPD), Project Primary School E (PPE), Project Primary School F (PPF)

Table 12: Secondary

Key Theme	Nothing	Miscellaneous
Themes	Nothing Nothing	Not taken seriously Might not want to talk Not going on trips Missing lessons Completion of forms Not long enough
Data extracts	Nothing There is nothing that is bad about it (consensus) Nothing Nothing	Some people take it just as mess about and come here just to mess about and all they do is mess about and they just mess about If you're shy and you just don't really want to talk and you just feel like you are being cheeky or something You don't go on trips Coming out of good lessons (do you not get to choose when to come out?) we get told when we go out (would you sooner come out of a lesson that you don't like) yes Keeping filling in forms It was only an hour long in the week

KEY: Project Secondary School A (PSA), Project Secondary School B (PSB), Project Secondary School C (PSC)

The key theme 'nothing' portrays that some primary and secondary pupils felt that there is nothing that is not so good about the project. Pupils across all six primary focus groups and two of the secondary focus groups provided responses linked to the key theme 'nothing'. The fact that there was consensus across all the primary groups and two of the secondary groups for the key theme 'nothing' suggests that pupils view their involvement with the TaMHS project positively. However, in contrast, pupils in PSA did not say 'nothing'. Furthermore, the 'miscellaneous' key theme derived from the secondary pupils' responses and the 'restrictions' and 'miscellaneous negative comments' key themes derived from the primary pupils' responses included some negative perceptions with regard to

TaMHS. The presence of these key themes contradicts the existence of the key theme 'nothing' and implies that there are some factors which young people perceive to be not so good about TaMHS.

The key theme 'positive comments' was present in the primary school data and included responses such as *'it was all good'* and *'everything is good'*. Pupils from five out of the six primary schools gave positive comments like these in response to this question. This suggests that primary pupils view TaMHS positively. However, unlike the primary pupils, the secondary pupils did not include positive comments about the project in answer to this focus group question.

Pupils from three of the primary schools responded with 'don't know' and some primary pupils talked about elements that they thought were not so good about TaMHS. The key theme 'restrictions' indicates that primary pupils felt that not being able to do an activity or not going on a trip was something they perceived as negative about the project. The key theme 'miscellaneous negative comments' in the primary school data incorporated the theme 'work' which indicates that some pupils in PPB related the TaMHS project with *"working"*. 'Problems with equipment' was another theme that was discussed in PPD, examples here include *"no toys"* and *"the Wii didn't work"*. One pupil also said that the project was *"boring"*.

The 'miscellaneous' key theme in the secondary school focus group data also included a number of themes from each of the three schools with regard to what is not so good about the project. One pupil in PSA felt that the project was not always taken seriously, for example it was stated *"Some people take it just as a mess about and come here just to mess about..."*. Another pupil in PSA mentioned that sometimes pupils might not want to talk and stated *"If you're shy and you just don't really want to talk..."*. Another factor mentioned in PSB was that *"You don't go on trips"*.

Interestingly, a theme in PSB was 'missing lessons' and older pupils felt that something that is not so good about TaMHS is "*Coming out of good lessons...we get told when we go out*". When asked more about this, pupils said that they would prefer to come out of a lesson that they did not like in order to access an intervention relating to TaMHS. Another theme which made up the 'miscellaneous' key theme is the fact that pupils thought the interventions were not long enough. For example, one pupil stated "*It was only an hour long in the week*". These themes highlight logistical issues which are present when carrying out mental health interventions in schools. Gibbs (2007) talks about similar logistical issues when discussing the use of focus groups in schools with young people. She highlights scheduling as a challenge when holding focus groups with children and suggests that working around the timetable, homework, exams, holiday periods and after school activities is an issue.

Another theme which made up the 'miscellaneous' key theme in the secondary school data is 'completion of forms'. One pupil suggested that "*keeping filling in forms*" is something that is not so good about the project. This relates to the SDQ, mood scale and satisfaction questionnaires that pupils complete before, during and after interventions in order to monitor and measure the success of the intervention.

Some of this information can be used to inform improvements in future service delivery. The key themes 'restrictions' and 'miscellaneous negative comments' in the primary school data; and some of the themes which make up the 'miscellaneous' key theme in the secondary school data suggest a need to listen to young people's views pertaining to what is not so good about TaMHS and to incorporate some of these ideas into future planning for the project. The idea of enabling the young people to influence the future delivery of the TaMHS project is returned to when exploring the key themes relating to question six of the focus group is also discussed when answering research question 4 later in this Section.

4.4. Research Question Two: What Impact do Targeted Young People Think the TaMHS Project has had on Them?

Focus Group Question Four: What in the 2 B Me Project has Made a Difference to You / Helped You? How has the 2 B Me Project Supported You?

Tables 13 and 14: Key Themes Across all Schools, Themes from Each School and Example Data Extracts for Focus Group Question Four

Table 13: Primary

Key Theme	Relationships	Behaviour	No impact	Environment	Skills	Miscellaneous
Themes	New Friendships Relationships Not being left out Friendships	Improved behaviour Helped with behaviour	No Change Not helpful	Environment Staff	Develop New Interest Develop Skills Learned not to be shy	Emotional Well Being Positive comments
Data extracts	And I met new friends ... and ignore my stupid brother ... so I'm not left out when we play games I make new friends Made friends with other people in the group It gave me lots and lots of new friends	It has helped me to stop getting into trouble and in fact it has supported me every time It's helped my anger problems It helped my behaviour in class and outside Before me behaviour was bad but now that she helped me it has been much better It helped me with my anger	It hasn't changed me really I joined a group with x but it hasn't helped me Miss no help at all, because when I come in miss x group it hasn't helped me at all, because I like still get in trouble in the playground and back in the class. (so you feel it hasn't helped?) miss no	Eating all the biscuits Eating sweets The staff	Because of that, I really like drumming, so now I go to a like a drumming club every week It helped me to understand how to make a den It helped me to understand about bullying Learned me not to be too shy	It helped me to calm down (Anyone else think the stuff helped them to calm down?) Yeah Its cool and helpful It has changed my life around

KEY: Project Primary School A (PPA), Project Primary School B (PPB), Project Primary School C (PPC), Project Primary School D (PPD), Project Primary School E (PPE), Project Primary School F (PPF)

Table 14: Secondary

Key Theme	Social skills	Increased confidence	Emotions	Behaviour	Develop skills	Miscellaneous
Themes	<p>Develop relationships</p> <p>Friendship</p> <p>Social skills</p>	<p>Increase confidence</p> <p>Increased Confidence</p> <p>Increased confidence</p>	<p>Talking about feelings</p> <p>Changed emotions</p> <p>Share thoughts and feelings</p>	<p>Changed behaviour</p> <p>Behaviour</p>	<p>Develop skills</p> <p>Learned new skills</p>	<p>Problems at home</p> <p>Involvement in groups</p> <p>Changed attitude</p> <p>Improved experience of school</p>
Data extracts	<p>The gardening helped you to work with others</p> <p>I have more friends now because I am not afraid to talk to anyone as I used to be</p> <p>In the one with '2BMe staff members name' in the 2BMe project, it helped me to get on with other people</p>	<p>I feel less worried and more confident</p> <p>It has made me more confident...</p> <p>I used to find it really hard to talk to people I didn't know but now I can do it</p> <p>To feel more confident in myself</p>	<p>Before I didn't really want to talk about my feelings and stuff but now I feel I can talk to (staff member) about anything really</p> <p>It has changed my emotions...</p> <p>I am able to share my feelings with other people now To tell people what I am thinking</p>	<p>It has changed ... the way I behave Helped with staying out of trouble</p> <p>... and keep me from getting into trouble ...instead of keeping them bottled up which made me angry a lot</p>	<p>It has taught us more skills</p> <p>I can do things like graffiti and 'DJ-ing'</p>	<p>Helps me at home and how to deal with different problems that I may have</p> <p>I like the groups that we do It has changed my attitude... Makes you want to come into school more cos you feel more happy about school</p>

KEY: Project Secondary School A (PSA), Project Secondary School B (PSB), Project Secondary School C (PSC)

'Relationships' is a key theme in primary schools relating to focus group question four. Similarly, 'social skills' is a key theme in the secondary focus group data in response to this question. Both these key themes suggest that young people across both settings felt that they had been supported through the project to develop new friendships and to improve existing relationships. For example one primary pupil stated *"It gave me lots and lots of new friends"* and another pupil said *"so I'm not left out when we play games"*. Example quotes from secondary pupils included *"I have more friends now because I am not afraid to talk to anyone as I used to be"* and *"In the one with '2BMe staff member's name' in the 2BMe project, it helped me to get on with other people"*. These key themes are in line with the previously discussed key themes 'social skills', 'relationships' and 'interpersonal skills' which have been examined when interpreting responses to questions one and three of the focus group. As with these themes, the existence of the key themes 'relationships' and 'social skills' in relation to focus group question four is probably linked to the fact that many of the young people had accessed small group interventions designed to develop social skills.

The key theme 'behaviour' is another re-occurring theme and has already been discussed when examining the primary pupils' answers to question two of the focus group. However, this key theme is evident across both primary and secondary pupils' responses to question four in the focus group. The responses which pupils gave to this question suggested that they feel that their behaviour has improved as a result of the support that they have received through the TaMHS project. For example, one primary pupil stated *"It has helped me to stop getting into trouble and in fact it has supported me every time"*. Another pupil said *"It helped my behaviour in class and outside"*. Pupils also mentioned that the project had supported them with anger problems. For example one secondary pupil stated *"Instead of keeping them bottled up which made me angry a lot"*.

It is interesting that pupils in the same schools (PPC and PPD) focussed their answers around behaviour as they had previously done in their answers to focus group question two. This suggests that the focus of the interventions in these schools may have been more behaviour orientated. The fact that improved behaviour and decreased exclusion rates is one of the key aims of TaMHS and the notion that improved mental health is linked to better behaviour is significant to this key theme. A detailed discussion surrounding the significance of this key theme has already taken place earlier in this Chapter when discussing the primary pupils responses to focus group question two.

Another key theme across the primary pupils' responses is 'skills'. Similarly, a key theme across the secondary school data is 'develop skills'. These key themes suggest that young people feel that their involvement with the TaMHS project has supported them to develop new skills and interests. Some of these skills in the primary pupils' responses are linked to the area of emotional well-being, such as learning about bullying and increasing confidence. Similarly, pupils across all three secondary schools said that the TaMHS project had made a difference to their 'confidence', for example *"I feel less worried and more confident"* and *"I used to find it really hard to talk to people I didn't know but now I can do it"*. Examples were linked to the activities that the pupils have been involved in as a result of being involved with TaMHS, for example graffiti, DJ skills, learning about drumming and how to make a den. One pupil suggested that he had now begun to attend a weekly drumming club as a result of his involvement with TaMHS.

The key theme 'environment' was only present in the primary school data and illustrates that younger pupils in PPB see the food that was provided for them and the staff involved in the project as aspects of the TaMHS project that have supported them. Previous research has suggested that the staff who carry out mental health interventions are perceived by young people as an important factor in its success and secondary aged pupils have mentioned the importance of this

in response to previous questions. For example, The DOH (2008) indicates that young people think relationships and communication with staff are important aspects of mental health service provision.

The 'miscellaneous' key theme derived from the primary school data contains the theme 'emotional well-being'. In line with this 'emotions' is a key theme in the secondary school data. This relates to pupils' belief that the TaMHS project has enabled them to manage, talk about and share their thoughts and feelings. For example one secondary pupil stated *"Before I didn't really want to talk about my feelings and stuff but now I feel I can talk to (staff member) about anything really"*. It is significant that pupils feel that they are able to talk to school based staff about mental health problems as research suggests that young people are most likely to talk to school staff about mental health problems (DCSF, 2008b).

The 'miscellaneous' key theme derived from the secondary school data indicates that pupils in PSA felt that the TaMHS project has helped them with problems at home. Also, pupils in PSB suggested that the project has supported them by enabling them to be involved in groups. Another factor that was mentioned included that the project has changed pupils' attitudes. Pupils in PSB also felt that involvement in the project had improved their experience of school and had in fact made them want to come into school more. Example quotes to illustrate this point include *"Makes you want to come into school more cos you feel more happy about school"* and *"It has changed my emotions, cos I used to go home cos I felt sick (are you in school more as a result?) yes"*. It is significant that young people feel that their involvement in TaMHS has enabled them to attend school more regularly because one of the specific outcome measures to determine the success of the project for the local evaluation is improvements in attendance. In accordance with what the targeted young people have said, research also suggests that positive mental health in young people may lead to increased and more positive attendance patterns. For example, Adelman and Taylor (1999) illustrate that one of the benefits for schools of applying practices

which promote children's mental health includes increased attendance. In line with this, Patterson and Harris (2006) found that promoting mental health in children can have positive effects upon school attendance. The miscellaneous key theme in the primary school data also included 'positive comments' which suggests that the young people feel that the TaMHS project has supported them positively.

Notably and in contrast to the above key themes, pupils in two of the primary schools (PPA and PPC) perceived TAMHS as having 'no impact' which suggests that some children do not view the project as having made a difference to them; helped them or supported them. This was not a key theme found within the secondary pupils' responses. One primary pupil stated "*it hasn't changed me really*" and another pupil indicated that the group which they had been part of had not helped them. The pupil said "*It hasn't helped me at all, because I still get in trouble in the playground and back in the class*". Some research which focuses on the use of small group work suggests that group work is most effective when the skills learned in the group setting are followed up in other contexts of the school. For example, Hallam et al (2006) suggests that the group work being seen as embedded within a larger programme and the level of follow up work influences the effectiveness / ineffectiveness of the group. It may be that the skills that this pupil had learned in the group work were not followed up in the playground or the classroom and this factor may highlight a need for the promotion of a more holistic whole school approach to TaMHS in this particular school. In line with this, The Mental Health Foundation (2005a) indicates that successful programmes in schools strengthen school attachment and address the ethos and culture of the school as a whole. Also, Burton (2006) emphasises that group work in schools not only depends on its content and the skills of the facilitator, but also depends on the general ethos of the school and the commitment of school staff to support the work. Moreover, a review carried out with young people by the DCSF (2008b) suggests that young people consistently

reported that a holistic approach was a feature that they would like to see across all services that promote mental health.

Focus Group Question Five: What has the 2 B Me Project Supported You with?
What has Changed as a Result of You Being Involved with the 2 B Me Project?

Tables 15 and 16: Key Themes Across all Schools, Themes from Each School and Example Data Extracts for Focus Group Question Five

Table 15: Primary

Key Theme	Change	Relationships	Behaviour	Environment	Activities	Emotional Well – Being	Academic Work	Miscellaneous
Themes	Change Positive change	Relationships Friendships Social Skills Not being left out Friends no longer mean	Improved Behaviour Improved behaviour Improved behaviour	Staff School Equipment	New Activity Activities Access to activities	Improved Confidence Positive Feelings Increased confidence	Academic work Academic work	Don't Know Parental Involvement Nothing
Data extracts	...if I am in the 2BMe project it will change The changes... people can change with better things that they want to do	Friendships It helped us with the writing in the friendship group I have made a lot of friends I'm not as shy as I used to be Sometimes I was left out in games and I'm not anymore	My behaviour at home That urm you don't get into as much trouble Before I started I was being naughty but after I changed my behaviour Much better behaviour in school and out	...it has supported me with nice teachers who have helped me a lot ...School... The hut, the bench, the ball shooter, the football nets	When I'm making dens, I like, I like making dens, so I want to do with my friends so I make dens at home Football cos you get to play it That I do a lot of good things now	I'm more confident cos we had to perform in front of the whole group, and now I'm getting more confident in school performing It was great fun and I'm happy It has made me have more confidence	Helped me with times Tables It helped us with the writing in the friendship groups ...work... The work	I don't know I don't really know (Did you bring someone with you to do it?) Yeah my Granddad Nothing

KEY: Project Primary School A (PPA), Project Primary School B (PPB), Project Primary School C (PPC), Project Primary School D (PPD), Project Primary School E (PPE), Project Primary School F (PPF)

Table 16: Secondary

Key Theme	Relationships	Emotional well-being	Interpersonal skills	Problems	Miscellaneous
Themes	Relationships Relationships Social skills	Calmer Emotional Well-being Feelings	Increase confidence Coping Skills Attitude	Problems Overcome problems	Behaviour Bullying
Data extracts	<p>I've got more friends I know more people like in younger and older years More friends from just from coming to groups I've learned to trust people more Communicating with others</p> <p>I used to not get along with my brother as much, and now I've learnt to understand how he is feeling and stuff, so like my family.</p> <p>It has helped me to make up with my friends cos I fell out with them last year</p>	<p>Calmer</p> <p>... I've learnt not to get stressed with them... And like I feel more happier... Same thing as last one... my emotions It has made me happier in school</p> <p>It has helped me to show my feelings more and to let people know how I am feeling</p>	<p>and like I'm not worried about speaking to people ...and not being so shy More outgoing</p> <p>...You've learnt to cope with things</p> <p>It has changed the way that I act. It has helped me be more serious about serious things. If you say don't laugh, its not funny it makes me laugh It has changed my attitude</p>	<p>The problems we have</p> <p>It has made me accept problems in life and problems with parents It has helped me to overcome my problems and has helped my friends to overcome theirs</p>	<p>... respect and stuff I've stopped being like silly now.. I'm not silly now Think before I do things about the consequences</p> <p>It has helped me through the bullying It has stopped me from being bullied</p>

KEY: Project Secondary School A (PSA), Project Secondary School B (PSB), Project Secondary School C (PSC)

Eight key themes were found in the primary school data and five key themes were found in the secondary school data which reflect what pupils think has changed as a result of their involvement with TaMHS. The key theme 'change' present in primary school pupils' responses reflects the fact that the young people associate the TaMHS project with positive changes in their lives.

Notably, themes that make up the 'miscellaneous' key theme within the primary focus groups included 'don't know' and 'nothing', suggesting that a small number of primary pupils may not be clear about how the project has supported them; or may feel that the project has not brought about any change for them.

A number of the key themes relating to focus group question five are similar to those mentioned previously in answers to other questions in the focus group and will therefore not be discussed in detail in this Section. For example, 'relationships', 'behaviour', 'environment', 'activities', 'emotional well-being' and 'interpersonal skills' are all re-occurring key themes.

The 'relationships' key theme which is present within both primary and secondary pupils' responses again highlights that targeted pupils consider that their relationships have changed positively as a result of them being involved in TaMHS. Examples here featured changes to friendships such as making new friends, improving existing relationships and not feeling left out. Primary pupil responses included *"I have made a lot of friends"* and *"sometimes I was left out of games and I'm not anymore"*. Example quotes from secondary pupils included *"I know more people like in younger and older years"* and *"It has helped me to make up with my friends cos I fell out with them last year"*. In addition, responses suggested that pupils had opportunities to improve family relationships. An example quote from a secondary pupil which highlights this includes *"I used to not get along with my brother as much, and now I've learnt to understand how he is feeling and stuff, so like my family"*. Pupils' responses also illustrated improvements in social skills, for example two primary pupils stated *"I'm not as*

shy as I used to be". In line with this, another key theme derived from secondary pupils' responses relating to this question is 'interpersonal skills'. Discussion around this theme entailed pupils stating that their confidence had increased; they had learnt how to cope with things better; and they had developed a more serious attitude about certain issues. The fact that pupils feel that they have learned to cope with things better as a result of being involved with TaMHS is significant. In a recent study which investigated secondary aged pupils' experiences of mental health education; young people saw the teaching of preventative and coping strategies as important (Woolfson, Mooney and Bryce, 2007).

'Behaviour' was a key theme linked to primary school pupils' responses which again suggests that pupils feel that their behaviour has changed positively as a result of TaMHS involvement. As with previous questions, the majority of responses surrounding behaviour were from pupils who attend PPB and PPD. Responses reflected the fact that young people felt that their behaviour had improved in school as well as at home. Example quotes from primary pupils included *"much better behaviour in school and out"* and *"before I started I was being naughty but after I changed my behaviour"*. Although, behaviour was not a key theme for secondary pupils in answer to focus group question five, the 'miscellaneous' key theme in secondary schools includes the themes 'behaviour' and 'bullying'. Pupils in PSB felt that being involved with TaMHS had changed their behaviour positively. For example *"I've stopped being like silly now..."* and *"Think before I do things about the consequences"*. These quotes illustrate that pupils feel better able to manage their own behaviour. One pupil talked about the fact that involvement in the project had helped him with bullying and stated *"It has stopped me from being bullied"*.

The key theme 'emotional well-being' has also been discussed in prior questions and exists as a key theme across primary and secondary focus groups with regards to question five of the focus group. The key theme 'emotional well-being'

indicates that pupils feel that their emotional well-being has changed positively as a result of being involved with TaMHS. Answers to this question reflect the fact that young people believe that being involved with the TaMHS project has increased their confidence. For example, one pupil in the primary focus groups stated *"I'm more confident cos we had to perform in front of the whole group, and now I'm getting more confident in school performing"*. Another change discussed by primary school pupils in terms of emotional well-being was increased positive feelings, an example response includes *"it was great fun and I'm happy"*. Similarly, secondary pupils said that they felt calmer, less stressed and happier in school as a result of being involved with TaMHS. One pupil also said that the project had *"helped me to show my feelings more and to let people know how I am feeling"*. This key theme is particularly noteworthy as research suggests that many young people do not access mental health support when it is needed (DFES, 2004c; Maughan et al, 2004) and the fact that young people perceive the TaMHS project as meeting their emotional well-being needs is positive.

Primary pupils discussed changes to the 'environment' that had resulted from the TaMHS project, although secondary pupils did not. Examples here included staff and equipment. One primary pupil stated *"It has supported me with nice teachers who have helped me a lot"*. In line with this, Day, Carey and Surgenor (2006) found that young people viewed the interpersonal skills and qualities of the clinician as important in mental health services. The children in their study suggested that services could be improved by clinicians actively listening to children. They also indicated that the presence of 'helper qualities' like respect, warmth and empathy were important. The young people also listed new equipment that they had accessed as a result of being involved in the project including *"The hut, the bench, the ball shooter, the football nets"*. The key theme 'activities' was again present in the data from primary focus groups and highlights that involvement in the TaMHS project has changed the younger pupils' access to activities and has introduced them to new ones. In line with these views, Durlak et al (2011) point out that SEL programmes that occur in classrooms or

throughout the school are likely to be impacted by the organisational and ecological features of these environments. They cite an example in their meta-analysis of school based universal interventions where improvements in the psychosocial environment of the school that were obtained during a SEL intervention mediated almost all of the positive student outcomes.

The key theme 'academic work' was only present across the primary pupils' responses and again indicates that younger pupils feel that the project has helped them with their work in school. This is similar to the key theme 'learning' which has been discussed previously with regards to focus group question two. Research suggests that positive mental health in young people is linked to better attainment in school and that mental health problems are linked to underachievement at school. For example Aynsely-Green illustrates that 44 percent of children with emotional disorders have fallen behind at school and that there is growing evidence that emotional resilience underpins cognitive aspects of learning for all children. Similarly, The National Service Framework (DFES, 2004c) indicates that mental health problems in children are associated with educational failure.

Secondary pupils talked about how being involved with the TaMHS project had helped them to overcome 'problems'. Example quotes to illustrate this key theme include "*It has made me accept problems in life and problems with parents*" and "*It has helped me to overcome my problems and has helped my friends to overcome theirs*".

Similarities between the Evaluation of KidsMatter and Findings Relating to Research Question 2

Collectively, there are many parallels between the findings from the student voice element of Slee et al's evaluation of KidsMatter (an Australian primary school mental health initiative similar to TaMHS) and the pupils' responses to focus group questions 4 and 5 in the present study. For instance, in Slee et al's (2009)

study there was evidence from the students involved about how this initiative had had a positive impact on their social and emotional competencies, their coping strategies and their behaviour. For example, in terms of their behaviour changing students who had accessed KidsMatter felt that there were not as many fights; they were better at expressing their feelings; they had made more friends; and they were more responsible; and they were not as *'bad'* (p.74) anymore.

Furthermore, Slee et al also point out that the students in their study were able to apply their learning across the school and family contexts and to different kinds of relationships and problems. Examples of changes in students' competencies at school in their study include thinking about how their behaviour affects others; dealing with not getting on with others; and feeling more comfortable about coming to school. Examples of changes in students competencies at home included helping students talk about problems at home and increased understanding that life can involve 'ups and downs'. Moreover, in the student voice study relating to KidsMatter the students indicated that they had become empowered to express their feelings, to solve problems, and to generate alternate ways of coping when situations were difficult or confronting. Similarly to the present study, students also discussed anger management strategies, ways of building positive friendships and peer relationships; and bullying.

According to Slee et al, these responses from students interviewed in the student voice study can be directly related to content and strategies that were taught in the Social and Emotional Learning element of KidsMatter. The authors of the evaluation suggest that although there was no formal assessment of change in student's knowledge, it seems reasonable that the views reported by interviewed students could be associated with the positive changes in the ratings of students' social and emotional competencies by parents and teachers.

4.5 Research Question Three: How do Targeted Young People Think that the TaMHS Project could Best Meet Targeted Young People's Needs?

Focus Group Question Six: How could the 2 B Me Project Support you Best / What Could be Better about the 2 B Me Project / What Would you Like to See the 2 B Me Project doing in the Future in Order to Support You?

Tables 17 and 18: Key Themes Across all Schools, Themes from Each School and Example Data Extracts for Focus Group Question Six

Table 17: Primary

Key Theme	Environment	Extending the Project	More of the Same	Activities	Miscellaneous Ideas
Themes	Environment Environment Food More Equipment Food	Involve more Children Learn from other schools / pupils Helping others	Stay with group longer Longer time period	More Activities Activities More activities Trips Play games Performance Play games Trips	Don't know Enjoyment Friendship Learn about project Do what want Teamwork Nothing
Data extracts	...so, if we could work outside, or bigger rooms Different dinner... Get sweets Toys, games maybe the DS's and a dance mat because I can show off my moves then Like sweets. A massive pot of sweets Hot chocolate	Got more children involved To like go to other schools like...and we could get some ideas off them To do more stuff with other stuff with kids that have got the same anger as us Help other people with their friendships...	maybe to stay with the group even longer Maybe do it for a bit longer	instead of doing one activity could do maybe do 2 or three Go swimming ...do more activities and more fun More trips, like going to the fair ... A performance at the end of the project Going out places so that we can improve our friendships	Don't know Be fun Friendship stop Learn more about 2 B Me Doing things that all of us want to do ...and do teamwork Nothing

KEY: Project Primary School A (PPA), Project Primary School B (PPB), Project Primary School C (PPC), Project Primary School D (PPD), Project Primary School E (PPE), Project Primary School F (PPF)

Table 18: Secondary

Key Theme	More of the same	Involve more young people	Young person's feedback	Activities	Miscellaneous ideas
Themes	Continue with activities Do more of same	Involve More people Involve broader age range	Feedback from young people Thoughts and feelings box	More activities Anger Management Trips Activities Role play	Someone to talk to and help Staff Rewards
Data extracts	I'd like to carry on doing hairdressing and all the courses that we do To come into school more It could be longer (sessions?) yes	Erm, it would be good if we could do it with other schools...maybe other schools can come in so we could meet other people from other schools. Get more friends and relatives to join in more groups A broader range of age groups (up to year 11?) yes. Cos last year it was like nine's and eight's cos some of the year 10's and 11's get problems like with their exams	Maybe like little 'get togethers' of all the groups and feedback of what they think about the clubs and anything that they want to change Having like a box where we can put it all in / suggestions in We could like write down what groups we could do, say like once a month, some of our favourite things to do A box for like thoughts and feelings...	We could do more activities to like trust each other where people put on blind folds and trust each other to walk around and stuff. Do more practical things like assault courses and stuff just to like let your anger out Out of school trips like to universities and stuff To do like role plays to show people how to get over their problems	Someone can speak to you and like do something about it Not to sack (name of 2BMe worker) Rewards, like if you've come along and you've done well

KEY: Project Secondary School A (PSA), Project Secondary School B (PSB), Project Secondary School C (PSC)

The key theme 'more of the same' which occurs in both the primary and secondary data, suggests that targeted young people would like to see a continuation of the same services that they are receiving through the TaMHS project. Examples here include accessing interventions, such as group work for longer time periods. Also, secondary pupils wanted the project to "*come into school more*".

The key theme 'extending the project' which was found in primary pupils' responses to focus group question six incorporates ideas about involving more young people; learning from other schools and pupils; and helping others. For example, pupils stated "*If other schools would do it and people from this school would do it again*" and "*Get more children involved*". A further quote to highlight this key theme was "*Help other people with their friendships and have some jokes so no one can feel left out*". A similar key theme found in the secondary school data is 'involve more young people'. The discussion relating to this key theme involved related ideas to that of the primary aged pupils. Secondary pupils also stated that other schools who are not currently involved in the project should become involved. For example "*It would be good if we could do it with other schools...maybe other schools can come in so we could meet other people from other schools*". Another suggestion from secondary pupils relating to this theme was "*Get more friends and relatives to join in more groups*". It is significant that secondary aged pupils stated that a broader range of age groups should be involved because within secondary schools only pupils from school year groups seven, eight and nine can access TaMHS. One pupil stated "*A broader range of age groups (up to year 11?) yes. Cos last year it was like nine's and eight's cos some of the year 10's and 11's get problems like with their exams*".

These types of responses suggest that pupils believe that young people in all schools and of all ages should access the TaMHS project and that it would be beneficial for other children to become involved. Quotes from primary pupils

included *“To like go to other schools like if they’ve got people that they’re naughty and got groups and we could get some ideas off them”* and *“Go out to school to visit people who are naughty and see what happens to them”*. These quotes are illustrative of the idea of sharing good practice with other schools and this has implications for the future development of the project. Due to the flexibility of the approaches to TaMHS interventions between schools, sharing good practice and ideas between project schools appears to be a good idea. This would enable schools to share their specific strengths with each other. Moreover, visiting schools which are not involved in the project and involving them in good practice around mental health is also an important suggestion in terms of building capacity within all schools. Collectively, these responses support the need for the continuation and development of the TaMHS project.

Pupils across primary and secondary focus groups talked about a range of ‘activities’ that they would like to see as part of the TaMHS project. Both primary and secondary pupils said that they wanted to have access to more activities and that they wanted to go on trips. Many of the primary pupils stated that they would like to take part in activities more frequently. For example, *“Do more activities and more fun”*, *“To go out on more trips”*, *“Going out places so that we can improve our friendships”* and *“Play games”*. Specific examples of activities included drawing, swimming, summer workshops and art. The answers provided by the secondary aged pupils included trust activities, foosball, assault courses, doing something fun at the beginning of school and role plays. For example *“We could do more activities to like trust each other where people put on blind folds and trust each other to walk around and stuff”*, *“To do like role plays to show people how to get over their problems”* and *“Do more practical things like assault courses and stuff just to like let your anger out”*. Particular examples of games that were suggested in the primary focus group for this study included puzzles, DS, golf, tennis and hide and hide and seek. Primary pupils also said that they would like to go on the following trips: Blackpool, a market and the fair. One group of pupils in PPD thought that having a performance at the ended of the

project would be a good idea. The LA in which the study takes place has already incorporated this idea and has recently held a '2 B Me has got talent' night where pupils from project schools put on various performances in front of their peers, parents/carers and school staff. The secondary aged pupils placed less emphasis on wanting to play games than the primary aged pupils had. Ideas for trips out from secondary pupils included visiting universities, residential holidays and eating out. Other studies have suggested that the implementation of practical activities and school trips within mental health provision are perceived as important by young people (Day et al, 2006; Woolfson, Mooney and Bryce, 2007). Interestingly, Durlak et al (2011) cite findings that suggest that more successful youth programmes are interactive in nature, use coaching and role playing, and employ a set of structured activities to guide youth toward achievement of specific goals.

The key theme 'environment' was present within the primary focus group data. The young people suggested changes and improvements around location, food and equipment. For example, pupils said that they would like *"To work outside"* or *"In bigger rooms"*. They also stated that they would like *"Breakfast"*, *"Sweets"*, *"Hot chocolate"* and *"Popcorn"*. In terms of the equipment, the young people said that they would like access to toys and games, such as *"DS"* and *"Dance mats"*.

The key theme 'young person's feedback' was present within the data from the secondary pupils' responses. This theme indicates that older pupils feel that it is important to have their views about the TaMHS project acknowledged. Young people suggested that their voices could be heard through *"little get togethers of all the groups and feedback of what they think about the clubs and anything that they want to change"*, *"Having like a box where we can put it all in / suggestions in"*, *"We could like write down what groups we could do, say like once a month, some of our favourite things to do"* and *"A box for like thoughts and feelings..."* There are a number of 'miscellaneous ideas' which were specific to individual schools and pupils. The following themes made up this key theme within primary

pupils' responses: 'don't know', 'enjoyment', 'friendship', 'learn about the project', 'do what want', 'team work' and 'nothing'.

Notably, one primary pupil said that they didn't know what could be done to improve the service and one pupil from PPF stated "*Nothing*" could be done. A number of pupils in PPB suggested generally making the project "*Good*", "*Fun*" and "*Better*" but did not give any specific examples. Ideas around friendship from pupils in PPC included getting to know each other, making more friends and the implementation of a friendship stop. One pupil from PPD stated that it would be good to "*Learn more about 2 B Me*". A pupil from PPE suggested "*Doing things that all of us want to do*". Another pupil from PPE thought that doing "*Team work*" would be good.

The 'miscellaneous' key theme derived from the secondary focus group data involved pupils saying that they wanted someone to speak to and someone to do something about problems. Another of the secondary pupils' responses was related to the emotional well-being worker based in school. This pupil stated "*Not to sack 'name of TaMHS worker'*". This again highlights the important relationship that this member of staff has made with young people and illustrates that the young people value their presence in school. Another idea from a secondary pupil was to give young people rewards for attending and doing well.

4.6 Research Question 4: How Useful Might the Views of Targeted Young People be in Helping to Improve School Based Mental Health Provision?

Pupils' responses to focus group questions 2, 3 and 6, which have already been used to answer research questions 1 and 3 above, are considered again in this Section in order to answer the fourth research question of the study. Research question 4 aims to examine the utility of targeted pupils' views and explores how the key themes and themes derived from pupils' responses to focus group questions 2, 3 and 6 might be used to help to improve school based mental health provision. These three focus group questions have been selected for analysis in this Section as they were designed to measure how young people view the services they have received through the TaMHS project; and how they think that the project could best meet targeted young people's needs. Focus group questions 4 and 5 were designed to measure the project's initial impact and will therefore not be considered in order to answer research question 4.

4.6.1 The Value of Obtaining the Voice of the Child to Improve Mental Health Provision

It is important that young peoples' views are used to design, inform and improve future service provision (Rickwood et al, 2007; Ben-Arieh, 2005; The Mental Health Foundation, 2005a). However, the National CAMHS Review (DCSF, 2008b) points out that a challenge for services lies in embedding priorities ascertained from children's views in service design and provision.

I am conscious that the targeted young people in the focus groups represent a vulnerable group. In addition, they were asked to speak about their own experiences of mental health support which is a challenging topic. Despite this, the young people involved within this study were willing to discuss their involvement with TaMHS and describe how the project had impacted upon them. Overall, the young people approached the focus groups enthusiastically and engaged well.

The targeted pupils' responses to focus groups questions 4 and 5 which examined the perceived impact that the TaMHS project has had on them have enabled an increased understanding of the early effects of the TaMHS project from a young person's perspective (see Section 4.4 above). The pupils across primary and secondary settings also expressed clear views on a number of key areas in response to focus group questions 2, 3 and 6 which examined how targeted pupils view the services they have received through the TaMHS project; and how they think these services could be improved to meet the needs of targeted pupils. Taking some of these views into account might enable the TaMHS project, and indeed school based mental health provision in general to be tailored to meet the self-identified needs of young people in the future. However some caution should be used when generalising the young peoples' comments ascertained within this study to other populations and to school based mental health interventions in general. This is mainly due to the relatively small sample size and the fact that the study only evaluates TaMHS and not other school based mental health initiatives. Nevertheless, this study supports the notion that young people are capable of giving relevant, considered views on the mental health services they encounter and are also capable of actively participating in the process of identifying problem areas (Laws, 1998). In line with this study, Woolfson, Mooney and Bryce (2007) suggest that young people have clear views on the topic of mental health education and that they are capable of articulating their ideas and opinions within a focus group setting.

Alternatively, it should also be noted that a small amount of the information ascertained from the targeted young people is not as useful in terms of its contribution to improving the quality of service delivery and this is considered in Section 4.6.4 below. There is a need to prioritise and to look at the practicability and validity of some of the suggestions made by them. Moreover, some of the young people's views relating to the services they have received through TaMHS and their ideas for improvement about how the project could best meet young people's needs, may be more difficult to achieve. For instance, some comments

are unspecific and don't contain much detail such as pupils saying that 'everything is good about TaMHS' and that 'having fun' is something that is valued. Also, some of the pupils' views are unrealistic and might not easily be carried out or even be feasible in the school context. Examples here include pupils requesting to have certain foods; pupils wanting to go on lots of trips; and pupils saying that they would like to be able to 'do what they want' and do more of certain activities. Certainly, it is not possible to carry out and resource all their suggestions at once due to funding and time restrictions.

4.6.2 Information Obtained from Young People Which Might Help to Improve School Based Mental Health Provision

The Tables below outline key themes, themes and associated views / suggestions relating to young peoples' responses to focus group questions 2, 3 and 6 that are perceived as useful in terms of informing the improvement of TaMHS and future mental health provision. The Tables link pupils' responses to **possible** future developments or improvements to school based mental health provision that might be made as a result of their views.

A discrete Section in Chapter 5 outlines some of the **actual** changes that have been implemented so far within the TaMHS project in the LA in which this study took place based upon data provided in the focus groups within this study (see Section 5.7, Table 28).

Focus Group Question 2: What is Good About the 2 B Me project?

Tables 19 and 20: How Targeted Young People's Views from Focus Group Question 2 Might Contribute to Improving School Based Mental Health Provision

Table 19: Primary

Key Theme / Themes	Young Person's View / Suggestion	Possible Future Development/Improvement
Learning Develop Skills Academic support	Learning new things is something that is good about TaMHS Providing support with homework / academic work is something that is good about TaMHS	Provide a range of opportunities / activities for developing new skills Set up homework support clubs / groups in schools
Behaviour Helps with behaviour, Helps with behaviour	Support with behaviour is something that is good about TaMHS	Small group work and whole school initiatives could incorporate strategies to support pupils to manage their behaviour, anger and feelings
Interpersonal Skills New Relationships Relationships Friendships Bullying support	Opportunities to meet new people, make new friends and develop friendship skills is something that is good about TaMHS Providing support with bullying is something that is good about TaMHS	Small group work and whole school initiatives could incorporate strategies to develop friendship skills; could provide opportunities for pupils to mix with others and make new friends; and might include bullying support
Emotional Wellbeing Emotional Well –Being Increased confidence Express feelings Learn about self Feelings	Having opportunities to talk about yourself and your feelings; and improvements in self confidence are things that are good about TaMHS.	Small group work and whole school initiatives could incorporate opportunities for pupils to talk about themselves and how they are feeling and may include strategies to develop self confidence
Enjoyment Enjoyment, Enjoyment, Enjoyment	Having fun is something that is good about TaMHS	Staff involved in delivering Mental health initiatives should consider how to incorporate fun into their design
Activities Activities Trips Activities Activities Breathworks	Having access to a variety of trips and activities is something that is good about TaMHS Taking part in 'Breathworks' is something that is good about TaMHS	Provide access to trips and activities Consideration should be given to the inclusion of mindfulness based approaches such as 'Breathworks' in developing whole school and small group mental health support
Miscellaneous Parental Involvement	It would be good if parents could be included in the project	Opportunities for parental involvement in mental health provision should be considered

KEY: Project Primary School A (PPA), Project Primary School B (PPB), Project Primary School C (PPC), Project Primary School D (PPD), Project Primary School E (PPE), Project Primary School F (PPF)

Table 20: Secondary

Key Theme / Themes	Young Person's View / Suggestion	Possible Future Development/Improvement
Emotions Emotional Development Emotional support	Emotional support and development is something that is good about TaMHS	Small group work and whole school initiatives could incorporate opportunities for pupils to talk about and understand emotions and feelings
Feel safe Reduce worrying Feel safe	A good thing about TaMHS is that it helps you to feel safe The emotional well-being worker helps young people to feel safe	Schools should provide a 'safe space' for targeted young people and mental health provision should make young people feel safe The role of the emotional well-being worker might continue / be incorporated into schools in order to support young people to feel safe
Support Talk about problems Academic support Achieving Goals Support with anger	Pupils value having people to talk through problems with Support with school work, achieving goals and anger are things that are good about TaMHS	Staff to be available for pupils to talk about problems / mental health issues Support could be made available to help pupils with academic work if needed, e.g. homework club / groups to be set up in schools Support to be provided for pupils to achieve their goals e.g. mentoring / peer mentoring Small group work and whole school initiatives could incorporate opportunities for pupils to explore anger
Relationships Mixing with others Relationships Working with others Staff	Opportunities to meet new people, make new friends and develop friendship skills is something that is good about TaMHS Working with the emotional well being worker is fun	Small group work and whole school initiatives could incorporate strategies to develop friendship skills; may provide opportunities for pupils to mix with others and make new friends The role of the emotional well-being worker might continue / be incorporated into schools in order to work with young people and to develop mental health initiatives

<p>Enjoyment Enjoyment, Enjoyment</p>	<p>Having fun is something that is good about TaMHS</p>	<p>Staff involved in delivering Mental health initiatives should consider how to incorporate fun into their design</p>
<p>Miscellaneous Confidential</p> <p>Increase Confidence</p>	<p>Keeping information confidential is something that is good about TaMHS</p> <p>Improvements in self confidence is a good aspect of TaMHS</p>	<p>Pupils should be informed about confidentiality of information procedures surrounding mental health provision</p> <p>Small group work and whole school initiatives could include strategies to develop self confidence</p>

KEY: Project Secondary School A (PSA), Project Secondary School B (PSB), Project Secondary School C (PSC)

The young peoples' responses to focus group question 2 provide an insight into what targeted young people value about the TaMHS project. Some of these responses may be used to inform the future development of TaMHS and to contribute to planning for school based mental health interventions so that they are designed in line with pupils' perceptions of what is good about mental health support. According to the National Service Framework (DFES, 2004c) a better understanding of young people's service receipt, as well as their needs and priorities, can be used to inform and influence clinical practice and service planning, development and evaluation.

Primary and Secondary Pupils' Responses

Both the primary and secondary pupils' responses to focus group question 2 intimate that young people value accessing support for a number of areas through their involvement in TaMHS. Information from these responses indicates that it might be useful for school based mental health provision to incorporate the following areas:

- Academic work / homework / learning new skills;
- Managing anger;
- Understanding feelings and emotions;
- Developing interpersonal / relationship / friendship skills
- Developing self confidence.

In addition primary pupils' responses illustrate that it may be useful for mental health provision to support behaviour and bullying; and secondary pupils' responses also imply that supporting young people to achieve their goals should be incorporated into mental health provision. This information may be taken into account when planning the content of school based mental health support programmes.

Both primary and secondary pupils' responses to focus group question 2 suggest that it may be helpful for school based mental health provision to enable young

people to make new friends and to provide them with opportunities to meet new people. Research with regard to young peoples' mental health supports the need to develop skills surrounding relationships, friendships and play, and suggests that deficits in these areas may be linked to issues with mental health. For example, the DCSF (2004c) state that mental health problems may be reflected in *'difficulties and/or disabilities in the realm of personal relationships'* and *'the capacity for play'* (p.44). There are many ways that school based mental health initiatives could promote friendship skills including running social skills groups and friendship clubs; providing a range of activities where pupils can meet new people; developing whole school initiatives such as structured play time opportunities and buddy systems; and developing a whole school ethos centred around the importance of friendship where these skills are modelled to pupils and positively reinforced.

Responses to focus group question 2 across primary and secondary settings also illustrate that enjoyment is an important factor in mental health support, which suggests that it will be valuable for staff involved in delivering mental health initiatives to consider how to incorporate fun into their design. The fact that some young people don't access the mental health support that they need may be linked to their own reluctance to seek help (Rickwood et al, 2007). Pupils may be more likely to access mental health support, and continue to access it if they find it enjoyable. This might perhaps involve including activities that pupils perceive as 'good' about TaMHS into mental health provision such as trips. Although it is useful to know that young people value enjoyment, notably pupils did not give specific examples in response to this question and instead stated that 'having fun' was important. It would be more useful if more detailed ideas were sought from the young people with regard to what they find fun. In order for TaMHS to be made enjoyable for young people, further work should involve asking pupils for examples of what they perceive as fun; and evaluating aspects of the project in terms of fun, such as asking them which aspects of the project are most enjoyable and why.

Primary Pupils' Responses

Some suggestions for future improvement linked to focus group question 2 are only related to primary pupils' responses. For example, younger pupils talked about activities and trips; and their responses advocate that it may be effective to include access to these in a package of school based mental health support. The content of these can be informed by what the young people perceive as 'good' about TaMHS, for example making a comic; baking; singing and Breathworks. In line with this suggestion, Day, Carey and Surgenor (2006) carried out focus groups with 11 young people aged nine to fourteen years who had previously attended mental health services in the UK in order to discuss their experience. The themes suggested that augmenting and enhancing interaction with children through the use of activities was viewed as important, and children suggested that the use of within session activities such as drawing and board games would improve the service. As a result the service being evaluated ensured that all clinicians had ready access to a range of play and activity materials. Similarly, Woolfson, Mooney and Bryce (2007) also found that practical activities and school trips were perceived as important by the young people in their study which involved obtaining the views of pupils in order to examine mental health education.

Interestingly, pupils in one focus group in a primary school talked about the value of parental involvement in TaMHS which may be linked to a future recommendation that parents might be involved in school based mental health provision. In support, some research proposes that involving parents in mental health initiatives has positive effects. For example, Hallam et al (2006) found that the level of engagement of parents, staff and children working together influenced the effectiveness / ineffectiveness of small group work around emotional well-being.

Secondary Pupils' Responses

There are also some possible future developments associated with responses to focus group question 2 that are solely linked to secondary pupils' responses. An example here surrounds the role of the emotional well-being worker, which according to young people is an important and valued position. This suggests that it might be effective for this role to be incorporated into schools as part of mental health provision. Responses from secondary pupils also intimate that mental health provision should make young people feel safe and that there is value in having staff available to talk through problems within schools as part of a package of support. In line with these suggestions, a review carried out by the DOH (2008) found that young people think that relationships and communication with staff with regard to mental health is important. Day, Carey and Surgenor (2006) also found that young people viewed the interpersonal skills and qualities of the clinician as an important factor in the receipt of mental health services. Moreover, the National CAMHS Review (DCSF, 2008b) explored the qualities and features that young people would like to see across services that promote mental health and these included awareness, trust, accessibility, communication, involvement and support when it's needed. The review also found that young people turn to teachers amongst others when they need help with mental health.

Table 22: Secondary

Key Theme / Themes	Young Person's View / Suggestion	Possible Future Development/Improvement
<p>Miscellaneous</p> <p>Not taken seriously</p>	<p>The fact that some people 'mess about' whilst accessing mental health support is something that is not so good about TaMHS</p>	<p>Pupils to be fully informed of the nature of the support and should be involved in the planning of mental health interventions to enable them to be taken seriously</p>
<p>Might not want to talk</p>	<p>The fact that some young people might not want to talk is something that is not so good about TaMHS</p>	<p>Pupils to be fully informed and give consent for their involvement in targeted interventions and they should not be forced to become involved in aspects of the provision that they would prefer not to be involved in</p>
<p>Not going on trips</p>	<p>Not being able to go on a trip is something that is not so good about TaMHS</p>	<p>Ensure that the criteria for going on trips is clear and fair and include trips in the provision</p>
<p>Missing lessons</p>	<p>Pupils would like to have a choice in which lessons they come out of to access targeted interventions and would prefer to come out of a lesson that they did not like so much</p>	<p>It would be useful for school staff to involve pupils in planning when they access a certain intervention so that they do not miss a lesson that they do not want to</p>
<p>Completion of forms</p>	<p>Pupils do not like having to fill in forms in relation to targeted interventions</p>	<p>It may be useful for school / project staff to measure the impact of an intervention through alternative methods in agreement with the young person's preferred style, such as focus groups, one to one discussion and observation. It is also important to explain to the young people why they are completing the evaluation of the intervention</p>
<p>Not long enough</p>	<p>Pupils think the interventions they accessed were not long enough.</p>	<p>Staff and pupils might work together in planning and designing appropriate interventions</p>

KEY: Project Secondary School A (PSA), Project Secondary School B (PSB), Project Secondary School C (PSC)

Many of the responses to focus group question 3 might not be useful in informing future provision (see Tables 26 and 27 below). These include responses relating to the key theme 'nothing' in the secondary school data and responses with regard to the key themes 'nothing', 'positive comments' and 'don't know' in the primary school data. However, the key themes 'restrictions' and 'miscellaneous negative comments' in the primary data; and some of the themes which make up the 'miscellaneous' key theme in the secondary data may be useful and there is value in considering how some of this information might be used in order to contribute to the development of TaMHS and to the improvement of school based mental health provision.

Primary and Secondary Pupils' Responses

Both primary and secondary pupils' responses to focus group question 3 included a discussion around restrictions relating to trips and activities, which again highlights the important role that pupils believe these factors have in mental health support. A possible future development linked to their responses, in addition to including them in school based mental health provision where possible, might be to ensure that the criteria for being involved in activities and going on trips is clear and fair so that pupils understand why they are able or unable to participate in them. Notably, the number of activities and trips that pupils have access to will be dependent on factors such as the school context; how they are linked to the mental health support; and the level of funding available. As a result, it may not be possible to provide access to a high number of them.

Primary Pupils' Responses

Some primary pupils thought that TaMHS was boring and some associated it negatively with 'work'. This suggests that there may be value in asking young people what would make the provision they are involved in more interesting, and involving them in the joint planning of interventions so that they are appealing to young people. Primary pupils also saw problems with equipment as something

that was not so good about TaMHS which highlights the importance of making sure any equipment used in school based mental health provision is available, appropriate and working properly.

Secondary Pupils' Responses

Some secondary pupils perceived the project as not always being taken seriously and the fact that some pupils might 'not want to talk' as factors that are not so good about TaMHS. Future developments linked to these perceptions might be to inform pupils of the nature of the support, gain informed consent for pupils' involvement and again involve them in planning and evaluation. Missing lessons was also something that older pupils felt that was a problem associated with TaMHS and they said that they would prefer to come out of a lesson that they did not like in order to access a mental health intervention. This information implies that it would be useful for school staff to involve pupils in planning when they access interventions so that they do not miss a lesson that they do not want to. Notably, this may not be possible in all cases and will be dependent upon individual factors. Another theme in the secondary data is the fact that pupils thought the interventions were not long enough. This information again highlights the need for staff and pupils to work together in designing and planning appropriate interventions. In support, research suggests that the level of engagement of staff and children working together and the work being seen as embedded within a larger programme are factors that influence the effectiveness of group work in schools (Hallam et al, 2006).

Secondary pupils recommended that they do not like having to complete forms in relation to targeted interventions. Interestingly, research suggests that these types of questionnaires may be methodologically flawed (Day et al, 2006; Sharpio, Welker and Jacobson, 1997). Moreover, Hennessy (1999) suggests that there is little evidence to suggest that the majority of questionnaires used to establish children's satisfaction with services actually address aspects that are salient or relevant for their child clients. It may be useful in the future for the

impact of the intervention to be measured through alternative methods in agreement with the young person's preferred style, such as focus groups, one to one discussion and observation. It is also important to explain to the young people why they are completing the evaluation of the intervention and to provide them with feedback about how their views will be used.

Focus Group Question 6: How Could the 2BMe Project Support You Best / What Could be Better about the 2bMe Project / What Would You Like to See the 2BMe Project Doing in the Future in Order to Support You?

Tables 23 and 24: How Targeted Young People’s Views from Focus Group Question 6 Might Contribute to Improving School Based Mental Health Provision

Table 23: Primary

Key Theme / Themes	Young Person’s View / Suggestion	Possible Future Development/Improvement
Environment Environment, Environment More Equipment	Pupils would like interventions and activities relating to the project to take place in bigger rooms or outside Pupils would like to have access to more equipment of their choice	Pupils might be consulted about where mental health support takes place Pupils might be consulted about equipment that they would like to access
Extending the Project Involve more Children Learn from other schools / pupils Helping others	Pupils believe that young people in all schools and of all ages should access TaMHS and that it would be beneficial for other children to become involved and to learn from other pupils in other schools	Good practice and ideas with regard to mental health provision might be shared between schools in order to build capacity and to support more young people All young people to have access to school based mental health provision
More of the Same Stay with group longer Longer time period	Pupils would like to be involved with TaMHS interventions for longer	Staff and pupils might work together in planning and designing appropriate interventions
Activities More Activities, Activities , More activities Trips, Trips Play games, Play games Performance	Pupils perceive the inclusion of activities, trips and games as factors which would improve TaMHS Pupils would like to have a performance at the end of the project	Provide access to trips and activities linked to the aims of the mental health provision and consult with young people as to what these may entail Organise a performance / show / event that includes targeted young people linked to the aims of mental health provision

<p>Miscellaneous Ideas</p> <p>Enjoyment</p> <p>Friendship</p> <p>Learn about project</p> <p>Teamwork</p>	<p>Pupils want mental health support to be fun</p> <p>Pupils would like to learn more about friendship and would like a friendship stop in the playground</p> <p>Pupils would like to learn more about the project</p> <p>Pupils would like access to interventions that develop team work skills</p>	<p>Mental health initiatives should incorporate fun into their design</p> <p>Consider implementing 'friendship stops' in school playgrounds Incorporate friendship skills into provision</p> <p>The aims and content of mental health provision in schools should be shared with young people so that they have a clear understanding of what it entails</p> <p>Consider the development of team work skills in the design of interventions, whole school initiatives, trips and activities</p>
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KEY: Project Primary School A (PPA), Project Primary School B (PPB), Project Primary School C (PPC), Project Primary School D (PPD), Project Primary School E (PPE), Project Primary School F (PPF)

Table 24: Secondary

Key Theme / Themes	Young Person's View / Suggestion	Possible Future Development/Improvement
More of the same Continue with activities Do more of same	Pupils would like the TaMHS interventions to continue and to be involved for longer	Staff and pupils might work together in planning and designing appropriate interventions
Involve more young people Involve More people Involve broader age range	Pupils believe that young people in all schools and of all ages should access TaMHS and that it would be beneficial for other children to become involved and to learn from other pupils in other schools	Good practice and ideas with regard to mental health provision might be shared between schools in order to build capacity and to support more young people. All young people to have access to school based mental health provision
Young person's feedback Feedback from young people Thoughts and feelings box	Pupils feel that it is important to have their views about TaMHS acknowledged	Young people could be involved in the evaluation and development of mental health provision
Activities More activities, Activities Trips Anger Management Role play	Pupils perceive the inclusion of activities, trips, anger management and role play as factors which would improve TaMHS	Provide access to trips and activities linked to the aims of the mental health provision and consult with young people as to what these may entail
Miscellaneous ideas Someone to talk to and help Staff Rewards	Pupils want someone to speak to and someone to help with problems Pupils see the role of the emotional well being worker as important and they value their presence in school Pupils think that young people should be given rewards for attending mental health support and for doing well	Staff to be available in schools for pupils to talk about problems and mental health issues The role of the emotional well-being worker could continue / be incorporated into schools in order to work with young people and to develop mental health initiatives Their should be the consideration of a rewards scheme for involvement and attendance with regard to school based mental health support

KEY: Project Secondary School A (PSA), Project Secondary School B (PSB), Project Secondary School C (PSC)

Primary and Secondary Pupils' Responses

Many of the young peoples' responses to focus group question 6 could be useful in contributing to developing TaMHS and improving school based mental health provision. The key themes 'extending the project' in primary focus groups and 'involve more young people' in the secondary focus groups illustrate that the young people think that learning from other schools and involving more young people would be an improvement to the project. Their responses suggest that all young people should have access to school based mental health provision not just those who are in the limited number of schools and year groups in the TaMHS project. Another possible future development linked to these responses might be that good practice and ideas with regard to mental health provision could be shared between schools in order to build capacity and to support more young people.

Notably, some of the suggestions for future developments linked to pupils' responses to this question have been discussed earlier in this Section when considering the responses to focus groups questions 2 and 3. For example, both primary and secondary pupils said that they would like interventions to be longer in duration and that they would like to continue participating in the same activities. As discussed previously, this again suggests that there should be consideration given to staff and pupils working together to plan and design mental health provision. Trips and activities were again referred to by both primary and secondary pupils in response to focus group question 6, and the young people perceived the inclusion of more activities and trips as something that would improve TaMHS. Primary pupils also suggested that including games and a performance would be beneficial, and secondary pupils thought the addition of anger management and role play based activities would improve the project. As noted above, a possible future development linked to these perceptions may be to provide access to trips and activities where possible and relevant and to consult with young people as to what these may entail. Within their responses to focus group question 6 pupils were able to provide examples

of what activities and trips they would like to access, for example drawing, swimming, summer workshops, art, trust activities, foosball, assault courses, 'doing something fun at the beginning of school' and role plays. These ideas may be incorporated into future mental health provision.

Primary Pupils' Responses

Primary pupils suggested that they would like interventions and activities relating to the project to take place in bigger rooms or outside; and that they would like to have access to more equipment of their choice. Possible improvements to mental health provision linked to these ideas could be to consult with pupils about where mental health support takes place; to ask them about what equipment they would like to access; and where possible enable their requests to be carried out. This is linked to the previous suggestion of involving young people in the planning of mental health provision. 'Miscellaneous' ideas derived from primary pupils' responses included enjoyment which again highlights the importance of mental health initiatives incorporating fun into their design. Learning more about friendship; incorporating a friendship stop into the playground; and including interventions that develop team work skills were also ideas from primary pupils which may be useful to include in future planning of mental health provision where possible.

Interestingly, primary pupils perceived that there is value in young people learning more about the TaMHS project and this suggests that the aims and content of mental health provision in schools should be shared with young people so that they have a clear understanding of what it entails. In accordance with this HASCAS (2008) carried out a literature review which investigated children and young people's participation in CAMHS. The review indicated that young people primarily wanted more information about mental health services. The review states:

'From services children and young people want their voice to be heard and to be taken seriously. They want plenty of information in a variety of formats, so they are better informed about the nature of their difficulties and the range of options available to them for support and care. (p.21)

Similarly, research carried out by the DCSF (2008b) indicates that young people report that mental health services are not as well known; accessible; responsive or child centred as they should be. In the DCSF research, children also told the researchers that they wanted more information about mental health and psychological well-being and wanted to be better informed about the places they could go to seek advice and support, especially when they were first concerned. Notably, 'don't know' was a key theme within the primary data and a theme within the secondary data linked focus group question 1, which sought to discover what pupils' thought the TaMHS project was about. This further illustrates a need for pupils to be made aware of school based mental health provision.

Secondary Pupils' Responses

Data from the secondary focus groups indicated that pupils feel that it is important to have their views about TaMHS acknowledged. This perception is useful and supports the rationale for this thesis, as it suggests that young people want to be involved in the evaluation and development of school based mental health provision. In Ben-Arieh's (2005) review of literature in the area of involving young people in measuring and monitoring their own well-being, he similarly found that children want to be asked; they want to be asked in an interesting way; they want to be involved in research that matters; and they believe that they can contribute to research. Moreover, some studies have indicated that there is value in listening to young people's evaluations of mental health provision. For example, Rickwood et al (2007) suggest that mental health services must be guided by the young people themselves and The Mental Health Foundation (2005a) also propose that involving young people is important to ensure that services are responsive and do not become rigid or inflexible. In addition, some research supports the notion that young people with mental health problems are able to evaluate mental health initiatives effectively (Laws, 1998). According to

Woolfson, Mooney and Bryce (2007) secondary aged pupils are able to participate effectively in a consultation process which examines their views about how mental health education should be delivered. The authors also suggest that they have clear views on this topic and that they are capable of articulating their ideas and opinions within a focus group setting.

Miscellaneous ideas from secondary aged young people included the fact that pupils want someone to speak to in school about their problems. This has already been raised in response to focus group question 2 and further highlights the need for staff to be available in schools for pupils to talk about mental health issues and problems. Similarly, older pupils talked about how they value the role of the emotional well-being worker in school. This was also stated in response to focus group question 2 and re-iterates that there should be consideration of the continuation or development of this role in schools in order to work with young people and to develop mental health initiatives. Another useful suggestion from secondary pupils was that young people should be given rewards for attending mental health support and doing well. The development of a rewards scheme for pupils linked to school based mental health support may be a possible improvement as it might increase access to the provision and may also increase young people's self esteem.

4.6.3 Summary of Key Possible Future Developments / Improvements to School Based Mental Health Provision

When considering the targeted young peoples' responses across all three focus group questions, it is evident that there are some overarching views that have been repeated more than once by pupils and that were omnipresent within focus groups. These views might be particularly useful in helping to inform the improvement of school based mental health provision and can be linked to some key possible future developments. Interestingly many of these are linked to both primary and secondary pupils' perceptions as a number of their views were

similar. There are however some examples of repeated ideas for developments that are only linked to secondary pupils' views. These are presented in Table 25 below:

Table 25: Key Possible Future Developments/ Improvements to School Based Mental Health Provision Linked to Young Peoples' Views Across Focus Group Questions 2, 3 and 6

Setting	Key Possible Future Developments/ Improvements
<u>Primary and Secondary</u>	<ul style="list-style-type: none"> • Staff and pupils might work together in planning and designing school based mental health interventions. Young people could be involved in joint decisions with regard to the content of mental health provision; where and when provision takes place and the equipment used. • Consideration should be given to the inclusion of trips and activities as part of a package of school based mental health provision. Young people should be consulted as to what these may entail. • Enjoyment / fun should be incorporated into the design of school based mental health provision. Young people will need to be consulted further with regard to what they perceive to be fun. • School based mental health provision might provide opportunities for young people to meet more people and make new friends. • Good practice and ideas with regard to mental health provision might be shared between schools in order to build capacity and to support more young people. • All young people should have the opportunity to access school based mental health provision.
<u>Secondary Only</u>	<ul style="list-style-type: none"> • Staff to be available in schools for pupils to talk about problems and to discuss mental health issues with. • The role of the emotional well-being worker could be incorporated into schools in order to work with young people and to develop mental health initiatives.

4.6.4 Responses from Young People that Might Not be Useful in Helping to Improve School Based Mental Health Provision

In contrast to the information presented in the Tables above, a small proportion of the analysed responses might not be as useful in informing the future development of TaMHS or school based mental health provision. The Tables below illustrate some examples of key themes, themes and associated views / suggestions relating to primary and secondary young peoples' responses to focus group questions 2, 3 and 6 that may not be used to inform the improvement of mental health provision.

Table 26: Primary Targeted Young People's Views that are Not Considered Useful in Improving School Based Mental Health Provision from Focus Group Questions 2, 3 and 6

Focus Group Question	Key Theme / Themes	Young Person's View / Suggestion
2. What is good about the 2 B Me Project?	Miscellaneous Food Don't know	Food is something that is good about TaMHS Pupils are unsure about what is good about TaMHS
3. What is not so good about the 2 B Me project?	Positive Comments Positive Comments, Positive comments, Positive feelings Positive comments, Positive comments Nothing Nothing, Nothing, Nothing, Nothing, Nothing, Nothing Don't Know Don't know, Don't know, Don't know	'Everything' about TaMHS is good 'Nothing' is not so good about TaMHS Pupils do not know what is not so good about TaMHS
4. How could the 2 B Me project support you best / what could be better about the 2 B Me project / what would you like to see the 2 B Me project doing in the future in order to support you?	Environment Food, Food Miscellaneous Ideas Don't know Do what want Nothing	Pupils want sweets, hot chocolate, popcorn etc Pupils don't know how the project could be changed in the future Pupils want to be able to do what they want Nothing can be done / could be made better about TaMHS

KEY: Project Primary School A (PPA), Project Primary School B (PPB), Project Primary School C (PPC), Project Primary School D (PPD), Project Primary School E (PPE), Project Primary School F (PPF)

Table 27: Secondary Targeted Young People’s Views that are Not Considered Useful in Improving School Based Mental Health Provision from Focus Group Questions 2, 3 and 6

Focus Group Question	Key Theme / Themes	Young Person’s View / Suggestion
2. What is good about the 2 B Me Project?	N/A	N/A
3. What is not so good about the 2 B Me project?	Nothing Nothing, Nothing	‘Nothing’ is not so good about TaMHS
4. How could the 2 B Me project support you best / what could be better about the 2 B Me project / what would you like to see the 2 B Me project doing in the future in order to support you?	N/A	N/A

KEY: Project Secondary School A (PSA), Project Secondary School B (PSB), Project Secondary School C (PSC)

Although the pupils’ views presented in the Tables above provide information with regard to some of the young peoples’ perceptions about the TaMHS project, they are not necessarily useful in helping to improve school based mental health services. For example, responses such as ‘don’t know’; ‘nothing’; and general comments without specific examples, such as ‘everything is good’ and pupils would like ‘to do what they want’, are not easily linked to suggestions for improved practice. Similarly, the fact that young people in the primary focus groups mentioned food as something that is good about the project and gave specific examples of food they would like to eat is also not necessarily useful information when developing mental health provision in schools in comparison to other information that has been discussed above.

It is interesting that more of the secondary pupils’ views can be linked to suggested improvements than those of the primary pupils. This may suggest that the older pupils in this study have been able to produce more useful responses in terms of future service delivery than the younger pupils. Some previous research has indicated that secondary aged pupils can effectively evaluate mental health services (Woolfson, Mooney and Bryce, 2007; Laws, 1998). However, Ben-Arieh

(2005) states that there are a number of studies which have found that children as young as six years old can be consulted about their own well-being and evidence from this study also implies that many of the views provided by primary aged young people are similar to those provided by secondary aged pupils and can be used to inform future mental health service delivery.

CHAPTER 5: SUMMARY AND CONCLUSIONS

5.1 Overview

This Chapter begins by reviewing the main aims of the study and then goes on to outline the key findings. Reflections on some of the perceived strengths and limitations of this piece of research and a section summarising the contribution that this thesis has made to knowledge are then incorporated in the next part of this Chapter.

A description of some of the initial changes that were implemented within the TaMHS project based upon the data provided by the young people in the focus groups is provided. This Chapter goes on to present some recommendations and implications for the future development of the TaMHS project based on the findings from this study in order to enhance the impact that the project has; and to inform and improve school based mental health provision in the future. The role of the EP and implications for practice are considered and finally some priorities for future research in this area are suggested.

5.2 Review of the Study

At the time of embarking on this study TaMHS was a new initiative being piloted by the government over three years between 2008 and 2011. The mental health of children and young people remains to be a significant social and political concern, and the TaMHS project was designed to transform the way that mental health support is delivered to children. Recent research points to the key role that schools can play in supporting children and young people's mental health, but more research is needed around how this can be done most effectively, particularly in the UK and in school based settings.

In order to provide effective and appropriate mental health provision for young people we need to enable them to become involved in shaping service delivery

through obtaining their views and acting upon them. This study evaluates targeted young people's perceptions of the TaMHS project in one LA after one year. It has addressed the following research questions:

1. How do targeted young people view the services they have received through the TaMHS project?
2. What impact do targeted young people think the TaMHS project has had on them?
3. How do targeted young people think that the TaMHS project could best meet targeted young people's needs?
4. How useful might the views of targeted young people be in helping to improve school based mental health provision?

5.3 Summary of Findings

Qualitative data was collected through the use of nine focus groups carried out in six primary schools and three secondary schools participating in the TaMHS project. A total of 30 primary aged pupils and 15 secondary aged pupils who had some involvement with the project were chosen by schools to take part in the focus groups. This was done to measure both impact and process. The targeted young people were asked six questions. The data was analysed using thematic analysis and the key themes for primary and secondary pupils were ascertained.

This study has established that targeted young people are able to discuss current mental health provision and can identify their own preferences regarding how the TaMHS project could be delivered best to meet targeted young people's needs. This research indicates that there is value in listening to young people. The young people involved in this study expressed clear views on a number of key areas relating to their perceptions of the TaMHS project and taking these views into account can enable the project and school based mental health provision to be tailored to the self-identified needs of targeted young people.

5.3.1 Research Question One: How do Targeted Young People View the Services they have Received through the TaMHS Project?

The responses provided by the young people to questions two and three have highlighted both successful and inhibiting factors linked to TaMHS. The pupils' views with regard to these focus group questions were predominantly positive suggesting that they perceived the services they have received through the TaMHS project as beneficial and linked to improvements in a number of areas. Examples of key themes which highlight factors that young people view as good about TaMHS incorporated learning; behaviour; interpersonal skills; emotional well-being; enjoyment; activities; feel safe; and support.

Notably, the young people's answers to focus group question three which asked them what was not so good about the TaMHS project did highlight some things that they perceived as negative about the project. These were mainly miscellaneous factors which included problems with equipment; not going on trips; missing lessons; and the completion of forms. However, the majority of the responses included positive comments about the project or pupils stated that there was "*nothing*" that was not good about the project.

5.3.2 Research Question Two: What Impact do Targeted Young People Think the TaMHS Project has had on them?

The targeted young peoples' views in relation to focus group questions four and five have enabled an increased understanding of the early effects of the TaMHS project from a young person's perspective. They suggested a number of ways in which the TaMHS project had supported them positively and also reported aspects of the project that had made a positive difference to them. In addition the pupils referred to a number of helpful effects that the TaMHS project had had on them and mentioned positive changes that had occurred in a number of areas as a result of their involvement in the project. Predominant areas that young people felt that the TaMHS project had impacted on included social skills;

interpersonal skills; relationships; behaviour; emotional well-being; and access to activities.

In contrast, some primary aged pupils felt that the project had had no impact on them and that nothing had changed as a result of their involvement. This suggests that some younger children view the project as not having made a difference to them; helped them or brought about any change for them. Moreover, primary pupils stated that they did not know how the project had impacted on them which suggests that they are not clear about how that the project has supported them. All of the secondary pupils involved in the study cited examples where there had been a positive impact as a result of their involvement.

5.3.3 Research Question Three: How do Targeted Young People Think that the TaMHS Project could Best Meet Targeted Young People's Needs?

The young people were able to discuss and identify their own preferences regarding how the TaMHS project could be delivered best to meet targeted young peoples' needs in response to focus group question six. Pupils expressed views on a number of areas relating to their perceptions of the TaMHS project and suggested improvements that they thought could make the project better. Examples of key themes included environment; extending the project; and activities. In addition, key themes in both primary and secondary focus groups included 'more of the same' and this is a positive reflection on the support already being provided by the project. Moreover, pupils recognised a need to involve more young people in the project and to share good practice. Interestingly, secondary aged pupils perceived young people being able to give feedback with regard to the services they receive through TaMHS as something that was important. There is a need to prioritise and to look at the utility and practicability of these responses in relation to future service delivery.

5.3.4 Research Question Four: How Useful Might the Views of Targeted Young People be in Helping to Improve School Based Mental Health Provision?

The targeted young people expressed clear views on a number of key areas in response to focus group questions 2, 3 and 6 which examined how targeted pupils view the services they have received through the TaMHS project; and how they think these services could be improved to meet the needs of targeted pupils. Many of the young peoples' responses to these three focus group questions might be useful in contributing to the development of TaMHS and in helping to improve school based mental health provision. Key examples of possible future improvements to school based mental health provision derived from both primary and secondary pupils' views included staff and pupils working together in planning and designing mental health interventions; the inclusion of trips and activities; enjoyment / fun being incorporated into the design; providing opportunities for young people to meet more people and make new friends; sharing good practice and ideas between schools in order to build capacity and to support more young people; and all young people having the opportunity to access school based mental health provision. Significant examples of developments that are only linked to secondary pupils' views included staff being available in schools for pupils to talk about problems and to discuss mental health issues with; and the role of the emotional well-being worker being incorporated into schools in order to work with young people and to develop mental health initiatives. These findings therefore support the notion that young people are capable of giving relevant views on the mental health services they encounter which can be used to inform and shape mental health provision.

Nevertheless, it should also be noted that a small amount of the information ascertained from the targeted young people is not as useful in terms of its contribution to improving the quality of service delivery. Examples of responses include 'don't know'; 'nothing'; general comments without specific examples; and comments about food.

5.4 Strengths of Study

Overall the initial hopes and expectations with regard to the aims of the study were met. The findings serve to highlight the initial impact of the TaMHS project in one LA from a young person's perspective, as well as illustrating successful and inhibiting aspects which in turn lead to suggestions for future directions.

The study incorporated practice based evidence in its design as it is interested in the initial impact that the TaMHS project has had after one year in one LA. It also involved collecting the views of service users (targeted young people) with a view to their opinions also informing future service delivery. The results of this initial and formative evaluation of the project will thus influence the future delivery of TaMHS and will also contribute to an evidence base which is specific and responsive to the local context. Thus, the outcomes being evaluated will be fed back into the development of practice in this area (see Section 5.7 below for examples of how this has already been achieved).

Furthermore, the findings of this study serve to 'fill a gap' as at the time of writing this study national and local evaluations of the TaMHS project were currently in their initial stages and therefore little was known about the preliminary effects of this government initiative. In addition, there is only a small amount of research available with regard to school based mental health provision in the UK. Moreover, a variety of opportunities are needed to increase and improve young peoples' participation in the evaluation of mental health provision and there is an apparent dearth of studies which seek to involve targeted young people in the evaluation of school based mental health interventions.

Focus Groups

The focus groups went particularly well, and the process was perceived as a positive experience for the targeted young people involved. The study has established that targeted young people are able to discuss current mental health provision and can identify their own preferences regarding how the TaMHS

project could be delivered best to meet targeted young people's needs through the use of focus groups. The positive response to involvement in the focus groups from all the targeted pupils involved in the study is noteworthy when taking into account the fact that they represent such a vulnerable group. This research therefore indicates that there is value in, and scope for listening to the views and ideas of young people with mental health needs.

5.5 Limitations of Study

Although this study has been successful in achieving its aims, there are some areas for development to be reflected on.

Methodology

The fact that being an 'insider' may have had limitations is acknowledged. For example, during the focus groups the targeted young people may have associated me and the co-facilitator with the TaMHS project and this may have led them to providing more positive responses. However, this factor was partially controlled via not involving pupils who myself or the co-facilitator had been directly involved with in the focus groups.

In addition, the thematic analysis of the qualitative data was carried out using a semantic approach and the themes were identified within the explicit or surface meanings of the data. It would have perhaps been interesting to interpret and explore this data more deeply to enable a richer interpretation, for example, by following up individual pupils' responses and linking them to individual pupils' circumstances and specific interventions they had accessed. However, too many children were involved in the study to allow the analysis of the responses in this way. In addition, due to the responses being anonymous this would have been difficult to achieve.

Can the TaMHS Project be linked to Changes Following One Year of Implementation?

It is important to note that this study has evaluated the TaMHS project following one year of implementation. TaMHS may not have been fully embedded as a whole school approach within some project schools during the first year due to the relatively short time period that schools had been involved with the project and some evidence suggests that true development of a whole school nature takes time to become fully embedded (Humphrey, Lendrum and Wigelsworth, 2010). Future research should therefore focus on the effects of TaMHS during its second and third year of implementation to determine the impact after more time.

5.6 Contribution Thesis has made to Knowledge

At the time of writing this study, national and local evaluations of the TaMHS project were in their initial stages and therefore little was known about the preliminary effects of this government initiative. In fact, a key element of the TaMHS project was to evaluate mental health interventions and to explore practice based evidence within schools in order to inform future practice (DCSF, 2008). As part of their involvement in the project, LA's were asked to evaluate TaMHS at a local level in order to inform future practice in this area. The findings from this study highlight the initial impact of the TaMHS project as well as illustrating successful and inhibiting aspects from a young person's perspective.

Shucksmith et al (2007) state *'there is limited national data on how to promote mental well being among children of primary school age'* (p. 6). According to NICE guidelines (2008) programmes designed to promote the emotional and social well-being of children need to be rigorously evaluated. Furthermore, many of the well-researched interventions in this area have been delivered in a clinical context and there is a need to understand the implications for schools and families of delivering them in a school context (Wolpert, 2008). In addition, Wolpert (2008) suggests that caution should be used when drawing conclusions

from research which highlights effective approaches for helping children with mental health problems because much of the research originates from the USA and the design of many of the studies in this area is limited. The results from this study contribute to practice as suggestions for improvements with regard to the future development of the TaMHS project are made. The pupils' views also contribute to knowledge about how UK school based mental health services for young people might be best delivered (See Table 29 on p.233).

Current research and legislation informs us of the importance of asking young people for their views about services that they use in order for them to be involved in shaping their own provision. The present study includes targeted young people in the evaluation of the TaMHS project and therefore supports the notion of involving young people in the evaluation of mental health provision. It will hopefully impact on future evaluations of this kind through promoting the importance of including young people.

Furthermore, the young people involved within this study were willing to discuss their involvement with TaMHS and describe how the project had impacted upon them. Overall, the young people approached the focus groups enthusiastically and engaged well. The targeted pupils' responses to focus groups questions 4 and 5 have enabled an increased understanding of the early effects of the TaMHS project from a young person's perspective. Thus, some of their responses can enhance understanding of the TaMHS project and can also be used to improve the provision of school based mental health services.

In addition, the pupils across primary and secondary settings expressed clear views on a number of key areas in response to focus group questions 2, 3 and 6. Taking some of these views into account will enable the TaMHS project to be tailored to the self-identified needs of young people in the future. This study therefore supports the notion that young people are capable of giving relevant, considered views on the mental health services they encounter and are also

capable of actively participating in the process of identifying problem areas (Laws, 1998). In line with this study, Woolfson, Mooney and Bryce (2007) suggest that young people have clear views on the topic of mental health education and that they are capable of articulating their ideas and opinions within a focus group setting.

Moreover, some research has suggested that getting rich data is possible with focus groups containing young people (Gibbs, F., 2007); and that focus groups can serve as an innovative approach to understanding children's experiences from a developmental perspective (Kennedy, Kools and Kruger, 2001). This study supports the use of focus groups as a successful method for ascertaining the views of targeted young people. It was evident that pupils perceived their involvement in the focus groups as a positive experience. For example, a number of them asked at the end if they would be taking part in a group like this again and asked when we would be coming back into school.

5.7 Initial Changes Implemented within the TaMHS Project Based upon the Data provided by the Young People in the Focus Groups

The data from this study was disseminated to both TaMHS and school staff during the regular monthly steering groups that took place. Steering group attendees included school staff (usually senior members); TaMHS project staff: a range of Children's services Professionals; Assistant Director / Director of Children's Services; and a young person (following feedback from this study to the steering group). Discussions took place about what could be done in order to act on the views of the young people at this group, and decisions were made about how to act upon them. This was an ongoing agenda item for the steering group to enable further changes to be made in the future based on the views of young people and it was agreed that for the following two years of the project focus groups with young people would continue. Regular feedback sessions were held with focus groups of targeted pupils in all project schools in order to

inform them of changes made as a result of their suggestions and to enable them to continue to inform the project. Some of the suggestions that the young people made in the focus groups were incorporated into local practice and some changes with regard to the delivery of the TaMHS project have been implemented as a result. These are presented in Table 28 below which displays key themes or themes from focus groups and the associated changes to the design and implementation of TaMHS that occurred as a result of them:

Table 28: Key Themes / Themes and Associated Changes to the Design and Implementation of TaMHS That Occurred as a Result of Them

<u>Key Theme / Theme</u>	<u>Examples of Changes Implemented</u>
Activities and trips	<ul style="list-style-type: none"> • Visits to other TaMHS schools arranged for groups of targeted pupils to see what other pupils were doing in their schools. • Joint interventions involving pupils from different schools working together took place. For example, workshops during half term holidays about transition to secondary school. • TaMHS talent night organised involving pupils from all schools. Families invited. • Peer mentoring / friendship schemes set up in all three secondary schools. Badges made for peer mentors. • Pupils involved in decisions around the types of activities and trips where possible and a clear and

	<p>consistent explanation of why pupils had been chosen to go on trips and be involved in activities was given across all project schools.</p>
Academic Support	<ul style="list-style-type: none"> • Homework clubs for targeted pupils set up in all schools and accessed on a drop in basis.
Support	<ul style="list-style-type: none"> • Staff made available in all schools for 'drop in' sessions in order to talk with pupils. Specific times when these staff would be available and where they could be accessed made clear to pupils. For example, one primary school set up a 'sunshine room' with a rota of different staff on the door so pupils knew which staff would be available and when. • Plans for the role of Emotional Well-Being worker to be continued in two out of the three secondary schools after the three year pilot of TaMHS ceased.
Involve more young people / Extending the project	<ul style="list-style-type: none"> • Training for schools which are not part of the TaMHS project in the LA has been scheduled. This training will primarily take place in comparison schools (matched schools used for purposes of the TaMHS evaluation) after the pilot of TaMHS has ended. The training

	<p>will then be rolled out to professionals within Children's Services.</p> <ul style="list-style-type: none"> • Networking groups set up between school to share good practice.
Involving pupils in planning interventions	<ul style="list-style-type: none"> • Pupils were consulted about when in the school day TaMHS interventions will take place as opposed to just being informed when they 'had' to attend. • Secondary pupils involved in choosing and organising music workshop involving rapping. • Further focus groups organised to discuss with young people what they perceive to be useful and fun in terms of interventions. • Feedback scales completed at the end of interventions.
Environment / Equipment	<ul style="list-style-type: none"> • Pupils involved in selecting resources. For example, play equipment for play area in one primary school.
Young Person's feedback	<ul style="list-style-type: none"> • Regular feedback focus groups involving targeted pupils set up in all project schools. The purpose of these was to share information with them about changes implemented relating to their suggestions and to obtain regular feedback from them

	<p>with regards to their involvement with TaMHS.</p> <ul style="list-style-type: none">• Young People represented on the monthly TaMHS steering group. This young person was 18 years old and a member of a local drama group that works with young people across the LA. She went into the schools to ascertain young peoples' views and to gain feedback from them, which she then disseminated in the steering group. She also feedback the minutes of the steering group to the focus groups of targeted pupils in schools.• All schools implemented suggestion boxes and feedback was given to young people about this via the regular focus groups.• Pupils asked to complete evaluations at the end of all targeted interventions.
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5.8 Recommendations, Actions and Suggestions for the Future
Development of the TaMHS Project and School Based Mental Health
Provision Based on the Findings from this Study

In light of the findings Table 29 below offers some recommendations for the future development of the TaMHS project and similar school based mental interventions in order to enhance the impact that the provision has, and to improve and inform future service delivery.

Table 29: Recommendations for the Development of the TaMHS Project and School Based Mental Health Provision Based on the Findings from this Study

<u>Research Question</u>	<u>Main Findings</u>	<u>Recommendations</u>
<p>1. How do targeted young people view the services they have received through the TaMHS project?</p>	<ul style="list-style-type: none"> • Pupils' views were predominantly positive suggesting that they perceived the services they have received through the TaMHS project as beneficial and linked to improvements in a number of areas. E.g. learning; behaviour; interpersonal skills; emotional well-being; enjoyment; activities; feel safe; and support. • The young people's answers highlighted some things that they perceived as negative about the project. E.g miscellaneous factors including problems with equipment; not going on trips; missing lessons; and the completion of forms. 	<p>1. The TaMHS project should continue to be implemented in schools in order to support targeted young peoples' learning; behaviour; interpersonal / social skills; emotional well-being and access to related activities.</p> <p>2. There is a need to listen to young people's views pertaining to what is not so good about TaMHS and to incorporate these ideas into future planning for the project and for the development of mental health initiatives in general. For example, making sure that equipment is available, appropriate and</p>

		<p>working properly; ensuring that the criteria for being involved in activities and going on trips is clear and fair; negotiating with pupils about which lessons they will come out of to access targeted interventions; and ensuring that interventions are evaluated in a variety of more 'child friendly' ways as opposed to the 'completion of forms' are important factors to consider for future practice.</p>
<p>2. What impact do targeted young people think the TaMHS project has had on them?</p>	<ul style="list-style-type: none"> The targeted young people suggested a number of ways in which the TaMHS project had supported them positively; reported aspects of the project that had made a positive difference to them; referred to a number of helpful effects that the TaMHS project had had on them; and mentioned positive changes that had occurred in a number of areas as a result of their involvement in the project. E.g. social 	<ul style="list-style-type: none"> See Recommendation 1.

	<p>skills; interpersonal skills; relationships; behaviour; emotional well-being; and access to activities.</p> <ul style="list-style-type: none"> • Some primary pupils felt that the project had had no impact on them and that nothing had changed as a result of their involvement and some stated that they did not know how the project had impacted on them. 	<p>3. There should be promotion of a greater awareness of the TaMHS project and any other school based mental health interventions amongst targeted young people. Staff in the central TaMHS team and school staff need to work together to make pupils more aware of their involvement in the project. In the LA in which this study takes place, leaflets for children have recently been designed and created with young people with the purpose of describing the project. There is a necessity to distribute these leaflets as one way of enhancing pupils' knowledge of what the TaMHS project is.</p>
<p>3. How do targeted young people think</p>	<ul style="list-style-type: none"> • The young people were able to discuss and identify their own 	<p>4. Targeted young people should continue to be consulted about their involvement in</p>

<p>that the TaMHS project could best meet targeted young people's needs?</p>	<p>preferences regarding how the TaMHS project could be delivered best to meet targeted young peoples' needs. E.g. environment; extending the project; and activities.</p> <ul style="list-style-type: none"> • 'More of the same' was a key theme in primary and secondary focus groups. • Pupils stated that there is a need to involve more young people in the project. 	<p>TaMHS and any other mental health interventions; their responses and views should be taken into account; and some of them should be incorporated into future service delivery.</p> <p>5. The TaMHS project should be continued; developed and disseminated more widely. The key theme '<u>more of the same</u>' which occurs in both the primary and secondary focus group data, suggests that targeted young people would like to see a continuation of the same services that they are receiving through the TaMHS project. The key themes '<u>extending the project</u>' and '<u>involve more young people</u>' which were found in pupils' responses to focus group question six incorporates ideas about distributing the project more widely. Thus, it would be beneficial for TaMHS to be delivered in all schools and for it to involve all</p>
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	<ul style="list-style-type: none"> • Pupils suggested that there is a need to share good practice. • Secondary aged pupils perceived young people being able to give feedback with regard to the services they receive through TaMHS as 	<p>pupils.</p> <p>6. There is a need to share strengths and good practice between schools in order to build capacity and resources. This could be done through setting up networks between schools in order to facilitate this sharing of information and via the opportunity for young people and staff to visit different schools and work together on shared interventions. In the LA involved in this study this could be achieved through the continuation of the schools' steering group which has met each half term since the project's introduction.</p> <ul style="list-style-type: none"> • See Recommendation 4.
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	something that was important.	
<p>4. How useful might the views of targeted young people be in helping to improve school based mental health provision?</p>	<ul style="list-style-type: none"> The targeted young people expressed clear views on a number of key areas in response to focus group questions 2, 3 and 6 which examined how targeted pupils view the services they have received through the TaMHS project; and how they think these services could be improved to meet the needs of targeted pupils. Many of the young peoples' responses might be useful in contributing to the development of TaMHS and in helping to improve school based mental health provision. Key examples of possible future improvements to school based mental health provision derived from both primary and secondary pupils' views included: 	<ul style="list-style-type: none"> See Recommendation 4.

	<ul style="list-style-type: none"> • Staff and pupils working together in planning and designing mental health interventions; • the inclusion of trips and activities; • enjoyment / fun being incorporated into the design; • providing opportunities for young people to meet more people and make new friends; • Sharing good practice and ideas between schools in order to build capacity and to support more young 	<p>7. Targeted young people should be involved in the development of their own mental health interventions.</p> <p>8. Trips and activities should be a part of school based mental health provision.</p> <p>9. School based mental health provision should be enjoyable and fun for young people. More work with young people in order to establish what this would entail is needed.</p> <p>10. School based mental health initiatives should provide opportunities for young people to meet more people and make new friends</p> <ul style="list-style-type: none"> • See Recommendation 6.
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	<p>people;</p> <ul style="list-style-type: none"> • and all young people having the opportunity to access to school based mental health provision. • Significant examples of developments that are only linked to secondary pupils' views included staff being available in schools for pupils to talk about problems and to discuss mental health issues with; and the role of the emotional well-being worker being incorporated into schools in order to work with young people and to develop mental health initiatives. 	<ul style="list-style-type: none"> • See Recommendation 5. <p>11. There should be a continuation of the emotional well-being worker role which is perceived positively by the targeted young people in secondary schools. There should also be consideration of the establishment of an emotional well-being worker post in primary schools to enable a member of staff to have dedicated time to carry out and co-ordinate interventions. It is important that this person has a high level of enthusiasm and understanding with regard to young people's mental health and is given support, time and resources to develop this role effectively.</p>
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	<ul style="list-style-type: none">• A small amount of the information ascertained from the targeted young people is not as useful in terms of its contribution to improving the quality of service delivery. E.g. 'don't know'; 'nothing'; general comments without specific examples; and comments about food.	12. There is a need to prioritise and to look at the utility and practicability of young peoples' responses about school based mental health services in relation to future service delivery.
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5.9 Role of the EP and Implications for Future Practice

EPs have a key role to play in the current climate where increasing emphasis is being placed on schools to support the social and emotional well-being and mental health of their pupils. McKay (2008) believes that the increase in mental health problems in children has major implications for EPs. In support, research by Farrell et al (2006) found that schools worked more commonly with EPs than any other professional that might promote children's mental health outcomes. EPs may provide support in this area at a number of levels including training and consultation for staff; targeted work with individuals and groups of children; Research; developing whole school projects; and promoting government initiatives.

This study has provided a good example of how EPs can be involved in supporting research linked to the development of practice in the area of mental health. Furthermore, it highlights how an EP can be engaged in directly working to support mental health in schools. In addition to completing an evaluation of TaMHS, my involvement as an EP in the project has included carrying out direct therapeutic interventions with targeted children, both in small groups and individually; working alongside project schools to develop strategies, priorities and interventions; training and staff development; multi-agency working; and sharing skills with other professionals. Interestingly, many EPs across the country have been involved in the TaMHS project and the recent green paper (DFE, 2011) cites EP involvement in the TaMHS project as a good practice example for the profession. It suggests that EP involvement in TaMHS has helped to move the focus of EPs' work towards practical intervention following assessment, maximising their contributions and allowing them to engage in activities in addition to statutory assessments, thereby making more effective contributions to pupils' progress and achievement (p.105).

The Future of TaMHS and Similar Initiatives

Given the pressure that schools are under with regard to supporting young people's mental health and emotional well-being, it is concerning that the funding for school based projects which aim to support this area including both TaMHS and SEAL has recently come to an end at the time of writing this study. Funding for the TaMHS project from the DFE ceased from March 2011, hence it is paramount that schools receive continued support from other sources including EPs to enable them to promote the mental health of their pupils effectively. Notably, many of the project schools in the LA involved in this study have expressed their concerns with regard to the project coming to an end. For example, at a recent steering group meeting held in the final week of the project, Head Teachers stated that they were worried about the removal of the central TaMHS team, which according to them will result in school staff having to refer young people with more complex mental health needs directly to tier 3 CAMHS instead, which takes more time and is not as likely to be accessed in their opinion. Project school staff were also concerned that they will not have access to the level of training, resources and advice that they have had throughout the three years of the TaMHS project's implementation. Although, most schools felt that capacity had been built within their settings to support young people's mental health, they felt that continued support was needed, particularly for more complex cases and to provide training.

Collectively, the involvement of EPs will be crucial in order to redress the gap resulting from the cessation of funding for TaMHS and SEAL from the government. The new green paper (DFE, 2011) implies the need for stronger associations between health and education in the future and this has the potential to be linked to a new vision relating to school based mental health support. This in turn will impact on the role of the EP and will ultimately influence the training relating to the EP profession. In fact, the green paper indicates that the present government proposes to '*work with the EP profession and local commissioners to review the future training arrangements for EPs*' (p.12) in order

to improve services working together. The green paper also discusses '*Health and Wellbeing Boards*' (p.96) which aim to bring together leading local councillors, the NHS, public health services, and local authority education and social care services on which EPs would be well placed to have a role in. According to DFE these new Boards will develop and maintain a joint analysis of the needs of their local community, which takes account of the views of children and adults who use local services. This analysis, called the Joint Strategic Needs Assessment, will shape the development of health and wellbeing strategies and commissioning plans for local authorities and local GP consortia. Interestingly, the paper also suggests that the Early Intervention Grant for LAs includes resources which can be used to commission and provide the kind of support delivered through TaMHS. The LA in which this study takes place has decided not to use the Early Intervention Grant to fund TaMHS due to cuts and other priorities, however, other LAs have adopted this approach. Moreover, the green paper states that over the next four years the DFE will be providing support to build the capacity of the voluntary and community sector, including the delivery of targeted mental health support, although the exact format of this support is not described. In summary, it is evident that similar initiatives or support mechanisms will be developed and indeed are required to replace interventions such as TaMHS and SEAL in the future in order to fill the gap that the conclusion of these projects will inevitably leave in schools.

5.10 Priorities for Future Research

The following areas presented in Table 30 below were not able to be investigated within the scope of this study but are priorities to be explored and evaluated in future research.

Table 30: Priorities Areas for Future Research

- The impact of incorporating young peoples' views into service delivery and school based mental health support.
- Participation with young people to find out the best methods to enable them to shape future service delivery with regard to school based mental health support.
- More in depth interviews with targeted young people to enable them to be involved in designing their own interventions.
- The impact of specific interventions carried out in schools to determine their effectiveness for the targeted young people involved.
- Engaging with parents and carers in order to seek their views about the TaMHS project and to ascertain their ideas for future school based mental health support.
- Specific factors that act as barriers or facilitators to the implementation of TaMHS and ways to enhance and develop facilitators and to overcome barriers.
- Methods and techniques which facilitate the sharing of good practice between schools with regard to mental health.
- The impact that the introduction of the TaMHS project has on young peoples' mental health; attainment and attendance levels; rates of exclusion from school; and CAMHS referrals.
- The impact of TaMHS during and following its second and third years of implementation to determine whether the project's impact and process differs over time.
- The role of the EP within school mental health support and how this role can be developed in the future.

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Appendix A: Description of Schools Involved in the Study

Descriptions of Primary Schools

Project Primary School A (PPA)

In academic year 2008/2009 there were 16 pupils with SEN supported at School Action and 15 pupils were supported at School Action Plus or had statements of SEN. 82% of pupils at this school achieved Level 4 or above in both English and Mathematics.

Project Primary School B (PPB)

In academic year 2008/2009 there were 30 pupils with SEN supported at School Action and 34 pupils were supported at School Action Plus or had statements of SEN. 77% of pupils at this school achieved Level 4 or above in both English and Mathematics.

Project Primary School C (PPC)

In academic year 2008/2009 there were 131 pupils with SEN supported at School Action and 71 pupils were supported at School Action Plus or had statements of SEN. 68% of pupils at this school achieved Level 4 or above in both English and Mathematics.

Project Primary School D (PPD)

In academic year 2008/2009 there were 46 pupils with SEN supported at School Action and 32 pupils were supported at School Action Plus or had statements of SEN. 62% of pupils at this school achieved Level 4 or above in both English and Mathematics.

Project Primary School E (PPE)

In academic year 2008/2009 there were 38 pupils with SEN supported at School Action and 55 pupils were supported at School Action Plus or had statements of SEN. 70% of pupils at this school achieved Level 4 or above in both English and Mathematics.

Project Primary School F (PPF)

In academic year 2008/2009 there were 7 pupils with SEN supported at School Action and 30 pupils were supported at School Action Plus or had statements of SEN. 90% of pupils at this school achieved Level 4 or above in both English and Mathematics.

Descriptions of Secondary Schools

Project Secondary School A (PSA)

In academic year 2008/2009 there were 71 pupils with SEN supported at School Action and 48 pupils were supported at School Action Plus or had statements of SEN. 35% of pupils at this school achieved 5 or more grades A*-C at GCSE including English and Maths during academic year 2008/2009.

Project Secondary School B (PSB)

In academic year 2008/2009 there were 61 pupils with SEN supported at School Action and 99 pupils were supported at School Action Plus or had statements of SEN. 49% of pupils at this school achieved 5 or more grades A*-C at GCSE including English and Maths during academic year 2008/2009.

Project Secondary School C (PSC)

In academic year 2008/2009 there were 23 pupils with SEN supported at School Action and 219 pupils were supported at School Action Plus or had statements of SEN. 57% of pupils at this school achieved 5 or more grades A*-C at GCSE including English and Maths during academic year 2008/2009.

Appendix B: Letter to Head Teachers of Project Schools Informing them about Focus Groups

NB: This was copied and sent out on Manchester University logoed paper

Dear Head Teacher

I am a student studying for the Postgraduate Doctorate in Educational Psychology at The University of Manchester and am undertaking a piece of research for my Thesis which is entitled 'The Impact of TaMHS in one local Authority'. This research aims to establish whether this project has made a difference in the schools which are involved. The data that your school provides will be anonymised. The data which I collect will also inform the local evaluation of the TaMHS Project.

As part of this evaluation of the TaMHS Project I wish to obtain the views of targeted pupils within project schools in order to find out how they view the services they have received through the TaMHS project; what impact the project has had on them; and how they think the TaMHS project could best meet their needs. It is hoped that this method will enable pupils to shape service delivery and inform future practice in addition to informing the evaluation of the effectiveness of the project.

One focus group will take place within each of the TaMHS project schools. The focus group will be audio recorded and this will then be transcribed by the researcher. Pupil / school names will not appear in the results.

In the primary schools focus groups will be made up of six pupils from Years 4, 5 and 6. In secondary schools six pupils from years 7, 8, and 9 will make up the focus group. Please can you select six pupils from these year groups who have had any involvement with the project at virtual team level or higher? As far as possible can you select pupils who myself and Hannah have not had any direct involvement with.

I have attached a consent letter to be given to the parents of the selected pupils. I will also gain consent from the pupils before the focus group starts.

The questions that will be asked in the focus group are:

- 1. What is the TaMHS / 2 B Me project about?**
- 2. What is good about the 2 B Me project?**
- 3. What is not so good about the 2 B Me project?**
- 4. What in the 2 B Me project has made a difference to you / helped you?
How has the 2 B Me project supported you?**
- 5. What has the 2 B Me project supported you with? What has changed as a result of you being involved with the 2 B Me project?**

6. How could the 2 B Me project support you best / what could be better about the 2 B Me project / what would you like to see the 2 B Me project doing in the future in order to support you?

I will be phoning you to arrange a date for the focus group to take place. In the mean time please contact me at the address above (to be inserted – not inserted now due to confidentiality of authority in the study) if you would any further information or would like to discuss any concerns either before, after or following the study.

With Thanks

Emma Harding

PGR Student at Manchester University / Specialist Senior Educational Psychologist

Appendix C: Parental Consent Letter for Focus Group and Consent Form

NB: Schools sent out the consent letters, therefore this letter was copied onto individual school's headed paper.

Consent Form

To the parent of:.....

Your child has been chosen to take part in a focus group being held at

.....

Your child's school is involved in the Targeted Mental Health in Schools (TaMHS / 2 B ME project which aims to support children and young people's social and emotional well-being. Your child has been chosen as they have had some level of involvement with this project.

The aim of the focus group is to ask pupils how they view the TAMHS / 2 B ME project. The focus group will be audio recorded and this will then be transcribed by the researcher. This data will be used as part of the evaluation of the project and as part of a Thesis for the University of Manchester. Your child's name will not appear in either. The focus group will last approximately 30-45 mins and will take place during school time.

If you are willing to consent to your child's involvement please complete and sign the consent form below and hand it back to school. If you want to ask any questions or require any further information about this please contact school.

With Thanks

Head Teacher's name and School's name

Please tick all boxes below, if you agree, before signing

- I understand what the 2 B ME Project is about, what the level of my/ my child's involvement will be, and that I can call the number above and speak to school to find out more if necessary.
- I understand that my child will be taking part in a 'focus group'.
- I understand that my child's participation in the focus group is voluntary and they are free to withdraw at any time, without giving a reason.
- I understand that the focus group will be audio -recorded
- I understand that all information that my child provides during the focus group will be kept confidential, unless there is a safeguarding issue and will be anonymised.
- I understand that the data collected will be anonymised and used as part of a thesis for the University of Manchester and for the LA evaluation of the 2 B ME project.
- I agree to the use of anonymous quotes
- I agree to / for my child to take part in the activities above.

The young person taking part in the focus group and their parent/guardian will need to sign below if they agree to taking part.

..... Name of Young Person Date Signature
..... Name of Parent/Guardian Date Signature

Please send completed form back to school.

Appendix D: Transcription Example from Focus Groups with Young People

- Six young people
- 3 x Yr 6 pupils (2 male, 1 female)
- 1 x Yr 5 pupils (male)
- 2 x Yr 4 pupils (1 male, 1 female)

What is the TaMHS/ 2BMe project about?

- Friendship
- Help you understand somethings
- To express yourself
- To get to know people
- Nothing (you didn't know that was your answer) Yes
- The same (that you didn't know)
- Forgot

What is good about the 2BMe Project?

- I learnt how to make a den
- To have fun, to calm yourself down and just to be yourself
(Do we all agree with that you think, is that a good answer?) Yes
- You can learn new things and express yourself
- Its kinda the similar to S's answer
- You can learn new things
- Me and S did the same thing
- When we did the friendship group, we wanted to be, we said what animals we wanted to be
- (You enjoyed doing that did you?) Yes
- We learnt about bullying and how to like stop it
- (What does it say, I got to make a comic) we just made it, yea you draw a cartoon person for the cover of it and mine was one of the best ones so (So yours was one of the best, so that made you feel good that did it when yours was the best did it?) Yea
- Me and my friend, cos you get to meet new friends, we came up with something to make and we came up with, we made are own den for dinosaurs
- And me and Michael did one of the best ones
- And we joined it all together at the end, so it was a big thing

Recap:

Question 2

- You interact with other people that you don't know
- It wasn't just us that got to learn, it was our parents as well
- It was good taking part

What is not so good about the 2BMe project?

- Don't know
- Nothing
- Well there is just one, well, when your drawing you cartoon person, your not allowed to draw guns or zappers on it
- Or anything like that
- There was nothing
- It was all good
- Everything was good

What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

- Because of that, I really like drumming, so now I go to a like a drumming club every week, I started of there and now I've done quite well
- (its got new a new hobby then really hasn't it) Yea
- It helped me to calm down and I met new friends
- (Anyone else think the stuff helped them to calm down?) Yea
- It helped me to understand how to make a den
- It hasn't changed me really
- It made me learn more about bullying
- It helped me to understand about bullying

What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

- I don't know
- Nothing
- I don't really know
- My behaviour at home and my confidence (how has your confidence changed?) like its gone up a bit
- (Does anyone else feel like after they were involved in those things there confidence went up? Yes
- I'm more confident cos we had to perform in front of the whole group, and now I'm getting more confident in school performing
- (Did you bring someone with you to do it?) Yea my Granddad
- (So you feel that's really boosted your confidence?) Yea
- When I'm making dens, I like, I like making dens, so I want to do with my friends so I make dens at home

How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

- Got more children involved and instead of doing one activity could do maybe do two or three
- If other schools would do it and people from this school would do it again (so you want more pupils from other schools and more pupils from you own school to be involved, that right?) Yea
- Cos of the drumming we were in quite a small room for quite a long time and it got quite hot and stuffy, so, if we could work outside, or bigger rooms
- Draw whatever you want, because where I went you weren't supposed to, well you can draw what you want.
- Don't know
- Play Games
- Different dinner, cos we has some like butties and they had like tuna paste on, and I don't like tuna paste
- (So we need to sort the food out?)
- And the breakfast
- Well I didn't get that cos where I went you got to bring your own
- You can get things from there but you take your own things as well

Appendix E: Example of Key Points Recorded on the Flip Chart for Each Question in the Focus Group with Young People

1. What is the TaMHS / 2 B Me project about?

- Friendships
- Helping you understand
- Helping express yourself
- Don't know

2. What is good about the 2 B Me project?

- Learnt how to make a den
- Have fun
- Calm yourself down
- Be yourself
- Learn new things
- Express yourself
- Enjoyed activity about what animal you would like to be
- Learnt about bullying and how to stop it
- Got to make a comic
- Interact with new people
- Not just young people that got to learn but parents got to learn as well
- Taking part

3. What is not so good about the 2 B Me project?

- Don't know
- Nothing
- Wasn't allowed to draw guns or "zappers"
- "All good"

4. What in the 2 B Me project has made a difference to you / helped you? How has the 2 B Me project supported you?

- Started a new hobby (drumming)
- Calm down
- Make new friends
- Helped understand how to make a den
- No changes
- Learn more about bullying
- Help understand about bullying

5. What has the 2 B Me project supported you with? What has changed as a result of you being involved with the 2 B Me project?

- Don't know
- Nothing
- Behaviour at home
- Confidence "gone up"
- More confident in school
- Learn skills that can use at home with friends

6. How could the 2 B Me project support you best / what could be better about the 2 B Me project / what would you like to see the 2 B Me project doing in the future in order to support you?

- More children involved
- Lots of different activities
- More pupils involved from other schools and this school
- Work outside
- Bigger rooms
- Being able to draw what you want
- Play games
- Better food

Appendix F: Data Analysis Step 1: Coding

PRIMARY SCHOOLS

Table displaying the codes assigned to the data in Project Primary School A (PPA)

Question 1: What is the TaMHS / 2 B Me project about?

Data Extract	Coded for
Friendship	1. Friendships
Help you to understand somethings	2. Learn new skills
To express yourself	3. Communication skills
To get to know people	4. Relationships
Nothing (you didn't know that was your answer) yes	5. Don't know
The same (that you didn't know)	5. Don't know
Forgot	5. Don't know

Question 2: What is good about the 2BMe Project?

Data Extract	Coded for
I learnt how to make a den	1. Learn new skills
To have fun, to calm yourself down and just to be yourself	2. Enjoyment 3. Emotional well-being 4. Emotional well-being
You can learn new things and express yourself	1. Learn new skills 5. Communication skills
Its kinda the similar to S's answer	-
You can learn new things	1. Learn new skills
Me and S did the same thing	-
When we did the friendship group, we wanted to be, we said what animals we wanted to be	6. Description of activity
(You enjoyed doing that did you?) Yes	2. Enjoyment
We learnt about bullying and how to like stop it	7. Learn about bullying
(What does it say, I got to make a comic) we just made it, yea you draw a cartoon person for the cover of it and mine was one of the best ones so (So yours was one of the best, so that made you feel good that did it when yours was the best did it?) Yea	6. Description of activity 2. Enjoyment 4. Emotional well-being
Me and my friend, cos you get to	8. Friendships

meet new friends, we came up with something to make and we came up with, we made are own den for dinosaurs	6. Description of activity
And me and Michael did one of the best ones	6. Description of activity
And we joined it all together at the end, so it was a big thing	6. Description of activity
You interact with other people that you don't know	9. Relationships
It wasn't just us that got to learn, it was our parents as well	1. Learn new skills 10. Parental involvement
It was good taking part	2. Enjoyment

Question 3: What is not so good about the 2BMe project?

Data Extract	Coded for
Don't know	1. Don't know
Nothing	2. Nothing
Well there is just one, well, when your drawing you cartoon person, you're not allowed to draw guns or zappers on it	3. Not being able to do activity
Or anything like that	-
There was nothing	2. Nothing
It was all good	4. It is good
Everything was good	4. It is good

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data Extract	Coded for
Because of that, I really like drumming, so now I go to a like a drumming club every week, I started of there and now I've done quite well	1. Developed a new interest 2. Started to attend a club 3. Learned a new skill
(its got new a new hobby then really hasn't it) Yea It helped me to calm down and I met new friends	4. New hobby 5. Emotional well-being 6. Friendships
(Anyone else think the stuff helped them to calm down?) Yea	5. Emotional well-being
It helped me to understand how to make a den	3. Learned a new skill
It hasn't changed me really	7. No change
It made me learn more about bullying	6. Learn about bullying

It helped me to understand about bullying	6. Learn about bullying
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Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data Extract	Coded for
I don't know	1. Don't know
Nothing	2. Nothing
My behaviour at home and my confidence (how has your confidence changed?) like its gone up a bit	3. Improved behaviour 4. Improved confidence
(Does anyone else feel like after they were involved in those things there confidence went up? Yes	4. Improved confidence
I'm more confident cos we had to perform in front of the whole group, and now I'm getting more confident in school performing	4. Improved confidence
(Did you bring someone with you to do it?) Yea my Granddad	5. Parental involvement
(So you feel that's really boosted your confidence?) Yea	4. Improved confidence
When I'm making dens, I like, I like making dens, so I want to do with my friends so I make dens at home	6. Enjoyment 7. Doing new activity with friends 8. Doing new activity at home
I don't really know	1. Don't know

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data Extract	Coded for
Got more children involved and instead of doing one activity could do maybe do two or three	1. More children involved 2. Do more activities
If other schools would do it and people from this school would do it again (so you want more pupils from other schools and more pupils from you own school to be involved, that right?) Yeah	3. Pupils from other schools involved 1. More children involved
Cos of the drumming we were in quite a small room for quite a long time and it got quite hot and stuffy, so, if we could work outside, or bigger rooms	4. Room too small 5. Temperature too hot 6. Want to work outside 7. Want a bigger room

Draw whatever you want; because where I went you weren't supposed to, well you can draw what you want.	8. Be able to draw what you want
Don't know	9. Don't know
Play Games	10. Play games
Different dinner, cos we has some like butties and they had like tuna paste on, and I don't like tuna paste (So we need to sort the food out?)	11. Different food
And the breakfast	11. Different food
Well I didn't get that cos where I went you got to bring your own	-
You can get things from there but you take your own things as well	-

Table displaying the codes assigned to the data in Project Primary School B (PPB)

Question 1: What is the TaMHS/ 2 B Me project about?

Data Extract	Coded for
Being good	1. Being good
Workshops	2. Activities
Being nice	3. Nice
Being kind	4. Kind
Listening	5. Listening
Not hurting people	6. Not hurting people
Being careful	7. Self help
Helping	8. Helping
Don't wreck/ break people's hearts	6. Not hurting people
Don't be nasty to people	6. Not hurting people
Don't be mean	6. Not hurting people
Don't hurt other people's feelings	6. Not hurting people
No biting	6. Not hurting people
No fighting.. no kicking people in the stomach	6. Not hurting people

Question 2: What is good about the 2 B Me project?

Data Extract	Coded for
Baking	1. Activities
You get to sing	1. Activities
Having a chat and talking about it	2. Having someone to talk to
Having a treat	3. Reward
The games and having fun	1. Activities

	4. fun
Singing	1. Activities
Writing	1. Activities
Playing	1. Activities
Seeing the horses	1. Activities
Going on a trip	6. Trips
The thingy that we went on outside	1. Activities
Kicking the football	1. Activities

Question 3: What is not so good about the 2 B Me project?

Data Extract	Coded for
Everything is good	1. All Good
Nothing	2. Nothing
Working	3. Work
Some of them was a bit and some of them wasn't	4. Don't know

Question 4: What in the 2 B Me project had made a difference to you/ helped you? How has the 2 B Me project supported you?

Data Extract	Coded for
Eating all the biscuits	1. Food
The staff	2. Staff
Friendships	3. Friendships
Eating sweets	1. Food

Question 5: What has the 2 B Me Project supported you with? What has changed as a result of you being involved with the 2 B Me project?

Data Extract	Coded for
Some said no and some said yes	-
Helped me with times Tables	1. Academic work
Football cos you get to play it	2. Activities
Its about colouring	2. Activities
Friendships	3. Friendships
My picture	-
It helped us with the friendship group	3. Friendship
It helped us with the writing in the friendship group	1. Academic work
It was a great fun and I'm happy	4. Fun 5. Happiness

Question 6: How could the 2BMe project support you best / what could be better about the 2 B Me project / what would you like to see the 2 B Me project doing in the future in order to support you?

Data Extract	Coded for
Being good	1. Being good
Go swimming	2. Sport
Be fun	3. Being fun
Get sweets	4. Food
Be better	1. Being good
Go to Blackpool	4. Day trips
In summer are we going to be going to the workshops	5. Summer workshops

Table displaying the codes assigned to the data in Project Primary School C (PPC)

Question 1: What is the TaMHS / 2 B Me project about?

Data Extract	Coded for
It's to help you be better.	1. Being better
To keep people happy.	2. Happiness
It's what we do with x, like groups.	3. Working with staff 4. Group work
I do not know.	5. Don't know
It helps us.	6. Helps us

Question 2: What is good about the 2BMe Project?

Data Extract	Coded for
People helped me with my behaviour.	1. Help with behaviour
That it helps, helps and get's us out of trouble.	1. Help with behaviour
It gives us better activities.	2. Activities
It gives you courage and so you can take part.	3. Increased confidence
It's helped my anger problems and it's got and it's got something to do as well with the activities, the groups.	1. Help with behaviour 2. Activities 4. Group work
Its helps me with my behaviour.	1. Help with behaviour
Because usually I'm like outside in the playground I'm usually in trouble and um like I get like charts for my behaviour that help me.	5. Help with behaviour on play ground
When you go on trips to the Ark.	6. Trips

Cos all the time you get in trouble, when you come to 2BMe and you feel better and cheer up.	1. Help with behaviour 7. Emotional well being
Its stops people bullying you.	8. Stops bullying

Question 3: What is not so good about the 2BMe project?

Data Extract	Coded for
That we don't get to go on trips (<i>just explain that</i>) I just thought cos then we can places and that and do stuff (<i>so you would like to go on trips? Its something you want to happen in the future</i>) yea.	1. Not going on trips
There is nothing wrong with it.	2. Nothing
Everything is fantastic, it's awesome.	3. It's fantastic / awesome
I don't know.	4. Don't know
No comment (<i>does that mean there is nothing not good or you just don't want to comment?</i>) No there is nothing not good about it.	2. Nothing

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data Extract	Coded for
It has helped me to stop getting into trouble and in fact it has supported me every time.	1. Helped to stop getting into trouble 2. Supported me
I joined a group with x but it hasn't helped me.	3. Groups not helpful
It's helped my anger problems.	4. Helped with anger problems
Yes, it's helped me, it gives me a good opportunity to help me with my behaviour.	2. Supported me 5. Helped with behaviour
Miss no help at all, because when I come in miss x group it hasn't helped me at all, because I like still get in trouble in the playground and back in the class. (<i>so you feel it hasn't helped?</i>) miss no.	3. Groups not helpful

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data Extract	Coded for
It hasn't changed but if I am in the 2BMe project it will change.	1. Helps change
I have made a lot of friends and it has supported me with nice teachers who have helped me a lot.	2. Friendships 3. Supported / helped me 4. Nice staff
Not much except from it has helped me with my anger problems	5. Helped with anger
No comment (<i>so is that meaning it's not supported you with anything, or that you don't want to answer it?</i>) I don't want to answer it.	6. No response
That I do a lot of good things now.	7. Do good things now
That urm you don't get into as much trouble.	8. Not getting into trouble
Your late for school – breakfast club	9. Late for school
So you can go to after school club and you don't have to pay for it, free after school club.	10. Free after school club

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data Extract	Coded for
More frequent whats it called, the art thing (the thing we did at Parkhouse?) Yea (the art work) yea (<i>so you want them to be more frequent?</i>) Yea.	1. More activities
To go out on more trips, maybe to stay with the group even longer and do more activities and more fun	2. Go out on trips 3. Stay with the group longer 1. More activities 4. More fun
To take us on trips and to go out to school to visit people who are naughty and see what happens to them.	2. Go out on trips 5. Visit other schools / pupils 6. Learn from other pupils / schools
Lot of more trips with class and slash school and more activities	2. Go out on trips 1. More activities
Urm like more trips, like going to the fair and stuff, and swimming.	2. Go out on trips
Like sweets. A massive pot of sweets.	7. Food

To get to know each other, like get to know other groups.	8. Meet new people
To go out and sell stuff, like go to the market and sell stuff.	9. Sell stuff
To like go to other schools like if they've got people that they're naughty and got groups and we could get some ideas off them.	5. Visit other schools / pupils 6. Learn from other pupils / schools
Make more friends	10. Friendships
Friendship stop	10. Friendships
To do more stuff with other stuff with kids that have got the same anger as us.	5. Visit other schools / pupils

Table displaying the codes assigned to the data in Project Primary School D (PPD)

Question 1: What is the TaMHS / 2 B Me project about?

Data Extract	Coded for
I think its about helping people	1. Helping
Helping people not to be bullied	2. Helping people not to be bullied
Helping	1. Helping

Question 2: What is good about the 2 B Me Project?

Data Extract	Coded for
Helping with homework	1. Academic support
To helps is not to be naughty	2. Helps with behaviour
It helps us not get angry	3. Anger management
Do homework	1. Academic support
Helps you behave better	2. Helps with behaviour
When your getting bullied people say nice things about you	4. Support for bullying
To help you with being good	5. Help to be good
To help with your anger	3. Anger Management
You get to have food	6. You get food
Can we make a food class and make pizza?	-
Talking about how you feel	7. Talking about how you feel

Question 3: What is not so good about the 2BMe project?

Data Extract	Coded for
No toys	1. No toys
Nothing it was all good	2. Nothing 3. All Good
Nothing it was good	2. Nothing 3. All Good
It was good	3. All Good
It was mint	4. Mint
It was brilliant	5. Brilliant
The Wii didn't work	6. Equipment
Cos the board wouldn't work the Wii wouldn't work	6. Equipment

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data Extract	Coded for
It helped my behaviour in class and outside	1. Helped with Behaviour in school 2. Helped Behaviour in community
Its helped me be good at home and ignore by stupid brother	3. Helped with Behaviour 4. Family relationships
Its cool and helpful	5. It's Cool 6. It's Helpful
Before me behaviour was bad but now that she helped me it has been much better	3. Helped with behaviour 7. Helped me be better
It helped me with my anger	8. Anger management
No anger	8. Anger management
It has changed my life around	9. Life changing

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data Extract	Coded for
Much better behaviour at home	1. Behaviour at home
Before I started I was being naughty but after I changed my behaviour	2. Stopped being naughty 3. Helped with behaviour
School, work and behaviour	4. School 5. Academic work 3. Helped with behaviour
My behaviour in school	6. Helped with behaviour at school
Much better behaviour in school and out	6. Helped with behaviour at school 7. Helped with behaviour in community

The work	5. Academic work
The changes... people can change with better things that they want to do.	8. Making positive changes

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data Extract	Coded for
More toys	1. More equipment
Toys, games maybe the DS's and a dance mat because I can show off my moves then	1. More equipment
A performance at the end of the project	2. To have a performance
Play games, puzzles and DS	3. Play games 1. More equipment
Learn more about 2 B Me	4. Learn more about project
Hide and seek	3. Play Games
Different games	3. Play Games

Table displaying the codes assigned to the data in Project Primary School E (PPE)

Question 1: What is the TaMHS / 2 B Me project about?

Data Extract	Coded for
How to improve self esteem and to know the things we are good at	1.Improve self esteem
About you	2. About you
I've not put anything	3. Don't know
Don't know	3. Don't know

Question 2: What is good about the 2BMe Project?

Data Extract	Coded for
It's just about feelings	1. Its about feelings
It helps you know the things you are good at	2. Helps you to know what good at
Learn about friendship	3. Learn about friendship
Learn to respect others	4. Learn about respecting others
Learning about friendship	3. Learn about friendship
Learning about me	5. Learn about me
It's fun	6. Fun
It's funny	6. Fun

Question 3: What is not so good about the 2BMe project?

Data Extract	Coded for
Boring	1. Boring
It's all good	2. All good
Can't think of anything	3. Nothing
I wouldn't put anything	3. Nothing
Nothing	3. Nothing

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data Extract	Coded for
Helped with friendships	1. Friendships
Its has learned me to be nice to others	2. Be nice to others
Learned me not to be too shy	3. Not to be shy

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data Extract	Coded for
The hut, the bench, the ball shooter, the football nets	1. Equipment
It has made me have more confidence	2. Increased confidence

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data Extract	Coded for
Play games	1. Play games
Going out places	2. Trips out
Being playful	1. Play games
Going out places so that we can improve our friendships	2. Trips out
...and do teamwork	3. Teamwork
Golf games	1. Play games
Doing things that all of us want to do	4. Do what want to
Playing different games	1. Play games
Like tennis	1. Play games

Table displaying the codes assigned to the data in Project Primary School F (PPF)

Question 1: What is the TaMHS / 2 B Me project about?

Data Extract	Coded for
To help people from like bullying and stuff	1. Help people with bullying
Being friends	2. Friendships
Making new friends and like learning how to be a best friend and all that	3. Making friends 4. Learning how to be a best friend
About friendships and being nice	2. Friendships 5. Being nice

Question 2: What is good about the 2BMe Project?

Data Extract	Coded for
If your not friends with people you can make friends	1. Making friends
It helps people to be good friends	2. Helps people to be good friends
You get to do Breathworks (Do you like doing that?) Yes	3. Doing Breathworks
I don't know	4. Don't know
Its good because it stops you being mean	5. Stops you being mean

Question 3: What is not so good about the 2BMe project?

Data Extract	Coded for
I can't think of anything	1. Nothing
Nothing	1. Nothing

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data Extract	Coded for
I'm not being mean now, before I was a bit	1. Not being mean now
I made new friends	2. Making friends
Made friends with other people in the group	2. Making friends
I gave me lots and lots of new friends so I'm not left out when we play games	2. Making friends 3. Not left out when we play games

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data Extract	Coded for
I'm not as shy as I used to be (She's brand new)	1. Not as shy
I play with more people now and I'm like the same as K that I'm not as shy as I used to be	2. Play with more people now 1. Not as shy
Sometimes my friends would be mean and now they're not	3. Friends no longer mean
Sometimes I was left out in games and I'm not anymore.	4. Not left out anymore

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data Extract	Coded for
Nothing	1. Nothing
Maybe do it for a bit longer	2. Do it for longer
Help other people with their friendships and have some jokes so no one can be left out	3. Help other people with their friendships. 4. Fun
Hot chocolate	5. Food
Popcorn	5. Food

SECONDARY SCHOOLS

Table displaying the codes assigned to the data in Project Secondary School A (PSA)

Question 1: What is the TaMHS / 2 B Me project about?

Data Extract	Coded for
Its about getting together and just meeting new people	1. Meet new people
To help young people, like, come to terms with problems at home and stuff	2. Help with problems at home
To make you more confident and trust in other people	3. Increase confidence 4. Increase trust in others
I don't know	5. Don't know
To help young people	6. Help young people

Question 2: What is good about the 2BMe Project?

Data Extract	Coded for
It helps to like meet others and like meet older people so that you are not like worried about them when you are older	1. Meet new people 2. Mix with older people
Helps you to be more confident and just talk more	3. Increased confidence 4. Talk more
Its fun and confidential	5. Fun 6. Confidential
It helps you to stop getting worried	7. Reduce worrying
The groups that we do are good	8. groups are good
Helps you to work with others and you might not like be able to work with others but it gives you like a boost to help	9. Help with working with others
Its good that 'name of 2BME worker' that works with all these groups, like, we know her so we are safe with her	10. Feel safe with 2BMe staff
You can go to people when you've got problems	11. Someone to talk about problems with
It helps you to stop getting worried	7. Reduce worrying

Question 3: What is not so good about the 2BMe project?

Data Extract	Coded for
If you're shy and you just don't really want to talk and you just feel like you are being cheeky or something	1. Might not want to talk
Some people take it just as mess about and come here just to mess about and all they do is mess about and they just mess about	2. Perceived as mess about

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data Extract	Coded for
Makes you erm have more faith in yourself and more confidence and stuff	1. More faith in self 2. Increased confidence
When my sister used to come, we used to like, me and my sister used to argue all the time but now we're a bit more friends	3. Better relationships with sibling
More confident so that you can talk to people better	2. Increased confidence
Helps me at home and how to deal with different problems that I may have	4. Helps deal with problems at home
I feel less worried and more confident	2. Increased confidence
The gardening helped you to work with others	5. Activities help to develop relationships
Hairdressing, like getting together with the girls	5. Activities help to develop relationships
It has taught us more skills	6. Taught more skills
Talking to different people that we didn't want to talk to	7. Talk to more people
Like, when we went skiing we like helped each other out and learned to help each other	5. Activities help to develop relationships 8. Learned to help each other

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data Extract	Coded for
I've got more friends	1. More friends
The problems we have	2. Problems
I know more people like in younger	3. Know more people

and older years	
More friends from just from coming to groups	1. More friends
I've learned to trust people more and like I'm not worried about speaking to people	4. developed trust 5. Increased confidence
Communicating with others and not being so shy	6. Communication with others 5. Increased confidence
More outgoing	5. Increased confidence
Calmer	7. Calmer

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data Extract	Coded for
Erm, it would be good if we could do it with other schools, you know like when the summer holidays are on and do you know we have the garden maybe other schools can come in so we could meet other people from other schools. Yes that's a good idea	1. Work with other schools 2. Meet other people from different schools
Get more friends and relatives to join in more groups	3. More friends in groups 4. More relative in groups
I'd like to carry on doing hairdressing and all the courses that we do	5. Continue with the same activities
We could do more activities to like trust each other where people put on blind folds and trust each other to walk around and stuff.	6. Do more activities 7. trust activities
Maybe like little 'get togethers' of all the groups and feedback of what they think about the clubs and anything that they want to change	8. Giving feedback and saying what they want to change
Having like a box where we can put it all in / suggestions in	9. Suggestion box
A box for like thoughts and feelings, put your name on the back and then maybe like '2 B Me Worker' could pick out some people who are feeling sad or anything and then maybe help them and speak to them	10. Thoughts and feelings box
Maybe you could put it in a box outside '2 B Me worker's door	10. Thoughts and feelings box
Have letter box or something	9. Suggestion box

Someone can speak to you and like do something about it	11. Someone to talk to and help
We could like write down what groups we could do, say like once a month, some of our favourite things to do	8. Giving feedback and saying what want to change
foosball	12. Foosball

Table displaying the codes assigned to the data in Project Secondary School B (PSB)

Question 1: What is the TaMHS / 2 B Me project about?

Data Extract	Coded for
Emotional health and well-being	1. Emotional health and well-being
To develop as a whole person	2. Develop as whole person
Building your confidence and stuff	3. Increased confidence
Supporting pupils in schools with their behaviour and emotions	4. Support in school for behaviour and emotions
To like help people to be happy in school	5. Develop happiness in school

Question 2: What is good about the 2BMe Project?

Data Extract	Coded for
It helps you build up friendships and stuff	1. Help with friendships
It helps you like keep in your emotion	2. Help with controlling emotions
It supports you with your erm academics and social life and stuff	3. Academic support 4. Supports social life
It like helps you achieve your goals	5. Helps with achieving goals
It is nice to know if you don't feel well or something	6. Nice if don't feel well
It makes you feel good about yourself	7. Makes feel good about self
Working with (2BMe worker). He is fun	8. Positive comment about 2BMe staff
In food tech cos I was cooking sir said he would take me out of the next lesson cos he didn't want to disturb my learning	8. Positive comment about 2BMe staff
You kind of learn things about what can trip you up in life and how to cope with it	9. Develop life / coping skills
Make more friends	1. Help with friendships

Question 3: What is not so good about the 2BMe project?

Data Extract	Coded for
Nothing	1. Nothing
There is nothing that is bad about it (consensus)	1. Nothing
You don't go on trips	2. Not going on trips
Coming out of good lessons (<i>do you not get to choose when to come out?</i>) we get told when we go out (<i>would you sooner come out of a lesson that you don't like</i>) yes	3. Missing lessons

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data Extract	Coded for
Makes you want to come into school more cos you feel more happy about school	1. Develop positive feelings about school
Before I didn't really want to talk about my feelings and stuff but now I feel I can talk to (staff member) about anything really	2. Able to talk about feelings with 2BMe staff member
I like the groups that we do	3. Involvement in groups
It has changed my attitude and the way I behave	4. Changed attitude 5. Changed behaviour
It has changed my emotions, cos like I used to go home cos I felt sick (<i>right, so are you in school more as a result?</i>) yes	6. Changed emotions 7. Less time off sick
It has made me more confident and I have more friends now because I am not afraid to talk to anyone as I used to be	8. Increased confidence 9. More friends
It has helped me stay out of trouble and have a better lesson	10. Helped with staying out of trouble 11. Have better lesson

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data Extract	Coded for
I used to not get along with my brother as much, and now I've learnt to understand how he is feeling and stuff, so like my family	1. Better family relationships

I used to fall out with my friends a lot and I've learnt to not get stressed with them, respect and stuff	2. Better friendships 3. Less stress 4. Leant about respect
and like I feel more happier cos you've leant to cope with things.	5. Increased happiness 6. Learned coping skills
I've stopped being like silly now...I'm not silly now	7. Stopped being silly
Think before I do things about the consequences	8. Think about consequences of actions
Same thing as last one...my emotions	9. Emotions
It has made me happier in school	10. Happier in school

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data Extract	Coded for
Rewards, like if you've come along and you've done well	1. Rewards
Out of school trips like to universities and stuff	2. Trips
Residential	3. Residential
Days out	2. Trips
Go Nandos	4. Visit restaurant
Some more groups work cos I like the group work	5. More group work
Not to sack (name of 2Bme worker)	6. Continued role of 2BMe worker
Go KFC	4. Visit restaurant
Do more practical things like assault courses and stuff just to like let your anger out	7. Practical activities to help with anger
One of those stand up things that you can hit	7. Practical activities to help with anger

Table displaying the codes assigned to the data in Project Secondary School C (PSC)

Question 1: What is the TaMHS / 2 B Me project about?

Data Extract	Coded for
Helps you with problems at school (I've got the same)	1. Help with problems at school
It helps with your emotions	2. Help with emotions
It helps you to talk to other people who are in different years	3. Talk to pupils in different year groups
It's fun	4. Enjoyment

It helps you with things	5. Helps
It helped me to work well with other people	6. Help with relationships
You can talk to them (staff) about things / problems at home	7. Talk to staff about problems at home
It helps you to get along with people better	6. Help with relationships

Question 2: What is good about the 2BMe Project?

Data Extract	Coded for
It's good and enjoyable	1. Enjoyment
I enjoyed the tasks cos we made like...one of the tasks we went out of school to go to a garden project and we made smoothies	2. Enjoyment of tasks
It was good cos it helped me to sort like my anger issues out	3. Support with anger
I enjoyed the activities	4. Enjoyment of activities
It got me out of lessons that I didn't like	5. Missed lessons
I liked the whole project in general because I got to work with my friends and with people that I didn't know because I have been separated from my friends	1. Enjoyment 6. Working with friends 7. Working with new people

Question 3: What is not so good about the 2BMe project?

Data Extract	Coded for
Nothing	1. Nothing
Keeping filling in forms	2. Completion of forms
It was only an hour long in the week	3. Not long enough
Nothing	1. Nothing

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data Extract	Coded for
In the one with '2BMe staff members name' in the 2BMe project, it helped me to get on with other people	1. Improved social skills
I used to find it really hard to talk to people I didn't know but now I can do it	2. Increased confidence
To be more supportive with my	1. Improved social skills

friends and to be more confident	2. Increased confidence
I can do things like graffiti and 'DJ-ing'	3. Learned new skills
To feel more confident in myself and keep me from getting into trouble	2. Increased confidence 4. Stopped getting into trouble
I am able to share my feelings with other people now instead of keeping them bottled up which made me angry a lot	5. Able to share feelings 6. Support with anger
To be able to trust everyone	7. Increased trust
To tell people what I am thinking	8. Able to share thoughts
I have made loads of friends. I did in the Easter one	9. Made more friends

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data Extract	Coded for
It has made me accept problems in life and problems with parents	1. Accept problems in life 2. Accept problems with parents
It has helped me through the bullying	3. Bullying support
It has helped me to show my feelings more and to let people know how I am feeling	4. Increased ability to show feelings 5. Increased ability to talk about feelings with others
It has helped me to overcome my problems and has helped my friends to overcome theirs	6. Helped overcome problems
It has helped me to make up with my friends cos I fell out with them last year	7. Improved social skills
It has stopped me from being bullied	3. Bullying support
It has changed the way that I act. It has helped me be more serious about serious things. If you say don't laugh, its not funny it makes me laugh	8. Changed attitude 9. More serious
It has changed my attitude	8. Changed attitude

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data Extract	Coded for
To come into school more	1. Come into school more
It could be longer (sessions?) yes	2. Longer sessions
To do like role plays to show people how to get over their problems	3. Role play
To do something fun at the beginning	4. Fun activity before school

of the day in the morning before school	
A broader range of age groups (up to year 11?) yes. Cos last year it was like 9's and 8's cos some of the year 10's and 11's get problems like with their exams	5. Involve broader range of age groups
If there is any spare rooms like teacher's rooms we could get people in to do stuff with you like role plays and stuff	6. Use spare rooms in school 3. Role play
To be able to do more activities	7. More activities

Appendix G: Data Analysis Step 2: Collating Codes into Themes by Question for Each School

PRIMARY SCHOOLS

Table displaying the themes found in Project Primary School A (PPA) for each question, the codes that make up the theme and data extracts

Question 1: What is the TaMHS / 2 B Me project about?

Data extracts	Codes that make up theme	Theme
Friendship To get to know people	1. Friendships 4. Relationships	Relationships
Help you to understand somethings To express yourself	2. Learn new skills 3. Communication skills	Develop skills
The same (that you didn't know) Forgot	5. Don't know	Don't know

Question 2: What is good about the 2BMe Project?

Data extracts	Codes that make up theme	Theme
I learnt how to make a den You can learn new things and express yourself You can learn new things We learnt about bullying and how to like stop it It wasn't just us that got to learn...	1. Learn new skills 5. Communication skills 7. Learn about bullying	Develop skills
To have fun (You enjoyed doing that did you?) Yes It was good taking part	2. Enjoyment	Enjoyment
To calm yourself down and just be yourself (So yours was one of the best, so that made you feel good that did it when yours was the best did it?) Yea	3. Emotional Well - Being	Emotional Well - Being
(What does it say, I got to make a comic) we just made it, yea you draw a cartoon person for the	6. Description of activity	Activities

cover of it and mine was one of the best ones so we came up with something to make and we came up with, we made are own den for dinosaurs And me and Michael did one of the best ones And we joined it all together at the end, so it was a big thing		
Me and my friend, cos you get to meet new friends, You interact with other people that you don't know	8. Friendships 9. Relationships	New Relationships
...it was our parents as well	10. Parental involvement	Parental Involvement

Question 3: What is not so good about the 2BMe project?

Data extracts	Codes that make up theme	Theme
Don't know	1. Don't know	Don't know
Nothing There was nothing	2. Nothing	Nothing
Well there is just one, well, when your drawing you cartoon person, you're not allowed to draw guns or zappers on it	3. not being able to do activity	Not being able to do activity
It was all good Everything was good	4. It is good	Positive Comments

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data extracts	Codes that make up theme	Theme
Because of that, I really like drumming, so now I go to a like a drumming club every week (its got new a new hobby then really hasn't it) Yeah	1. Developed a new interest 2. Started to attend a club 4. New hobby	Develop New Interest
... I started of there and now I've done quite well It helped me to understand how to make a den It made me learn more about bullying	3. Learned a new skill 6. Learn about bullying	Develop Skills

It helped me to understand about bullying		
It helped me to calm down (Anyone else think the stuff helped them to calm down?) Yeah	5. Emotional Well Being	Emotional Well Being
And I met new friends	6. Friendships	New Friendships
It hasn't changed me really	7. No change	No Change

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data extracts	Codes that make up theme	Theme
I don't know I don't really know	1. Don't know	Don't Know
Nothing	2. Nothing	Nothing
My behaviour at home	3. Improved behaviour	Improved Behaviour
...and my confidence (how has your confidence changed?) like its gone up a bit Does anyone else feel like after they were involved in those things there confidence went up?) Yes I'm more confident cos we had to perform in front of the whole group, and now I'm getting more confident in school performing (So you feel that's really boosted your confidence?) Yeah	4. Improved confidence	Improved Confidence
(Did you bring someone with you to do it?) Yeah my Granddad	5. Parental involvement	Parental Involvement
When I'm making dens, I like, I like making dens, so I want to do with my friends so I make dens at home	6. Enjoyment 7. Doing new activity with friends 8. Doing new activity at home	New Activity

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data extracts	Codes that make up theme	Theme
Got more children involved If other schools would do it and people from this school would do it again (so you want more pupils from other schools and more pupils from you own school to be involved, that right?) Yeah	1. More children involved 3. Pupils from other schools involved	Involve more Children
instead of doing one activity could do maybe do two or three Draw whatever you want; because where I went you weren't supposed to, well you can draw what you want Play Games	2. Do more activities 8. be able to draw what you want 10 Play games	More Activities
Cos of the drumming we were in quite a small room for quite a long time and it got quite hot and stuffy, so, if we could work outside, or bigger rooms Different dinner, cos we has some like butties and they had like tuna paste on, and I don't like tuna paste (So we need to sort the food out?) And the breakfast	4. Room too small 5. Temperature too hot 6. Want to work outside 7. Want a bigger room 11. Different food	Environment
Don't know	9. Don't know	Don't know

Table displaying the themes found in Project Primary School B (PPB), the codes that make up the theme and data extracts

Question 1: What is the TaMHS / 2 B Me project about?

Data extracts	Codes that make up theme	Theme
Being good Being nice Being kind Listening Helping Don't wreck/ break	1. Being good 3. Nice 4. Kind 5. Listening 6. Not hurting people 8. Helping	Positive interpersonal behaviours

people's hearts Don't be nasty to people Don't be mean Don't hurt other people's feelings No biting No fighting... no kicking people in the stomach		
Workshops	2. Activities	Activities
Being careful	7. Self help	Self Help

Question 2: What is good about the 2 B Me project?

Data extracts	Codes that make up theme	Theme
Baking You get to sing The games... Singing Writing Playing The thingy that we on outside Kicking the football	1. Activities	Activities
Having a treat ... and having fun	3. Reward 4. Fun	Enjoyment
Going on a trip		Trips

Question 3: What is not so good about the 2 B Me project?

Data extracts	Codes that make up theme	Theme
Everything is good	1. All good	Positive comments
2. Nothing	2. Nothing	Nothing
Working	3 Work	Work
Some of them was a bit and some of them wasn't.	4. Don't know	Don't know

Question 4: What in the 2 B Me project had made a difference to you/ helped you? How has the 2 B Me project supported you?

Data extracts	Codes that make up theme	Theme
Eating all the biscuits Eating sweets	1. Food	Environment
The staff	2. Staff	Staff

Friendships	3. Friendships	Relationships
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Question 5: What has the 2 B Me Project supported you with? What has changed as a result of you being involved with the 2 B Me project?

Data extracts	Codes that make up theme	Theme
Helped me with times Tables It helped us with the writing in the friendship groups	1. Academic Work	Academic work
Football cos you get to play it Its about colouring	2. Activities	Activities
Friendships It helped us with the writing in the friendship group	3. Friendships	Relationships
It was great fun and I'm happy	4. Fun 5. Happiness	Positive Feelings

Question 6: How could the 2 B Me project support you best / what could be better about the 2 B Me project / what would you like to see the 2 B Me project doing in the future in order to support you?

Data extracts	Codes that make up theme	Theme
Being good Be fun Be better	1. Being good 3. Being fun	Enjoyment
Go swimming Go to Blackpool In summer are we going to be going to the workshops	2. Sport 4. Day trips 5. Summer workshops	Activities
Get sweets	4. Food	Environment

Table displaying the themes found in Project Primary School C (PPC), the codes that make up the theme and data extracts

Question 1: What is the TaMHS / 2 B Me project about?

Data extracts	Codes that make up theme	Theme
To keep people happy	2. Happiness	Positive feelings
It's what we do with x, like groups	3. Working with staff 4. Group work	Activities
I do not know	5. Don't know	Don't know
It's to help you be better Helps us	1. Being better 6. Helps us	Helping

Question 2: What is good about the 2BMe Project?

Data extracts	Codes that make up theme	Theme
People helped me with my behaviour That it helps, helps and get's us out of trouble It's helped my anger problems Its helps me with my behaviour Because usually I'm like outside in the playground I'm usually in trouble and um like I get like charts for my behaviour that help me Cos all the time you get in trouble, when you come to 2BMe and you feel better and cheer up Its stops people bullying you	1. Help with behaviour 5. Help with behaviour on the playground 8. Stops bullying 7. Emotional well -being	Helps with behaviour
It gives us better activities ...it's got something to do as well with the activities, the groups When you go on trips to the Ark	2. Activities 4. Group work 6. Trips	Activities
It gives you courage and so you can take part.	3. Increased confidence	3. Increased confidence

Question 3: What is not so good about the 2BMe project?

Data extracts	Codes that make up theme	Theme
That we don't get to go on trips	1. Not going on	Not going on trips

<i>(just explain that)</i> I just thought cos then we can places and that and do stuff <i>(so you would like to go on trips? Its something you want to happen in the future)</i> yeah	trips	
There is nothing wrong with it No comment <i>(does that mean there is nothing not good or you just don't want to comment?)</i> No there is nothing not good about it There is nothing wrong with it	2. Nothing	Nothing
Everything is fantastic, it's awesome	3. It's fantastic / awesome	Positive comments
I don't know	4. Don't know.	Don't know

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data extracts	Codes that make up theme	Theme
It has helped me to stop getting into trouble and in fact it has supported me every time It's helped my anger problems Yes, it's helped me, it gives me a good opportunity to help me with my behaviour	1. Helped to stop getting into trouble 2. Supported me 4. Helped with anger problems 5. Helped with behaviour	Improved behaviour
I joined a group with x but it hasn't helped me Miss no help at all, because when I come in miss x group it hasn't helped me at all, because I like still get in trouble in the playground and back in the class. <i>(so you feel it hasn't helped?)</i> miss no	3. Groups not helpful	Not helpful

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data extracts	Codes that make up theme	Theme
It hasn't changed but if I am in the 2BMe project it will change	1. Helps change	Change

I have made a lot of friends	2. Friendships	Friendships
...it has supported me with nice teachers who have helped me a lot	3. Supported / helped me 4. Nice staff	Staff
Not much except from it has helped me with my anger problems That urm you don't get into as much trouble	5. Helped with anger 8. Not getting into trouble	Improved behaviour
No comment (<i>so is that meaning it's not supported you with anything, or that you don't want to answer it?</i>) I don't want to answer it	6. No response	No response
That I do a lot of good things now Your late for school – breakfast club So you can go to after school club and you don't have to pay for it, free after school club.	7. Do good things now 9. Late for school 10. Free after school club	Access to activities

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data extracts	Codes that make up theme	Theme
More frequent whats it called, the art thing (the thing we did at Parkhouse?) Yea (the art work) yea (<i>so you want them to be more frequent?</i>) Yeah ...do more activities and more fun ...and more activities To go out and sell stuff, like go to the market and sell stuff	1. More activities 4. More fun 9. Sell stuff	More activities
To go out on more trips To take us on trips Lot of more trips with class and slash school... Urm like more trips, like going to the fair and stuff, and swimming	2. Go out on trips	Trips
maybe to stay with the group even longer	3. Stay with the group longer	Stay with group longer
...go out to school to visit people	5. Visit other	Learn from other

who are naughty and see what happens to them To like go to other schools like if they've got people that they're naughty and got groups and we could get some ideas off them To do more stuff with other stuff with kids that have got the same anger as us.	schools / pupils 6. Learn from other pupils / schools	schools / pupils
Like sweets. A massive pot of sweets.	7. Food	Food
To get to know each other, like get to know other groups Make more friends Friendship stop	8. Meet new people 10. Friendships	Friendship

Table displaying the themes found in Project Primary School (PPD), the codes that make up the theme and data extracts

Question 1: What is the TaMHS / 2 B Me project about?

Data extracts	Codes that make up theme	Theme
I think its about helping people Helping	1. Helping	Helping
Helping people not to be bullied	2. Helping people not to be bullied	Bullying support

Question 2: What is good about the 2BMe Project?

Data extracts	Codes that make up theme	Theme
Helping with homework Do homework	1. Academic support	Academic support
To helps is not to be naughty It helps us not get angry Helps you behave better To help you with being good To help with your anger	2. Helps with behaviour 3. Anger management 5. Help to be good	Helps with behaviour
You get to have food Can we make a food class and make pizza?	6. You get food	Food
Talking about how you feel	7. Talking about how you feel	Express feelings

When your getting bullied people say nice things about you	4. Support for bullying	Bullying support
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Question 3: What is not so good about the 2BMe project?

Data extracts	Codes that make up theme	Theme
No toys The Wii didn't work Cos the board wouldn't work the Wii wouldn't work	1. No toys 6. Equipment	Problems with equipment
...it was all good ...it was all good It was good It was mint It was brilliant	3. All Good 4. Mint 5. Brilliant	Positive comments
Nothing... Nothing...	2. Nothing	Nothing

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data extracts	Codes that make up theme	Theme
It helped my behaviour in class and outside It's helped me be good at home... Before me behaviour was bad but now that she helped me it has been much better It helped me with my anger No anger	1. Helped with Behaviour in school 2. Helped Behaviour in community 3. Helped with Behaviour 7. Helped me be better 8. Anger management	Helped with behaviour
Its cool and helpful It has changed my life around	5. It's Cool 6. It's Helpful 9. Life changing	Positive comments
... and ignore by stupid brother	4. Family relationships	Relationships

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data extracts	Codes that make up theme	Theme
Much better behaviour at home Before I started I was being naughty but after I changed my behaviour ...behaviour My behaviour in school Much better behaviour in school and out	1. Behaviour at home 2. Stopped being naughty 3. Helped with behaviour 6. Helped with behaviour at school 7. Helped with behaviour in community	Improved behaviour
...work... The work	5. Academic work	Academic work
The changes... people can change with better things that they want to do	8. Making positive changes	Positive change
...School,...	4. School	School

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data extracts	Codes that make up theme	Theme
More toys Toys, games maybe the DS's and a dance mat because I can show off my moves then	1. More equipment	More Equipment
A performance at the end of the project	2. To have a performance	Performance
Play games, puzzles and DS Hide and seek Different games	3. Play games	Play games
Learn more about 2 B Me	4. Learn more about project	Learn about project

Table displaying the themes found in Project Primary School E (PPE), the codes that make up the theme and data extracts

Question 1: What is the TaMHS / 2 B Me project about?

Data extracts	Codes that make up theme	Theme
How to improve self esteem and to know the things we are good at	1.Improve self esteem	Self esteem
About you	2. About you	About you
I've not put anything Don't know	3. Don't know	Don't know

Question 2: What is good about the 2BMe Project?

Data extracts	Codes that make up theme	Theme
It's just about feelings	1. Its about feelings	Feelings
It helps you know the things you are good at Learning about me	2. Helps you to know what good at 5. Learn about me	Learn about self
Learn about friendship Learn to respect others Learning about friendship	3. Learn about friendship 4. Learn about respecting others	Relationships
It's fun It's funny	6. Fun	Enjoyment

Question 3: What is not so good about the 2BMe project?

Data extracts	Codes that make up theme	Theme
Boring	1. Boring	Boring
It's all good	2. All good	Positive comments
Can't think of anything I wouldn't put anything Nothing	3. Nothing	Nothing

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data extracts	Codes that make up theme	Theme
Helped with friendships Its has learned me to be nice to others	1. Friendships 2. Be nice to others	Relationships
Learned me not to be too shy	3. Not to be shy	Learned not to be shy

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data extracts	Codes that make up theme	Theme
The hut, the bench, the ball shooter, the football nets	1. Equipment	Equipment
It has made me have more confidence	2. Increased confidence	Increased confidence

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data extracts	Codes that make up theme	Theme
Play games Being playful Golf games Playing different games Like tennis	1. Play games	Plat games
Going out places Going out places so that we can improve our friendships	2. Trips out	Trips
...and do teamwork	3. Teamwork	Teamwork
Doing things that all of us want to do	4. Do what want to	Do what want do

Table displaying the themes found in Project Primary School F (PPF), the codes that make up the theme and data extracts

Question 1: What is the TaMHS / 2 B Me project about?

Data extracts	Codes that make up theme	Theme
Being Friends Making new friends and like	2. Friendships 3. Making Friends	Friendships

learning how to be a best friend and all that About friendship..	4. Learning how to be a best friend	
To help people from like bullying and stuff	1. Help people with bullying	Bullying Support
...and being nice	5. Being Nice	Being Nice

Question 2: What is good about the 2BMe Project?

Data extracts	Codes that make up theme	Theme
If your not friends with people you can make friends It helps people to be good friends	1. Making friends 2. Helps people to be good friends	Friendships
You get to do Breathworks (Do you like doing that?) Yes	3. Doing Breathworks	Breathworks
I don't know	4. Don't know	Don't know
It's good because it stops you being mean	5 Stops you being mean	Stops you being mean

Question 3: What is not so good about the 2BMe project?

Data extracts	Codes that make up theme	Theme
I can't think of anything Nothing	1. Nothing	Nothing

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Data extracts	Codes that make up theme	Theme
I make new friends Made friends with other people in the group It gave me lots and lots of new friends I'm not being mean now, before I was a bit	2. Making friends 1. Not being mean now	Friendships
... so I'm not left out when we play games	4. Not left out when we play games	Not being left out

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Data extracts	Codes that make up theme	Theme
I'm not as shy as I used to be (She's brand new) I play with more people now and I'm like the same as K that I'm not as shy as I used to be	1. Not as shy 2. Play with more people now	Social Skills
Sometimes I was left out in games and I'm not anymore	4. Not left out anymore	Not being left out
Sometimes my friends would be mean and now they're not	3. Friends no longer mean	Friends no longer mean

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Data extracts	Codes that make up theme	Theme
Nothing	1. Nothing	Nothing
Maybe do it for a bit longer	2. Do it for longer	Longer time period
Help other people with their friendships and have some jokes so no one can feel left out	3. Help other people with their friendships.	Helping others
Hot chocolate Popcorn	5. Food	Food

SECONDARY SCHOOLS

Table displaying the themes found in Project Secondary School A (PSA), the codes that make up the theme and data extracts

Question 1: What is the TaMHS / 2 B Me project about?

Theme	Codes that make up theme	Data extracts
Meeting new people	1. Meet new people	Its about getting together and just meeting new people
Helping	2. Help with problems at home 6. Help young people	To help young people, like, come to terms with problems at home and stuff To help young people
Confidence	3. Increase confidence	To make you more confident
Trust	4. Increase trust in others	...and trust in other people
Don't know	5. Don't know	I don't know

Question 2: What is good about the 2BMe Project?

Theme	Codes that make up theme	Data extracts
Mixing with others	1. Meet new people 2. Mix with older people 9. Help with working with others	It helps to like meet others and like meet older people so that you are not like worried about them when you are older Helps you to work with others and you might not like be able to work with others but it gives you like a boost to help
Increase confidence	3. Increased confidence 4. Talk more	Helps you to be more confident and just talk more
Enjoyment	5. Fun 8. groups are good	It's fun
Confidential	6. Confidential	...and confidential
Reduce worrying	7. Reduce worrying	It helps you to stop getting worried It helps you to stop getting worried
Feel safe	10. Feel safe with 2BMe staff	Its good that 'name of 2BME worker' that works with all these groups, like, we know her so we are safe with her
Talk about	11. Someone to talk	You can go to people when you've

problems	about problems with	got problems
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Question 3: What is not so good about the 2BMe project?

Theme	Codes that make up theme	Data extracts
Might not want to talk	1. Might not want to talk	If you're shy and you just don't really want to talk and you just feel like you are being cheeky or something
No taken seriously	2. Perceived as mess about	Some people take it just as mess about and come here just to mess about and all they do is mess about and they just mess about

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Theme	Codes that make up theme	Data extracts
Increase confidence	1. More faith in self 2. Increased confidence	Makes you erm have more faith in yourself and more confidence and stuff More confident so that you can talk to people better I feel less worried and more confident
Problems at home	3. Better relationships with sibling 4. Helps deal with problems at home	When my sister used to come, we used to like, me and my sister used to argue all the time but now we're a bit more friends Helps me at home and how to deal with different problems that I may have
Develop relationships	5. Activities help to develop relationships 7. Talk to more people 8. Learned to help each other	The gardening helped you to work with others Hairdressing, like getting together with the girls Talking to different people that we didn't want to talk to Like, when we went skiing we like helped each other out and learned to help each other
Develop skills	6. Taught more skills	It has taught us more skills

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Theme	Codes that make up theme	Data extracts
Relationships	1. More friends 3. Know more people 4. developed trust 6. Communication with others	I've got more friends I know more people like in younger and older years More friends from just from coming to groups I've learned to trust people more Communicating with others
Problems	2. Problems	The problems we have
Increase confidence	5. Increased confidence	and like I'm not worried about speaking to people ...and not being so shy More outgoing
Calmer	7. Calmer	Calmer

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Theme	Codes that make up theme	Data extracts
Involve More people	1. Work with other schools 2. Meet other people from different schools 3. More friends in groups 4. More relative in groups	Erm, it would be good if we could do it with other schools, you know like when the summer holidays are on and do you know we have the garden maybe other schools can come in so we could meet other people from other schools. Yes that's a good idea Get more friends and relatives to join in more groups
Continue with activities	5. Continue with the same activities	I'd like to carry on doing hairdressing and all the courses that we do
More activities	6. Do more activities 7. trust activities 12. Foosball	We could do more activities to like trust each other where people put on blind folds and trust each other to walk around and stuff. foosball
Feedback from young people	8. Giving feedback and saying what they want to change	Maybe like little 'get togethers' of all the groups and feedback of what they think about the clubs

	9. Suggestion box	and anything that they want to change Having like a box where we can put it all in / suggestions in Have letter box or something We could like write down what groups we could do, say like once a month, some of our favourite things to do
Thoughts and feelings box	10. Thoughts and feelings box	A box for like thoughts and feelings, put your name on the back and then maybe like '2 B Me Worker' could pick out some people who are feeling sad or anything and then maybe help them and speak to them Maybe you could put it in a box outside '2 B Me worker's door
Someone to talk to and help	11. Someone to talk to and help	Someone can speak to you and like do something about it

Table displaying the themes found in Project Secondary School B (PSB), the codes that make up the theme and data extracts

Question 1: What is the TaMHS / 2 B Me project about?

Theme	Codes that make up theme	Data extracts
Emotional development	1. Emotional health and wellbeing 2. Develop as a whole person	Emotional health and wellbeing To develop as a whole person
Confidence	3. Increased confidence	Building you confidence and stuff
Behaviour	4. Support in school for behaviour	Supporting pupils in school with their behaviour
Emotional support in school	4. Develop in school for... emotions 5. Develop happiness in school	Supporting in school with their... emotions. To help people to be happy in school

Question 2: What is good about the 2BMe Project?

Theme	Codes that make up theme	Data extracts
Relationships	1. Help with friendships 4. Supports social life	It helps you build up friendships and stuff. Make more friends It supports you with your erm academics and social life and stuff
Emotional Development	2. Help with controlling emotions 9. Develop life / coping skills	It helps you like in your emotion You kind of learn things about what can trip you up in life and stuff
Academic support	3. Academic support	It supports you with erm academics
Achieving Goals	5. Helps with achieving goals	It like helps you achieve your goals
Emotional support	6. Nice if don't feel well 7. Makes feel good about self	It is nice to know if you don't feel well or something It makes you feel good about yourself
Staff	8. Positive comment about 2BMe staff	Working with (2BMe worker). He is fun. In food tech cos I was cooking sir said he would take me out of next lesson cos he didn't want to disturb my learning.

Question 3: What is not so good about the 2BMe project?

Theme	Codes that make up theme	Data extracts
Nothing	1. Nothing	Nothing There is nothing that is bad about it (consensus)
Not going on trips	2. Not going on trips	You don't go on trips
Missing lessons	3. Missing lessons	Coming out of good lessons (do you not get to choose when to come out?) we get told when we go out (would you sooner come out of a lesson that you don't like) yes

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Theme	Codes that make up theme	Data extracts
Improved experience of school	1. Develop positive feelings about school 7. Less time off sick 11. Have better lessons	Makes you want to come into school more cos you feel more happy about school It has changes my emotions, cos like I used to go home cos I flet sick (right, so are you in school more as a result) yes
Talking about feelings	2. Able to talk about feelings with 2BMe staff member	Before I didn't really want to talk about my feelings and stuff but now I feel I can talk to (staff member) about anything really
Involvement in groups	3. Involvement in groups	I like the groups that we do
Changed attitude	4. Changed attitude	It has changed my attitude...
Changed behaviour	5. Changed behaviour 10. Helped with staying out of trouble	It has changed ... the way I behave Helped with staying out of trouble
Changed emotions	6. Changed emotions	It has changed my emotions...
Increased Confidence	8. Increased confidence	It has made me more confident...
Friendship	9. More friends	I have more friends now because I am not afraid to talk to anyone as I used to be

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Theme	Codes that make up theme	Data extracts
Relationships	1. Better family relationships 2. Better Friendships	I used to not get along with my brother as much, and now I've learnt to understand how he is feeling and stuff, so like my family. I used to fall out with my friends a lot...
Emotional Wellbeing	3. Less stress 5. Increased happiness	... I've learnt not to get stressed with them... And like I feel more happier...

	9. Emotions 10. Happier in school	Same thing as last one... my emotions It has made me happier in school
Behaviour	4. Learnt about respect 7. Stopped being silly 8. Think about consequence of actions	... respect and stuff I've stopped being like silly now.. I'm not silly now Think before I do things about the consequences
Coping Skills	6. Learned coping skills	... You've learnt to cope with things

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Theme	Codes that make up theme	Data extracts
Rewards	1. Rewards	Rewards, like if you've come along and you've done well
Trips	2. Trips 3. Residentials 4. Visit Restaurants	Out of school trips like to universities and stuff Days out Residentials Go Nandos Go KFC
Group work	5. More group work	Some more groups work cos I like the group work
Staff	6. Continued role of 2BMe worker	Not to sack (name of 2BMe worker)
Anger Management	7. Practical activities to help with anger	Do more practical things like assault courses and stuff just to like let your anger out One of those stand up things that you can hit

Table displaying the themes found in Project Secondary School C (PSC), the codes that make up the theme and data extracts

Question 1: What is the TaMHS / 2 B Me project about?

Theme	Codes that make up theme	Data extracts
Help with problems	1. Help with problems at school	Helps you with problems at school (I've got the same)

	5. Helps 7. Talk to staff about problems at home	It helps you with things You can talk to them (staff) about things / problems at home
Help with emotions	2. Help with emotions	It helps with your emotions
Relationships	3. Talk to pupils in different year groups 6. Help with relationships	It helps you to talk to other people who are in different years It helped me to work well with other people It helps you to get along with people better
Enjoyment	4. Enjoyment	It's fun

Question 2: What is good about the 2BMe Project?

Theme	Codes that make up theme	Data extracts
Enjoyment	1. Enjoyment 2. Enjoyment of tasks 4. Enjoyment of activities	It's good and enjoyable I enjoyed the tasks cos we made like...one of the tasks we went out of school to go to a garden project and we made smoothies. I enjoyed the activities I liked the whole project in general
Support with anger	3. Support with anger	It was good cos it helped me to sort like my anger issues out
Miss lessons	5. Missed lessons	It got me out of lessons that I didn't like
Working with others	6. Working with friends 7. Working with new people	...because I got to work with my friends and with people that I didn't know because I have been separated from my friends

Question 3: What is not so good about the 2BMe project?

Theme	Codes that make up theme	Data extracts
Nothing	1. Nothing	Nothing Nothing
Completion of forms	2. Completion of forms	Keeping filling in forms
Not long enough	3. Not long enough	It was only an hour long in the week

Question 4: What in the 2Bme project has made a difference to you/ helped you? How has the 2BMe project supported you?

Theme	Codes that make up theme	Data extracts
Social skills	1. Improved social skills 7. Increased trust 9. Made more friends	In the one with '2BMe staff members name' in the 2BMe project, it helped me to get on with other people To be more supportive with my friends... To be able to trust everyone I have made loads of friends. I did in the Easter one
Increased confidence	2. Increased confidence	I used to find it really hard to talk to people I didn't know but now I can do it ... and to be more confident To feel more confident in myself
Learned new skills	3. Learned new skills	I can do things like graffiti and 'DJ-ing'
Behaviour	4. Stopped getting into trouble 6. Support with anger	... and keep me from getting into trouble ...instead of keeping them bottled up which made me angry a lot
Share thoughts and feelings	5. Able to share feelings 8. Able to share thoughts	I am able to share my feelings with other people now To tell people what I am thinking

Question 5: What has the 2Bme Project supported you with? What has changed as a result of you being involved with 2Bme project?

Theme	Codes that make up theme	Data extracts
Overcome problems	1. Accept problems in life 2. Accept problems with parents 6. Helped overcome problems	It has made me accept problems in life and problems with parents It has helped me to overcome my problems and has helped my friends to overcome theirs
Bullying	3. Bullying support	It has helped me through the bullying It has stopped me from being bullied
Feelings	4. Increased ability to	It has helped me to show my

	show feelings 5. Increased ability to talk about feelings with others	feelings more and to let people know how I am feeling
Social skills	7. Improved social skills	It has helped me to make up with my friends cos I fell out with them last year
Attitude	8. Changed attitude 9. More serious	It has changed the way that I act. It has helped me be more serious about serious things. If you say don't laugh, its not funny it makes me laugh It has changed my attitude

Question 6: How could the 2BMe project support you best/ what could be better about the 2bMe project/ what would you like to see the 2BMe project doing in the future in order to support you?

Theme	Codes that make up theme	Data extracts
Do more of same	1. Come into school more 2. Longer sessions	To come into school more It could be longer (sessions?) yes
Role play	3. Role play	To do like role plays to show people how to get over their problems ... you like role plays and stuff
Activities	4. Fun activity before school 6. Use spare rooms in school 7. More activities	To do something fun at the beginning of the day in the morning before school If there is any spare rooms like teacher's rooms we could get people in to do stuff with... To be able to do more activities
Involve broader age range	5. Involve broader range of age groups	A broader range of age groups (up to year 11?) yes. Cos last year it was like 9's and 8's cos some of the year 10's and 11's get problems like with their exams