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Doctorate in Professional Educational, Child and Adolescent Psychology

"Mood."- the development and evaluation of a digital peer support intervention for adolescents with social, emotional, and mental health (SEMH) needs.

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Student Declaration

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

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Signed: Michele Estwick

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Abstract

Globally, the concerns about the social, emotional, and mental health (SEMH) needs of children and young people (CYP) are increasing (World Health Organisation, 2021). In the UK, there is currently a high referral rate for mental health resources as the number of CYP who require mental health treatment has increased by 6% in 2021 (NHS, 2022). Moreover, young people between the ages of 10 -19 years old are seen to be more vulnerable as mental health conditions can lead to things such as social exclusion, risk-taking behaviours, and educational difficulties (Beal, 2022; World Health Organisation, 2021). What should also be considered as a developmental factor of the CYP of today is their experience of an entirely digital world. They are heavily influenced by information they can easily access through technology and by their peer relationships (online and physical). What they value, the things that motivate them and even their means of communicating are much different to older generations (Prensky, 2001; McCrindle & Fell, 2020). This begs for a review of the resources used to currently support CYP. The current study aimed to explore these factors by developing and evaluating a digital peer support intervention for young people with SEMH needs.

This two-phase feasibility pilot study explored the support offered to CYP with SEMH needs in London and the logistics and potential effects of a digital peer support intervention. The first phase of the study used a small scale survey to collect information of the existing support offered to young people with SEMH needs by Educational Psychology Services in London. For the second phase, a digital peer support intervention for adolescents who presented with SEMH needs was developed

and evaluated. The intervention created was text-based and in the form of an online chatroom. To monitor the impact of the intervention, mechanisms and moods of the adolescent participants; semi-structured interviews were conducted and the Mood, and Feelings Questionnaire (MFQ) was administered before and after the intervention (Angold & Costello, 1987). To record the behaviours displayed by the adolescents in the chatroom for each session, an observation schedule was developed. Field notes were also recorded for each session by the researcher to ensure reflexive practice and provide context of the behaviours recorded. In total, there were 15 participants, 12 Educational Psychologists (EPs) and 3 adolescents who took part in the study.

The data collected from the small scale survey with the EPs in London in the first phase of the study was analysed using thematic analysis (Braun and Clarke 2006, 2019). The findings from this seem to suggest that majority of the support offered to young people with SEMH needs is by external third sector organisations specifically charities. The findings also appear to highlight a gap in the support offered by EPs, the lack of peer support as a framework and inconsistencies in the approach taken to support CYP among the EP profession. In the second phase of the study where the intervention was trialled and evaluated; the scores for the MFQ (1988) pre and post-intervention were calculated and compared, pointing to a possible decrease in low moods by two of the adolescent participants. The scores for the other adolescent participant seemed to suggest an increase in their low moods but this was later on revealed to be caused by other external factors. The behaviours displayed in each session recorded on the observation schedule were tallied and presented. The two most frequently recorded behaviours displayed in the chatroom were 'Engaging with Others' and 'Giving Information'; which were categorised as task-oriented behaviours.

'Withdrawing' was the third most recorded behaviour and was categorised as self-oriented behaviour. These findings suggested that adolescents are willing to engage with each other using a peer-support framework and a digital medium. The semi-structured interviews were analysed using content analysis and the data revealed that the adolescent participants had an overall positive experience of the digital peer support intervention (Hsieh & Shannon, 2005; Luo, 2022). Seven themes were developed from the post-interview data, these were 'Hybrid Design of Support Services', 'Power of Choice', 'Importance of Anonymity' 'Appreciation of Space', 'Duration of Sessions' , 'Concerns of Intervention' and 'Peer Support'. Finally, the strengths and limitations of the current study are outlined as well as the implications for EP practice. The next steps in the development of this digital mental health resource are also considered and detailed.

Impact Statement

Motivated by the increasing concerns around children and young people's (CYP) mental health, this research set out to explore the resources used to support them. The current two-phase feasibility pilot study investigated the practices used by Educational Psychologists (EP) in the UK, specifically London and assessed the use of technology and peer support to help adolescents with social, emotional and mental health (SEMH) needs. In phase one of the current study, the findings highlighted that third-sector organisations are mostly recommended by Educational Psychology Services (EPS) in London to support young people with SEMH needs. It was also revealed that the importance placed on the support given to this vulnerable population is varied in different London boroughs.

In phase two of the study, the findings highlighted that young people are willing to engage with each other and offer support to their peers when there is the space and opportunity to do so. This was displayed by the behaviours that were observed by the adolescent participants in the online chatroom, with the two most recorded being on-task behaviours. In comparing the scores of the Mood and Feelings Questionnaire (MFQ) (Angold & Costello, 1987), from pre and post intervention, two of three the adolescent participants reported to experience fewer low moods during the time the intervention took place. There were three key developing themes which were derived from the semi-structured interview data, that were seen as relevant in contributing to a positive user experience of the digital intervention. These were: 'Importance of Anonymity' – this feature allowed participants to feel comfortable and to be vulnerable, 'Peer Support' – feeling heard and understood by peers who can relate and 'Hybrid

Design of Support Interventions' – participants enjoyed using technology to access the intervention and shared that having another face to face session with the facilitator (EP) would add to the experience.

The findings from the current study have a number of implications for stakeholders in various fields. These are:

- In Academica – The literature reviewed for the current study highlighted the gap in research on technology and the impact it has on CYP's development. The findings from this study contribute to the evidence relating to the influence that technology can have on CYP's development. The current study also highlighted the benefits of piloting instruments in order to collect accurate data and how important including the participants' voice in these types of studies can be. Participant's voices give context to situations and can help with accurate conclusions. This is important for researchers as it can help guide research and allows for areas that were not initially considered to be addressed.

- In EP Practice – The findings from the current study highlighted how EPs can challenge current practices that are used to support CYP with SEMH needs. The findings also emphasise the need for regular reviews of the resources and tools used by Educational Psychology Services. The current study and its findings can also be used to inspire the development of modern resources that use different frameworks to offer support. The current study also explores the advantages, disadvantages and considers the logistics of using technology to deliver assessments and interventions.

- In Educational Settings – It is important for teaching and learning support staff in educational settings to be aware of and keep up to date with the factors that influence an individual's development. The findings from the current study highlight how CYP of today communicate and are motivated differently to generations before. Teaching and support staff can use evidence-based research such as this to implement strategies that will be efficient and effective in supporting vulnerable CYP.

- Professionals Supporting CYP – The findings from the current study also highlight areas that should be considered by any professional that supports CYP. The findings emphasise how resources and support should be purposeful and made easily accessible for those who may need it.

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List of Abbreviations

EP	Educational Psychologist
TEP	Trainee Educational Psychologist
EPS	Educational Psychology Services
CYP	Children and Young People
SEMH	Social, Emotional and Mental Health
LA	Local Authority
DECP	Division of Educational and Child Psychology
RQ	Research Question
SENCo	Special Education Needs Coordinator
SEND	Special Education Needs and Disabilities
MFQ	Mood and Feelings Questionnaire
EHCNA	Education Health Care Needs Assessment
CAMHS	Children and Adolescent Mental Health Services
OFSTED	Office for Standards in Education, Children's Services and Skills
DBS	Disclosure and Barring Service

Chapter 1: Introduction

1.1. Overview of Study

The current study is a feasibility pilot study and is the first phase in developing '*MOOD: a peer support chatroom for adolescents.* This will be a digital peer support intervention for adolescents who have social, emotional and mental health (SEMH) needs (diagnosed or undiagnosed) and is to be facilitated by an Educational Psychologist (EP). The framework used to develop this digital support intervention was underpinned by three key themes: (i) The increase in mental health difficulties among children and young people (CYP), specifically adolescents (NHS, 2022; World Health Organisation 2021), (ii) The prevalent use of technology today and the way it has changed communication in the younger generations (Anderson & Jiang, 2020; Nelissen, 2022) and (iii) The rising demand for accessible mental health resources for CYP (Rainer et al., 2023).

Feasibility pilot studies use a small sample in order to investigate and test the practicability of processes or tools that will then be used on a larger scale. These types of studies are also used to explore possible effects and potential associations that can be investigated in future studies (Everitt, 2006; Thabane et al., 2010). The current study employs this design in an effort to introduce a new concept and practice that can be utilised by EPs. In the field of Educational Psychology, CYP are priority, and the primary focus of the practitioner is to provide support that contributes to their overall wellbeing (Curran, Gersh & Wolfendale, 2003). In the UK, due to the rising pressures on support services and school-based provision being identified as key for

early prevention, EPs are seeing more referrals for CYP with SEMH needs (Atkinson & Kenneally, 2021). Sharpe et al. (2016) conducted a large-scale survey which involved interviewing 577 staff members from 341 schools in England and found that mental health specialist support was more frequently provided by EPs (Sharpe et al., 2016). However, since this study, the rise in traded services in Educational Psychology Services (EPS) and the global COVID-19 pandemic provide contextual factors that may have affected the support extended and calls for more recent data to be collected (Atkinson & Kenneally, 2021; Lee & Woods, 2017). To help with professional practice and understanding the capacity that different professionals work in when providing therapeutic support, the Division of Educational and Child Psychology (DECP) published 'Delivering Psychological Therapies in Schools and Communities' (Dunsmuir & Hardy, 2016). This guidance sought to clarify the necessary competencies and skills needed to do therapeutic work. In the EP world specifically, therapeutic work refers to direct work with an individual child or groups of children. It also refers to providing support to the wider systems that are involved with the children (MacKay & Greig, 2007). Considering the sensitivity of therapeutic interventions, EPs who are involved in delivering recognised therapy, must have respect for professional ethical guidelines and be aware of the limits of their competence (Dunsmuir & Hardy, 2016). These were critical factors that were considered when conducting the current study.

With this increasing recognition of the EP role and the skills they possess, the time to create accessible tools piloted by the profession is now. Educational Psychology is evolving and needs to consider and accommodate for the twenty-first century skills and experiences of the new generation CYP (Graesser et al., 2022). In this growing

area of research, studies have shown that digital interventions can be effective in reducing depressive and anxiety symptoms and have found promising data to be explored further (Everitt et al., 2021; Kim et al., 2023; Ruggiero et al., 2006). As the current study is a feasibility pilot study, the focus is to ensure that a reliable and effective tool using technology is developed. Borghouts et al. (2021) conducted a systematic review which focused on the barriers and facilitators of user engagement with digital mental health interventions. The elements of personalisation, content of the intervention and level of guidance from a mental health support professional, were seen as factors that would affect the individuals' engagement with an intervention. These findings provided check points in determining the probable impact that the 'MOOD' intervention would have.

This chapter will give context to the areas that provided a basis for the idea and development of the digital support tool. Outlined below is the background of the current study, exploring the three key themes that inspired it. Also outlined is the research context and researcher's interest, aim of the current study, the relevancy to Educational Psychology and the theoretical framework.

1.2. Background of Study

"Out of sight, out of mind" is a famous proverb that means we tend to forget or not think about things we cannot see. However, the struggles that can come with SEMH needs are "Out of sight, ALL IN MIND". In 2014, the Special Educational Needs and Disability (SEND) Code of Practice introduced the term SEMH. This replaced the terms BESD (Behaviour Emotional Social Development) and EBD (Emotional and

Behaviour Difficulties). SEMH needs are a type of special educational need and disability where CYP have severe difficulties when it comes to managing their emotions and behaviour. The change of terms was outlined in the 'SEND Code of Practice 2015' and used to bring the focus to the needs behind the behaviours CYP displayed (Department for Education, 2015).

1.2.1. Mental Health of CYP and the Implications for Adolescents

Over the years, there have been concerns about the rising number of CYP with mental health problems and how this is affecting their learning and development (Storrie et al., 2010). The World Health Organisation (WHO) (2021) reported that globally, one in seven 10–19-year-olds experience a mental disorder. Depression, as well as behavioural and anxiety disorders were listed as the leading causes of illness among adolescents. In the UK, the number of CYP who require mental health care and treatment increased by 6% in 2021 and new referrals to CYP mental health services are said to be higher than pre-pandemic levels (NHS, 2022). Another cause for concern is that young people with diagnosed and undiagnosed SEMH needs are going unsupported since resources such as Children and Adolescent Mental Health Services (CAMHS) have a backlog and a continuously high referral rate (Beal, 2022). It is also important to consider the lasting impression the global COVID-19 pandemic has had on overall human development (World Health Organisation, 2020). During the initial emergence of COVID-19 in 2020, the WHO noted their concerns about the consequences the pandemic will have on mental health and psycho-social factors such as depression, anxiety, family problems, substance and sexual abuse and violence (World Health Organisation, 2020). Since then, many studies have been

conducted to explore the effect of the pandemic on children and adolescents' mental health and their social and emotional development. Research showed that during the COVID-19 pandemic, mood disorders, anxiety and depression were the most common mental health issues reported by children (Courtney et al., 2020; Kang et al., 2020). Roy et al. (2020) conducted research which revealed that children with pre-existing mental health conditions found it more difficult to cope with the closure of schools, lack of social activities and contact with others. Family systems were also negatively impacted by the COVID-19 pandemic as stresses such as financial, emotional, and physical were emphasised and led to worrying and troubling emotions from parents being projected onto their children (Courtney et al., 2020; Kang et al., 2020; Parsons, 2020).

During the height of the pandemic, while social distancing helped to reduce the number of viral infections, it was also a big factor in increasing the anxiety among CYP (Spiteri, 2021). The lockdowns, isolation and the constant closure of schools were having a negative psychological impact on CYP. The role of a school is not only a place for acquiring knowledge but acts as a hub for networking and developing social and emotional capabilities (Belfield et al. 2015; Zins et al., 2007). The closures of these hubs affected CYP peer relationships and the relationships between them and their teachers, which put a strain on their self-confidence and identity (Colao et al., 2020). Recognising these factors and how the resilience of CYP has been impacted is highly important. The American Psychological Association (2014) defines resilience as the "process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress". This is relevant as resilience is seen as one of the main skills to improve and maintain mental health (Gheshlagh et al., 2017). Previous

research (e.g., Fritz et al., 2019; Konaszewski et al., 2021) has found that resilience increases the tendency to cope with difficult situations. By being resilient, individuals are more likely to employ strategies related to seeking support. The current study explores this point within the EP profession, as schools and family seek practitioners' guidance in not only supporting vulnerable CYP but providing approaches that will build their emotional regulation abilities.

Adolescents were chosen to be the prime focus of the current study, seeing that young people with mental health conditions are more vulnerable to stigma, social exclusion, risk-taking behaviours, and educational difficulties (World Health Organisation, 2021). The prevalence of technology in our daily lives has brought about additional factors such as being a source of sensory hyper-stimulation (e.g., waiting for notifications) and redefining socialising (e.g., using social networks to connect) that can impact this stage (Anderson & Jiang, 2020). These factors are important and should be considered together with the sensitive and pivotal stage of overall development that is adolescence. While the World Health Organisation (WHO) (2022) outlines the age of adolescence to be between the ages of 10-19 years old, the range is still widely thought to span from 10-24 years old. These ages allow us to have a better understanding of the adolescent phase (Salmela-Aro, 2011; Sawyer et al., 2018).

1.2.2. Technology and New Generation Communication Styles

Today, children begin interacting with digital media as young as 4 months old (Carr & Haynes, 2015). In 2021, a survey conducted with parents and children in the UK revealed that 27% of children between the ages of 5-7 years old own a smartphone

(Statista, 2022). Our current young people are a part of Generation Z (commonly referred to as Gen Z) and Generation Alpha. Gen Z refers to individuals born between 1997 and 2009 and Generation Alpha are individuals born in between 2012 and 2025 (Dimock, 2022; McCrindle & Fell, 2020). While Generation Z has been labelled the 'digital natives', Generation Alpha is the first generation to grow up in an entirely digital world (McCrindle & Fell, 2020; Prensky, 2001).

This era of prevalent technology has also changed the way we communicate. In 2022, a linguistic study was conducted analysing how technology has transformed our communication. Findings revealed that our language for expressing our intentions and needs is shorter and the use of slang is widely accepted (Nelissen, 2022). In youth and popular culture, one of the most common ways to express emotions on social networking sites like Twitter, Instagram or TikTok, is by posting a picture and quoting it with the word "Mood". For example, this word may be used as a description for a picture of dog laying on its back with its feet in the air, a picture of the sun setting at the beach, paired with a meme or video (See Figure 1 and Figure 2).

Figure 1. *Example of the use of "Mood"*
(retrieved from www.X.com formerly known as www.twitter.com ,2023)
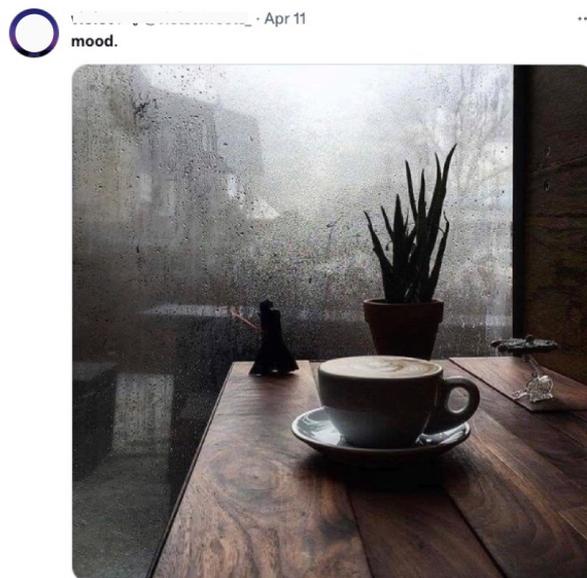
Figure 2. *Example of the use of "Mood"*
(retrieved from www.X.com formerly known as www.twitter.com ,2023)

This word gives us the ability to express how we feel using visuals instead of a long dialogue. It immediately conveys our emotions at that point in time to our peers, allows them to understand how we may be feeling and gives them the space to relate or the opportunity to reach out and offer support. This concept and expression of emotion is what inspired the digital intervention chatroom designed for this study. It was created to provide a space for young people to offer peer to peer support to each other, utilising the language and methods they currently use and can relate to.

1.2.3. Developing Accessible Mental Health Support Tools

The creation of technological resources has been long acknowledged as redefining the way in which we connect with each other (Grimes, Anderson & Bergen, 2008). The unique developmental stage that is adolescence is what makes the concern of the influence of digital media greater, whether it be positive and negative. A 2022 study

exploring the windows of developmental sensitivity to social media analysed two UK datasets comprising of 84,011 participants consisting of 10-80 years old. Findings revealed that the cross-sectional relationship between self-reported estimates of life satisfaction and social media is rated the most negative in younger adolescents. The longitudinal analyses of 17, 409 participants consisting of 10-21 years old suggested distinct developmental windows of sensitivity to social media in adolescence, where higher estimated use of social media predicts a decrease in life satisfaction ratings one year later (Orben et al., 2022). Research and findings such as this highlights how the use of digital media can directly impact an individual's self-esteem, self-perception, and mental health; more importantly, how it is now rooted and a notable factor in adolescent development.

The current study set out to explore and provide insight on using digital tools to deliver interventions for adolescents with SEMH needs within the EP profession. It also investigated the effectiveness of using peer support as a framework of the intervention. To facilitate this, young people were part of an anonymous online chatroom. They were able to freely talk about their emotional difficulties and draw support from and assist their peers in finding solutions. If practitioners and mental health professionals fail to explore other avenues and ways of supporting the needs of these vulnerable young people, it may lead to problems in their adulthood, affecting both their physical and mental health. This research seeks to challenge the idea and practices that adult led interventions are the most beneficial when it comes to supporting young people's SEMH needs. It proposes that by using digital platforms as a resource to develop and deliver interventions, adolescents can make use themselves of tools they are already familiar with. Online peer to peer support groups for young people have the potential

to be spaces of relatability, fostering a sense of belonging. The rationale for the current study and the methodology is discussed in more detail in the following chapters.

1.3.   Researcher's Context and Researcher's Interest

The area of technology and digital media and the impact it can have on the social and emotional development of individuals has always been a keen interest of mine. This curiosity has guided my research projects in the academic field. When completing a Master of Science in Psychology of Education, I conducted a research project which explored the impact that social media has on the social and emotional development of millennials. For that research project, an online questionnaire was used to collect the data from the target sample. The questionnaire was inspired by the model of measuring social and emotional development which was adapted from The Collaborative for Academic, Social, and Emotional Learning (CASEL) Essential Skills for Social-Emotional Learning (CASEL, 2003)**.** The questions inquired about social media usage to investigate the frequency and type of usage of these social media platforms. It also consisted of scenario questions which sought to explore the influence social media had on the participant. The questions included in this section were on whether information on social media influenced the way they share information, their choices, or their need to portray a certain image. There was a total of 111 participants for this study. Based on the respondents, the findings suggested that millennials are comfortable with who they are. It was concluded that while social media remains an integral part of the participants' life, it did not negatively impact their behaviour nor wellbeing. A limitation of this research, however, was the unique profile of millennials and them experiencing life before and after the turn of the digital age

(Urban, 2015). The findings from the research project highlighted that future research should focus on newer generations as they were born into the digital age.

During my first year on the DEdPsy programme, I conducted a small study that explored the use of digital media (e.g., Twitter, Instagram, TikTok, Gaming - Console games and Personal Computer Games, etc.) in adolescent peer relationships. A single focus group with 7 young people from the United Kingdom (UK) was organised with a local charity that was dedicated to supporting disadvantaged children recovering from complex trauma. For this study, complex trauma referred to the repeated exposure to traumatic events (e.g. abuse, neglect) that affected the young person's physical and mental wellbeing. The findings revealed two themes which were Social Connectedness and Mental Health: Positive and Negative Effects and these themes informed this current study. The themes highlighted that adolescents are currently using digital media for self-discovery, socialisation, maintaining their relationships and also to manage their mental health. Participants from that study shared how digital media provide them with spaces not only to relate to their peers but also to escape reality. While digital media can act as a distraction from distress that may be going on around them, the accessibility can also lead to things such as information overload, cyberbullying, and fear of judgement from peers. Young people can sometimes have difficult experiences on social media sites. These mobile applications or 'apps' have algorithms that are designed to push you to view the information and content that your peers interact with whether you want to or not. These factors now add another element that can influence social and emotional behaviours.

The current study builds on the above-mentioned research projects. Working as a Trainee Educational Psychologist (TEP) has allowed me to meet, work with and hear the stories and experiences of CYP who are vulnerable and seek support. All of these experiences fuelled my motivation to use psychology, skills and training to develop a tool that would be accessible and helpful to the CYP who need it. The current study was designed to gather information on the existing mental health support practices used by Educational Psychology Services (EPS) in the UK for adolescents with SEMH needs. It set out to learn and discover what areas need to be considered in order to modernise the current tools and resources used by EPs. It also set out to explore and evaluate the usefulness and appropriateness of an intervention such as this.

1.4. Aim of the Study and Research Questions

The following section will outline the aim of the study, the rationale, the unique contribution of this research and the research questions that were used to guide it.

1.4.1. Aim of the Study

This is a feasibility pilot study which aimed to utilise Educational Psychology theories, and the experiences and skills set of EPs to design, execute and evaluate a digital tool to deliver interventions for adolescents with SEMH needs. It also set out to challenge the view and practice that supportive interventions need to be adult led by using peer support as the framework for the intervention design. Our behaviours, our moods and wellbeing can be affected by elements of our environments (Hutchison &

Charlesworth, 2023). In the EP profession, this change in presentation is often seen in CYP, as how engaged they are with professionals and practitioners is dependent on the setting (e.g., classroom, home, playground or one to one sessions) they are in. The current study set out to create an environment specific to promoting young people's wellbeing by taking away a physical room and providing a virtual environment without full on support from an adult. It sought to explore the level of engagement, support and impact that a digital peer support intervention can have on young people with SEMH needs. It aspired to build on existing literature by collecting qualitative and quantitative data to contribute to mental health and technology research. There was a focus on how adolescents communicate and interact with each other; their willingness to share with and offer support to their peers. The findings will advance EP professional understanding of the mediums that can be used, provide best practices guidelines, and explore how existing interventions can be tailored to support overlooked vulnerable CYP.

1.4.2. Rationale

The findings from past studies have revealed that connecting with others who may be experiencing similar difficulties regarding mental illness may contribute to social integration, personal wellbeing, and better recovery. However, it may also be hard for individuals to reach out to others due to fear of rejection, negative attitudes, or potential disapproval (Link et al., 1997; Davidson et al.,1999). It appears that individuals who experience SEMH difficulties may also find face to face communication to be a challenge due to cognitive and social functioning impairments (Dickerson et al., 2001). Research such as this, supports the rationale for creating alternative methods in order

to give vulnerable CYP options in seeking and accessing support. In a review conducted by Naslund et al. (2016) on peer to peer support and social media being the driving force in the future of mental health care, it was highlighted that online mental health services make it easier for vulnerable people to seek support and social connection at their own convenience while they remain comfortable. These digital platforms also give them the option to be anonymous and avoid social situations that make them feel exposed and uncomfortable. In comparison with face-to-face meetings, online interactions give users more control in their level of engagement and the extent to how they interact with other (Naslund et al., 2016).

Livingstone et al. (2022) also proposed that academics should collaborate with companies who develop these technologies to gain high-quality data around digital interventions used for mental health. They highlighted that the effectiveness of widely used platforms should be tested and the data can be used in the development of digital interventions at the necessary scales (Livingstone et al., 2022). The current study considers the above and explores the feasibility and effects of a digital peer support intervention within the scope of Educational Psychology. The current study is separated into two phases; Phase One aims to gather information about the existing practices and support offered by EPS in London. The purpose of this phase was to build an understanding of the capacity EPs have in providing support to young people with SEMH needs. The information from Phase One was able to inform the steps taken in the design of the digital peer support intervention created for Phase Two. In the second phase of the current study, a pilot digital intervention was carried out and its feasibility and effects on the adolescent participants were evaluated. The findings from the two phases will help to identify opportunities and limitations to this type of method.

1.4.3. Research Questions

Research questions (RQs) are seen as the starting point for research as they give direction and shape to the study (Agee, 2009). Research questions are used to identify exactly what you want to find out and seeks to uncover the perspectives of an individual, group, or different groups. These questions should be focused and specific to the research design, clear and relevant to the field of study and can be operationalised, meaning that the concepts can be measured and observed (Agee, 2009). However, in qualitative research, there can be many iterations of the questions and what had originally seemed to be good qualitative questions are often refined or developed during the stages of interactive inquiry and reflexivity. (Agee, 2009; White, 2017).

For the current study, three (3) research questions were formulated to explore the existing literature, the fieldwork, and the findings.

RQ1: What existing support programmes and interventions are offered to adolescents with SEMH needs in Educational Psychology Services (EPS) in London?

This question seeks to explore the existing SEMH support provided for adolescents by Educational Psychology Services in London. Which departments and professionals support CYP SEMH cases? Is SEMH support outsourced by the Local Authority (LA)? Does the EPS have specifically designed interventions and programmes to support

the SEMH needs of adolescents? What role does the EPS play in different LAs in support SEMH needs of CYP?

RQ2: How do adolescents perceive peer support services?

This question seeks to explore adolescents' experiences, perceptions, and views of peer support. Are adolescents more comfortable being in spaces that are led by their peers? What are the advantages and disadvantages of using peer support groups? Are adolescents with SEMH needs capable of emotionally supporting each other?

RQ3: How effective can an intervention ('MOOD') delivered through digital platform be in providing mental health support?

This seeks to evaluate the impact of interventions that are delivered and hosted on digital platforms. Are digital platforms beneficial in providing mental health support? Do digital mental health tools and resources make support more accessible?

1.4.4. Unique Contribution

The current study offers a new perspective of the tools and resources used for supporting CYP's SEMH needs used in the EP profession. It allows EPs and mental health practitioners to be creative in their approaches and allows them to empower CYP. It also challenges the view that support interventions must be adult led as well as the structure and mediums used to deliver them. The findings from the current study will hopefully also encourage conversations among EPs working in different services

in the UK. Digital tools informed by psychological theories and frameworks developed by fellow practitioners, have the ability to advance professional knowledge and practice. This allows for the implementation of accessible mental health resources and practical strategies that can be easily designed to create preventative measures for vulnerable CYP.

1.5. The Role of the Educational Psychologist

EPs are already equipped with the relevant skills to conduct therapeutic and supportive interventions. It is also the responsibility of EPs to conduct research that contributes to ensuring the effectiveness of therapeutic approaches (Dunsmuir & Hardy, 2016). The current study is not only for the advancement of the profession in regard to skills and resource development but also to shed light on the value of EPs in supporting the mental health of CYP. However, explaining and understanding the duties of the complex role of an EP can be difficult to do, even for experienced practitioners. Curran, Gersh and Wolfendale (2003) outlined three levels in which EPs work: the individual (e.g., interventions and assessments with an individual child), the organisation (e.g., in schools providing in-service training of teachers) and the system (e.g., in a Local Education Authority which is developing innovatory, special additional education provision). At these levels, EPs will provide support for CYP's learning difficulties and social and emotional issues, support parents and teachers with the educational needs of CYP, design behavioural management programmes, perform assessments and make recommendations, develop interventions that advance behavioural development and apply psychological theory and research to encourage social and emotional wellbeing (Cameron, 2006; Love, 2009).

The involvement of EPS is dependent on the circumstances of the situation; the work done often takes a holistic approach and follows laws and guidance set by the government. The Special Educational Needs and Disability (SEND) Code of Practice (2014) states that the views of CYP and their parents/care givers should be included in any planning or decision making around their needs (SEND Code of Practice, 2014). It is also the responsibility of local authorities (LA) to efficiently and successfully organise and deliver these services for children and their families (Children and Families Act 2014, 2014). The word "Education" in the title takes precedent and it is often forgotten that these practitioners are Children and Adolescent Psychologists. EPs' unique position allows them to (i) be aware of the interface between different organisations in the system, (ii) have specific training in understanding emotional wellbeing and the impact traumatic experiences can have on an individual, (iii) have skills in providing emotionally safe, containing environments when delivering work, (iv) have an understanding of links between emotion, cognition and behaviour and have the skills to facilitate change and (v) have skills in reflecting with others which makes them well positioned to support groups to do this. By utilising the specific skills that EPs have in supporting SEMH needs, this benefits not only the CYP themselves but the schools and wider services who may be experiencing backlogs due to excessive referrals. EPs often work in a multi-professional capacity. Though there are instances where there are difficulties in understanding roles, professional boundaries or having an overlap in skills, joint work allows for the most efficient outcome by supporting school staff to attend to vulnerable CYP (Hulme, 2017; Salmon, 2004).

1.6. Theoretical Framework

EPs work on the bridge that connects CYP, parents/carers, teaching and support staff and the wider systems responsible for policy development. This position allows them to use psychological theories of human development to ensure that every system around the child or young person is appropriately supporting their needs. One of the leading psychological theories that guides the work of EPs is Bronfenbrenner's ecological systems theory (1979). This theory uses a model to highlight the aspects of an individual's life that interact with each other and how it affects their development. This theory was seen as the most appropriate to explain the rationale and provide a theoretical framework for the development of the digital peer support intervention. It provides a structure that allows for the key themes that inspired this research to be outlined and linked to human development (Figure 3).

Bronfenbrenner believed that an individual's environment is like a '*nested arrangement of structures, each contained within the next'* (Bronfenbrenner, 1979). The influence that one system has on an individual's development is dependent on the relationship it has with the others. Five systems were identified, which were (i) Microsystem – this is an individual's immediate environment. At this level, an individual can be influenced by people in their environment as well as have the power to influence others. (ii) Mesosystem – this refers to the interactions between the individual's microsystems. (iii) Exosystem – this refers to an individual's extended environment which inform their values and beliefs. These are factors such as mass media, neighbourhood, local policies and religion. (iv) Macrosystem – this refers to the established society and culture an individual is raised in. The culture we are

immersed in may have an influence on our beliefs and our perception of life events.

(v) Chronosystem – this refers to any environmental change or transition period that occurs over an individual's lifetime which can influence their development. For example, the COVID-19 global pandemic would exist in this system as it was a historical environmental event that greatly impacted human development (Davie, 2021).
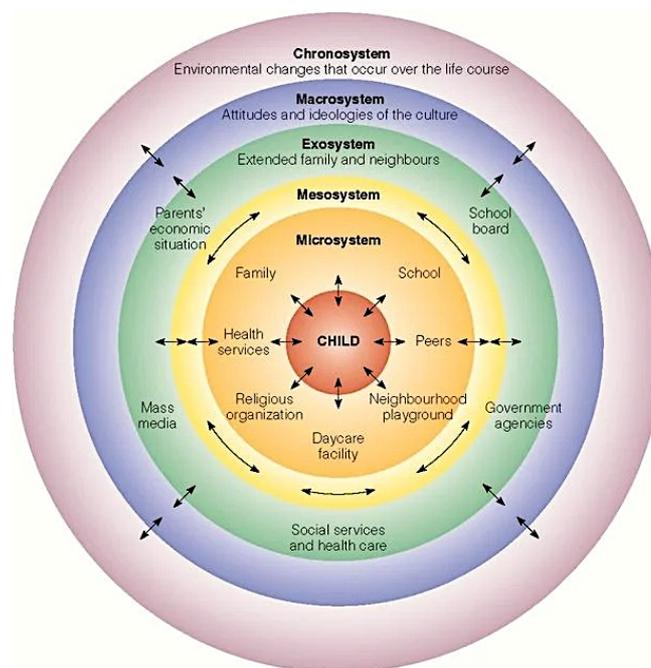
Figure 3. *Bronfenbrenner's Ecological Systems Model (1979)*
(retrieved from www.simplypsychology.org , 2023)

Over time, Bronfenbrenner (1995, 2006) revised his theory, naming it the 'bioecological model' and focused more on the persistent forms of interaction in the immediate environment and the developmental processes that individuals experience. Currently, the widespread use of technology exists in the CYP's immediate environment (i.e. microsystem) and can have a positive and negative impact on their development (e.g., Joinson & Paine, 2007; Hoehe & Thibaut, 2020; Wortham & Goel,

2013). This theory helps to emphasise the point that technology and digital mediums should be not only considered when exploring the needs of CYP but also used as resources they can access in order to seek help and find support.

While the ecological systems theory is an accessible concept that can be easily used to explain an individual's development and the factors that may influence it – it does prompt assumptions. For example, it implies that if a child does not have stable and positive ecological systems then they will lack in certain aspects of their development. This becomes a key point within this research context as practitioners need to be aware of their own biases and assess CYP as they present (DeCuir-Gunby & Schutz, 2014; Elliot & Davis, 2020).

This theoretical framework informs various elements of the current study. The researcher has a dual role by being the facilitator of the intervention. For this reason, the framework was not only a reminder to be aware of own biases and assumptions but was also used to map out the contextual factors around the young person. It allowed for the values and beliefs that may guide the young person's decision-making and perception to be considered. Most importantly, this theory helped explain the changed environmental and contextual factors that now influence an individual's development. It also supports the argument of using the innate familiarity CYP have with technology to create accessible mental health resources for them.

Chapter 2: Literature Review

2.1. Overview

This chapter will highlight and discuss the consistent themes found in the existing literature and research in relation to adolescent development. The research presented and reviewed will have a particular focus on peer support and social, emotional development and mental health. There will also be an exploration of the existing literature which investigates the prevalence of technology and how it has changed the way we communicate, perceive ourselves and the impact our relationships with others. This chapter will also explore the research on the role of education in adolescent development and highlight the unique position that EPs have in offering guidance and creating supportive tools and interventions for vulnerable CYP. It will also critically examine the research conducted in adolescent development, social, emotional and mental health, peer support groups in relation to the use of digital interventions.

2.2. The Stage of Adolescence

Adolescents are often described as "hormonal", "emotional" and "rebellious", however, what is not always initially considered is how the cognitive and psychosocial changes taking place may be overwhelming for some individuals (Hazen et al., 2008). Adolescence has been broadly categorised as three stages: (i) early adolescence – age 10 to 13 (ii) middle adolescence – age 14 to 17 and (iii) late adolescence – age 18 to 19 (Salmela-Aro, 2011). This period is not only defined by age but by the

developmental tasks that are achieved during this stage. These developmental processes are often portrayed clinically as distinct areas: physically, cognitively, psychologically, and morally. However, there is constant instability in these processes as they do not occur in isolation but rather at the same time and are interacting with each other (Hazen et al., 2008).

2.2.1. Identity Formation – "Who Am I?"

From infancy to adulthood, Erikson (1963) presented eight stages of psychosocial development in which our personality develops. This theory explains two stages that develop in adolescence; these are 'Identity vs. Role Confusion' and 'Intimacy vs. Isolation'. In these stages, children are becoming more independent and learning the roles they will occupy as an adult. During this time, children are extremely self-aware, self-conscious, re-examining their identity and deciding who they want to be. Erikson (1968) described identity as a subjective feeling of self-sameness and continuity over time. Simply, regardless of the social situations and place, a person's sense of being remains the same. The stage of adolescence brings a heightened sense of self-awareness where identity formulation happens. Establishing one's ego identity is a major life task (Erikson, 1968). Marcia (1966) proposed an identity status model using Erikson's (1963) views on identity formation. Marcia described four identity statuses that depend on the amount of exploration and commitment that the adolescent is experiencing or has experienced. These statuses are Identity diffusion (D) – here the adolescent has not made a commitment regarding a specific developmental task and may or may not have explored different alternatives in that domain. Foreclosure (F) – the adolescent has made a commitment without exploring. Moratorium (M) – this is

where the adolescent is in a state of active exploration but has not made any significant commitments. Identity achievement (A) signifies that the period of active exploration is completed, and the adolescent has made a commitment. This model provides a base framework and outlines the psychological processes of adolescent identity development.

With the new variables that the twenty-first century has presented, researchers have investigated the relevance of this model. Meeus (2011) conducted a review of longitudinal research on adolescent identity formation from 2000-2010. The review demonstrated that the dimensional approach to studying identity formation can be successful as it allows for person-centred analyses and empirically generated, replicable statuses. However, this research also did suggest that identity formation may be less of a dynamic process than previously assumed. Adolescents may follow two distinct sets of identity transitions which are D $\rightarrow$ F $\rightarrow$ A or D $\rightarrow$ M $\rightarrow$ C $\rightarrow$ A (Meeus, 2011). Though Meeus' review took place over ten years ago, it revealed the shift that was beginning to happen in the experiences of CYP. This information is key in understanding the CYP of Generation Z and Generation Alpha, as their perspective and priorities are different. CYP of these generations value individuality, diversity, inclusion and have a desire for innovation and honesty (Shtepura, 2022; Student-Centered World, 2023). Over many decades, past studies (e.g., Grotevant, 1983; Hauser, 1971; Umaña-Taylor et al., 2002; Verhoeven et al., 2019) have highlighted variables such as ethnicity, socio-economic status, family dynamics and educational settings can have an influence on the identity formation of adolescents. Exploring these factors is a key feature of EPs' work and are considered when assessing the needs of a child or young person. EPs are given the responsibility of triangulating the

information they gather about a young person and using psychology to formulate the key triggers that may be impacting their behaviours and presentation (Love, 2009). The legislative changes made to Education Health Care Plans (EHCPs) for young people, now include Post-16 PFA (Preparing for Adulthood) outcomes (Department for Education, 2015). This change emphasised the need for continued support for young people, considering the complex developmental stage that is adolescence. It also takes into account specific factors that will have influence on their livelihood. Research such as this continues to highlight EPs as the appropriate practitioners who can create support tools and facilitate services for CYP at this stage of development.

2.2.2. Belongingness – "Where do I fit in?"

A literature review was conducted by Rubin et al. (2011) around the psychological theories relevant to the study of peers and the normative patterns of peer interaction from infancy to early adolescence. The findings suggested that the relationships individuals make through childhood with their peers are integral to their development (Rubin et al., 2011). Past studies (e.g., Brewer, 1991; McKenna & Bargh, 1998) also highlighted the importance of individuals having a sense of belonging to a group and feeling connected to others. Findings suggests that an individual's self-esteem and self-efficacy increase when they are able to achieve a sense of belongingness and identify with a social group. Belongingness has been acknowledged as having a significant impact on factors associated with wellbeing such as life satisfaction, cognitive performance, clinical depression, academic outcomes, and general wellbeing (Allen & Bowles, 2012). Many studies have explored adolescence and factors that affect overall wellbeing at this stage and have had similar findings. For

example, Sharma & Malhotra (2010) conducted a study in India with 500 adolescents from rural and urban areas belonging to nuclear and joint families. The purpose of this study was to examine the association between psychosocial factors and happiness in adolescents. The results revealed that social support and personality variables (belongingness) contributed to the variance that predicted perceived happiness. This highlights that an individual's search for belonging can start earlier than adolescence. In a study conducted by O'Rourke & Cooper (2010) in Australia, the markers of wellbeing and happiness was investigated with a sample group of 312 primary school aged students. The findings from this study indicated that friendship, belonging, and optimism are indicators of children's happiness. In another study, O'Connor et al. (2010) used a group of 19–20-year-old young people to investigate five factors that relate to healthy adolescent adjustment. The factors were based on Hawkins et al. (2009) Model of Positive Development in Emerging Adulthood. The findings from this research revealed that across each of the five factors, school bonding in adolescence significantly predicted early adult wellbeing (Hawkins et al., 2009; O'Connor et al., 2010).

In the EP profession, belongingness and peer groups are foundational areas which are explored when assessing CYP needs, with academic success being linked to an individual's sense of belonging in the learning environment (Osterman, 2000). Young people have reported feelings of happiness and having a greater sense of psychological wellbeing once they feel a sense of belonging at school (O'Brien & Bowles, 2013). The stage of adolescence amplifies an individuals need for belonging which further emphasises the importance of accessible supportive resources and spaces (Rubin et al., 2011).

2.2.3. The Role of Education in Adolescent Development

The current study focuses on adolescent development but also considers the role and impact education has on it. Reflecting on Bronfenbrenner's ecological systems model (1979), the learning environment is a factor that can impact adolescents' identity and development both intentionally and unintentionally (Bronfenbrenner, 1979; Verhoeven et al., 2018). Research exploring literature across fields which included diverse perspectives, educational contexts, analytical method, and samples all highlighted the role educational context plays in identity formation processes (Verhoeven et al., 2018). It has also been acknowledged that the first years of secondary school are where young people usually explore their identity (Kaplan & Flum, 2012). Teachers also play a unique role at this stage as their approach and relationship with young people can help them positively explore their identity or negatively impact it (e.g. Kaplan & Flum, 2012; Raufelder & Kulakow, 2021; Rich & Schachter, 2012; Schachter & Galili-Schachter, 2012).

The connection of identity and academic performance exists in an individual's life from the time they display the ability to learn (Kaplan & Flum, 2012). While some research shows that identity formation is variable, others have highlighted that it is still strongly shaped by the contexts in which it takes place such as educational settings (Lannergrand-Willems & Bosma, 2006; Marcia, 1993). In the field of educational psychology, rating scales such as the Myself-As-A-Learner Scale (MALS) are commonly used. The MALS is a 20-item scale used to explore and measure CYP's conceptions of themselves as learners and problem-solvers (Burden, 1998). By using this tool, the administrator accepts that there is a connection between CYP's self-

concept and their academic performance. Research in this area is relevant to this current study as the focus is on adolescents - where identity formation takes place. Investigating the nature of identity formation processes in educational settings and the connections that appear, aligns with the work that is done by EPs.

Outside of learning, another example of the impact that the educational setting has on CYP, is when they transition from primary school to secondary school (Evans et al., 2018; White, 2020). It is understood that this process of transitioning can be difficult to navigate, and it for this reason that schools have days dedicated to having activities to understand it. Various organisations (e.g. YoungMinds, Place2Be, Compass, Anna Freud Centre) also provide resources on supporting CYP through this transitional period. However, it appears that the expectations that are put on children during this time is what makes it difficult for them. Children go from a hands-on supportive, collaborative space that is primary school to a self-led, bureaucratic environment that is secondary school (Backes & Bonnie, 2019). A study conducted by Katsantonis et al. (2022) revealed that young people in the UK experience a significant decline in their subjective well-being during their first years at secondary school. This study analysed the well-being and self-esteem of 11, 231 adolescents aged 11 and 14 years old using the Subjective Well-Being scale and the short version of Rosenberg's Self-Esteem Scale. The decline that was revealed was reported to be likely linked to the transition of secondary school. It was also linked to specific aspects of well-being which changed in early adolescence such as the school and peer relationships. This suggests that there is a corelation with the shifts that were recorded in the young people's social and academic lives. It was also noted that regardless of the background or economic circumstances that would influence mental health, well-being

still fell across all areas during early adolescence (Katsantonis et al., 2022). Research such as this highlights that the thoughts and feelings that come with adjusting to the physical environment and processes of secondary school can manifest into SEMH difficulties for young people.

While the existing research supports the connection, there is still gap in the literature on the role school plays in adolescents' identity development. The way that young people are currently supported is on a trial-and-error basis in order to cater to their individual needs (Verhoeven et al., 2018). It appears that the well-being of a young person and how resilient they are is constantly challenged as it depends on their self-concept and self-esteem, their understanding of their environment and their emotional regulation abilities. These are some of the key areas that are developing and disrupted during adolescence (Hazen et al., 2008). The current study is timely and well placed to gather information on the factors that can encourage the development of preventative measures for young people who experience SEMH difficulties.

2.3. Social, Emotional and Mental Health Needs of Young People

In 2008, the Children's Society reported that 10% of children and young people between the ages of 5-16 years had a clinically diagnosable mental health problem (Children's Society., 2008). Since that report, mental health issues are said to be prevalent and continue to increase in the younger population (Westberg et al., 2022). The cause of SEMH needs can vary; the most common causes are believed to be attachment difficulties, experience of trauma (e.g., domestic violence, bullying, racism, social exclusion), mental illness, difficult and complex family dynamics, relationships,

and physical health (Department for Education, 2015). The introduction of social media and its impact on self-perception has also caused an increase in anxiety symptoms and depression (Sadagheyani & Tatari, 2021). CYP are also having a harder time with their social and emotional development as they have been heavily impacted by global events such as the COVID-19 pandemic (Deolmi & Pisani, 2020). Current statistics around the mental health of CYP is highly alarming. Listed below are statistics and statements from various reports and articles about CYP mental health:

- 1 in 6 children aged five to 16 were identified as having a probable mental health problem (NHS Digital, 2021).

- The A&E attendances by young people aged 18 or under with a diagnosis of a psychiatric condition tripled between 2010-2018-19 (NHS Digital/The Independent, 2020).

- 83% of young people with mental health needs reported that the coronavirus pandemic had worsen their mental health (YoungMinds, 2020).

- 1 in 3 children and young people with a diagnosable mental health condition get access to NHS care and treatment (NHS England, 2017).

- A YoungMinds survey reported that 76% of parents said that their child's mental health had deteriorated while waiting for support from CAMHS (YoungMinds, 2018).

- In America, the CDC reported that depression, substance use, and suicide are the major concerns among adolescents aged 12-17. In 2018-2019 36.7% had persistent feelings of hopelessness and sadness (CDC, 2022).

- In 2019, it was estimated that globally, one in seven adolescents experience mental disorders (UNICEF Data, 2021; UNICEF, 2020).

These statistics highlight the dire concern of CYP mental health and the critical need for resources that can effectively support them.

2.3.1. Factors Affecting Seeking Help

Although there are a wide variety mental health support resources, there are barriers that affect young people from seeking help with their mental health. Help-seeking is not just an individual act, but it is influenced by social factors. Organisational support structures and societal factors can limit the opportunities that people have to seek help (Pescosolido & Olafsdottir, 2013; Salaheddin & Mason, 2016). Past research tends to focus on mental health literacy, neglecting tests for the efficacy of mental health support and interventions (Radez et al., 2021). In 2014, Kauer et al. conducted a systematic review investigating the effectiveness of online services in facilitating help-seeking in young people. Out of 608 publications identified, 18 satisfied the inclusion criteria. While the majority of the studies were reported to be of low quality and likely to biased, young people across all studies regularly used and were satisfied with the online mental health resources. The chosen articles for review were of small sample sizes and had a high proportion of young women. Therefore, the findings from this review are not generalisable as it lacks the perspectives of other genders. Other factors reported to be barriers to online help-seeking were lack of awareness, a preference for face-to-face services, uncertainty around confidentiality and lack of motivation (Kauer et al., 2014). Westberg et al (2022) conducted a study to map the

published literature on young people's experiences of seeking help for mental health problems. A scoping review was conducted for literature from 2010-2020 in different databases. From 2905 studies identified, 12 articles were selected as they met the inclusion criteria. The review showed that unfamiliarity and having insecurities regarding issues related to mental health affects their ability to seek help.

Cross-cultural aspects must also be considered in the discussion of factors affecting seeking help. Key aspects to consider are (i) Cultural Beliefs and Attitudes – different cultures have varied beliefs about the causes of mental health and its impact. This also affects how needs may be explained and diagnosed. These beliefs can influence who the young people reach out to and how they think support should be given. (ii) Family Dynamics – the expectations and roles of family members also varies across culture. These expectations may affect how young people express their emotions, communicate their needs and how it is accepted. (iii) Migration – this factor is particularly relevant to the current study as it was carried out in London. In 2021, Census data revealed that London was the most ethnically diverse region in England and Wales (Garlick, 2022). CYP from immigrant or minority backgrounds may find difficulties with seeking help as they try to develop and understand their cultural identity. Young people face a predicament having to challenge their own views and the views of those in their immediate environment (Chen et al., 2020; Gopalkrishnan, 2018; Subu, et al., 2022). This further highlights the importance of the current study as CYP may struggle to seek help due to their lack of understanding of their needs, lack of knowledge and accessibility to support and the existence of cross-cultural factors. The aim of the digital peer support tool created in the current study is to

eventually simplify the processes and make it easier for vulnerable young people to access supportive services and feel less shame in doing so.

2.4. EP Involvement in Providing SEMH Interventions

The role that EPs play in supporting CYP's mental health and wellbeing has been often dismissed. However, it is argued that EPs have always played a part in this area (Birch et al., 2015; Birch & Gulliford, 2023). Past research (e.g. Atkinson et al., 2011) has investigated the then evolving role of EPs and their use of therapeutic interventions with CYP. At the time, the issues that were found to impact the delivery of these interventions by EPs were their access to supervision, the perceptions of the EP role and competing pressures within their practice (Atkinson et al., 2011). Since then, EPs have been recognised as being vital to the UK's workforce and as experts in providing advice to educational settings as well as directly supporting CYP with mental health difficulties. With this recognition and their skillset, EPs and TEPs have been able to provide and conduct research not only using but creating evidence-based interventions that have been evaluated. (Association of Educational Psychologists, 2021).

Though there is a greater understanding of the EP role, and they are now positioned in various services such as Mental Health Support Teams, the view of the role and their contribution to the support of SEMH needs and emotional well-being of CYP is still a relevant area of research (Department for Education, 2023). Recent TEP research published and unpublished (e.g. Andrews, 2017; Hickinbotham, 2023; Skene, 2023; Munkly, 2024) have explored the role of EPs and its relation to providing

support to CYP who experience SEMH difficulties. The findings from the research in this area found that EPs are rightfully placed in delivering SEMH interventions and support. However, the common themes in regard to the limitations that EPs face is their role not being communicated clearly, having to challenge outdated methods of support and restrictions from dominant constructions in literature and policies. Research of this nature highlights that there is still work to be done in solidifying the role of an EP in SEMH support.

The current study explores the use of a digital peer support intervention to help with SEMH needs in adolescents. In practice, EPs utilise their skills to deliver and facilitate peer support interventions; the most notable being Circle of Friends (CoF) (Van Der Meulen et al., 2021). CoF is an evidence-based intervention that is commonly used with CYP who have a SEND diagnosis (Frederickson & Turner, 2003; Shotton, 1998). Circle of Friends involves formulating a network of social support for vulnerable CYP in order for them to feel accepted by their peers (Hassani et al., 2022; Newton, Taylor & Wilson, 1996; Pearpoint, Forest & Snow, 1992). CoF is to help CYP improve their social skills and help their peers change their behaviours and perceptions towards the child that may be having social and emotional difficulties. Research focusing on EPs involvement in providing SEMH informs Phase One of the current study as it spotlights EPs as skilled practitioners who are able to facilitate peer support interventions.

2.5. The Importance of Peer Relationships in Adolescence

Early views of behavioural development during childhood and adolescence were thought to be largely dependent on the child's relationships with their parents and the how they observed their parents socialising (e.g. Bowlby, 1958; Freud, 1993; Sears et al., 1957). In time, it became evident the combination of a variety of factors impacts how individuals develop. The factors that exist in the child's immediate environment have the potential to influence their development (Rubin et al., 2011). Peer relationships are often pointed out as being a main feature in adolescence. The importance of peers and friendships is increased which leading to young people measuring their self-worth by the way they are perceived. Peers have the ability to not only influence the opportunities to develop positive social skills but also affect adolescent development either by cultivating health enhancing or health compromising behaviours (Jackson & Goossens, 2007; Lerner & Steinberg, 2009; Rohrbeck, 2003).

Mitić et al. (2021) conducted a systemic review and exploratory meta-analysis on supportive peer relationships (SPR) in adolescence. Their research found literature which highlights the important period that is adolescence and how peer influence and the school environment shape the psychological development and the maturation of core social-emotional regulatory functions. However, they noted that there is no integrated evidence-based model of SPR in this age group that could inform future practices and research. This meta-analysis combined evidence from 364 studies into an integrated model of potential determinants of SPR in early adolescence. Based on cross-sectional correlation data, the model created contains 93 variables which refers to individual (such as identity, affect/wellbeing, behaviour/health, and skills/strengths)

and environmental (such as school, peer group, community, internet/technology, and family) potential influences on SPR. The findings from this study suggest that identity and social and emotional skills in SPR were fundamental and the school environment also stood out as a reliable environment for prevention programmes. It also emphasised the gap in the research about the influence the virtual environment has on young people's social development (Mitić et al., 2021). The research highlights that it is not enough to acknowledge the weight that peer relations hold during adolescence but researchers and professionals to consider the impact these relationships have, in order to develop relevant and appropriate early prevention programmes and resources.

2.5.1. The Concept of Peer Support

Some of the most relevant and practical advice and support comes from our peers (Scheepers et al., 2023; Terry, 2022). Peer support can be defined in different ways. Mead et al. (2001) defined it as *'a* system of giving and receiving help founded on key principles of respect, shared responsibility and an agreement of what is helpful' (Mead et al., 2001). Mind, a mental health charity in England and Wales, defines peer support as 'when people use their own experiences to help each other' (Mind, 2023). It involves drawing on shared characteristics and lived experiences to provide knowledge and social and emotional support.

The Alleged Lunatics' Friend Society established in England around 1845 is referenced as the earliest known peer support group. This was an advocacy group started by former asylum patients and their supporters. They campaigned for

protection against the improper treatment and for reform of the lunacy laws (Hervey, 1986; Shalaby & Agyapong, 2020). Peer support is reported to be formally introduced as a service in community mental health care in the 1990s. Peer support services exist in different contexts such as addiction and drug use, persons with disabilities, elderly persons and medically and socially disadvantaged subgroups. Past studies with adult participants have reported the effectiveness of the practice, revealing that it provides the potential for reducing bullying, decreasing depressive symptoms, increasing the quality of life, providing overall motivation and was especially beneficial in supporting marginalised communities (Chapin et al., 2013; Litt et al., 2007; Naylor & Cowie, 1999; Sokol & Fisher, 2016).

Roach (2018) conducted a systematic review on literature regarding peer support and mental health in adolescence. The years included in the search were 2007-2017, which resulted in 15 studies being reviewed. The findings from this research showed that over time and setting, there was a consistent pattern that highlighted the positive role that peer support plays in adolescents with mental health care needs. However, there remains a gap in the literature and research on this topic on what is being done to effectively support young people (Roach, 2018). This research is relevant to the current study as the aim is to use the exploratory data around using a digital peer support intervention to add to the understanding of adolescent peer support and the effects it can have on mental health.

2.5.2. The Use of Peer Support in Helping Adolescent Mental Health

The use of peer support programmes for young people is very common, especially at the university level where challenges with isolation and loneliness often occur (Shalaby & Agyapong, 2020; Students Mind, 2014). Peer support has been recognised to promote positive behaviours and foster emotional support in CYP (Coleman et al., 2017; De Beer et al., 2022; Pinto et al., 2019). Roach (2017) conducted a systematic review of the literature focusing on positive peer support and mental health in adolescence. This review used databases such as CINAHL, PubMed and PsycINFO to search the years between 2007-2017. In the end, 15 articles from 70 chosen were selected for a final review to be read at full length. The studies were all quantitative, had participants ranging from 12-18 ages, and used various measures such as self-reported surveys, observations, questionnaires and interviews. The findings highlighted that peer support has a key role in improving adolescents with mental health needs, specifically depression, anxiety and suicide. Although the theme of positive effects was consistent in the research, it must be noted that the studies selected had specific samples and varied in gender, sample size, location and the data analysis method (Roach, 2017). This calls for additional research to be conducted in order for findings of adolescent peer support interventions to be generalised. Nevertheless, the consistent reported positive effects of peer support as a framework found in previous research continues to inspire studies in this area (e.g., Boucher et al., 2022; Hart et al., 2019; Jiang et al., 2024).

In reviewing the literature around adolescent mental health interventions, limitations were found due to the settings they exist in Previous research has highlighted that

most signposting and interventions are done in schools (Das et al., 2016). While this is relevant to the current study, it is a limiting factor as the most vulnerable of the population may not be reached due to them not attending school because of their needs.

2.6. The Era of Digital Communication

This digital era we currently live in, has changed the way we connect with each other and has made us more accessible. Generally, individuals, especially CYP have become more accepting of the technological mediums we use for communication (McCrindle & Fell, 2020). Using digital media is common among CYP, with recent statistics showing they spend significant time interacting with their friends online (The Good Childhood Report, 2020). In 2022, Ofcom reported that Instagram, TikTok and YouTube are the most popular news sources among teenagers (Ofcom., 2022). Research such as The Breaktime Research Project revealed that there is much less face to face engagement between peers (children and adolescents) outside of school than there was a decade ago (Baines & Blatchford, 2019). These reports and research findings highlight how often CYP are using digital platforms for their communication and reinforces the proposition of using these same mediums to help support them.

Most research (e.g., Barth, 2014; Fardouly et al., 2015; O'Reilly et al., 2018; Roshanaei, 2015; Scherr et.al., 2019) carried out on the use of digital media among young people has been focused on the negative aspects and how it contributes to poor mental health, cyber bullying, and body dysmorphia. Other research (e.g., Datu et al., 2017; Jelenchick et al., 2013), however, has found no correlation between digital

media, social media and depressive symptoms or even if it plays a role in decreasing depressive symptoms. Thorsteinsson & Davey (2014) conducted a longitudinal study examining the predictors of compulsive internet use and depression. They reported that social media combined with different psychological factors seem to have more of a positive effect than a negative effect on depression. More recently, Orben et al. (2024) conducted research which reviewed specific mechanisms by which social media may increase mental health issues in adolescents. In this research, they considered social media affordances relevant to the relationship between mental health and adolescent development. The mechanisms at three levels of adolescent development considered were behavioural, cognitive and neurobiological. The social media affordances and the associated mechanism highlighted were Behavioural – Anonymity, Bandwidth, Persistence, Replicability and Editability. Cognitive – Association, Personalisation, Quantifiability, Synchronicity, Verifiability and Visibility. Neurobiological – Variability of Social Rewards and Availability. In regard to behavioural mechanisms, social media was seen to increase adolescents' engagement in risk-taking behaviours. It was also seen that with the task of identity formation at the adolescent stage, social media affordances can shape self-presentation behaviours as well as provide opportunities for establishing an identity in adolescents. For cognitive mechanisms, social media was seen to impact the development of adolescents' self-concept, heighten the emotional reactions of feeling excluded from social groups and increase depressive symptoms due to social comparisons and social feedback. The neurobiological mechanisms pointed to social media amplifying the feeling of stress in adolescents. It is noted that there is a lack of conclusive neurobiological evidence about stress and social media use, however, the increased sensitivity to stress caused by social media can have a long-term effect on

adolescents' mental health. Also highlighted were the effects social media may have on decreasing adolescent mental health vulnerability such as social inclusion and closeness in friendships (Orben et al., 2024). While there are still areas that require further investigation, research such as this aligns with the purpose of the current study. It highlights the use of digital media and what particular features may have an impact on overall adolescent development. It also informs the decisions made when conducting the current study and the mechanisms of adolescent development that should be considered.

O'Reilly et al. (2019) explored the perceptions that social media can be used to promote mental health in adolescents. The participants for their study were adolescents aged 11-18 years, educational professionals and mental health practitioners all recruited from London and Leicester. Focus groups were conducted separately with the different groups and data was analysed using thematic analysis. The findings revealed three themes from the views that were shared by participants. These were: the role social media can play for mental health promotion, adolescents frequent use of using social media and the internet to seek information about mental health and the benefits and challenges of social media to promote mental health. This study highlighted barriers that may be affecting the development of using digital tools to support adolescent mental health. It was reported that adult participants and older adolescents were cautious in their ideas about using social media in mental health promotion. The hesitation in using digital tools in mental health practice is expected as practitioners and professionals in this field tend to be older. Department for Education (2019) reported that in England, 8% of male and 13% of female Educational Psychologists were under the age of 35 years old (Department of Education, 2019).

Older practitioners may have a difficult time understanding the use of and navigating these digital tools to facilitate and deliver interventions.

This study, however, did report that educationalists and mental health practitioners believed there was potential in using social media after hearing the views from the adolescents. The adolescents of the study shared that they valued the ease of accessing information and the anonymity afforded by certain social media channels but had concerns around the credibility of the sources of information as trustworthiness was important to them (O'Reilly, 2019). While this study highlights factors that should be considered in developing digital interventions, it has not tested the factors that may affect the implementation of them. These studies continue to bring attention to the role technology can play in supporting adolescent mental health. Though the design, delivery and potential effectiveness of these digital tools have been outlined and endorsed by adolescents themselves, it appears that there is still a delay in the development of these interventions.

2.6.1. The Increase of Parasocial Relationships

In reviewing the literature and research on digital media and CYP's mental health that was conducted in the last decade (e.g. Brunick et al., 2016; Jennings & Alper, 2016; Oliver & Raney, 2014; Reinecke & Oliver, 2016; Tolbert & Drogos, 2019), the rise, and effects of parasocial relationships was emphasised. A parasocial relationship is defined as a one-sided socio-emotional connection that an individual has with another. These are often media figures (celebrities, social media influencers, movie/television stars) or organisations like sports teams (Hoffner & Bond, 2022). While the

phenomenon of parasocial relationships is not new, what is alarming, is the rate at which these types of relationships are increasing, especially for CYP. Parasocial relationships has been recognised as a factor that can play a role in autonomy development and identity formation in adolescence (Gleason et al., 2017; Tolbert & Drogos, 2019). As is often the case, there are pros and cons to parasocial relationships and the effect it can have on an individual's mental health. The pros of parasocial relationships are: Parasocial relationships can encourage positive modelling, be used for learning, can reduce the feeling of loneliness and boost one's self-esteem as they can be validating. On the contrary, the cons are: parasocial relationships can lead to isolation, difficulties in social skill development, drive obsessions and even have a significant effect on cognitive development (Hoffner & Bond, 2022).

From experience, it is common that CYP mention their favourite online personality when asked about their interests. With online streamers that use platforms such as Twitch and YouTube uploading videos or going "live" weekly and sometimes daily, CYP are easily developing socio-emotional connections with these individuals. The reason that these content creators can secure their connection with such a diverse community of people is due to the element of trust (Aw & Chuah, 2021; Chun & Cho, 2017). Online personalities are able to cultivate trust which enables CYP to be vulnerable. This introduces a new challenge as parents and mental health partitioners must communicate how the safe spaces that CYP created for themselves and gravitate towards can also negatively impact their SEMH abilities (Gleason et al., 2017). The exposure to this virtual social environment that CYP now have during their sensitive stages of development, needs to be considered when examining their overall

wellbeing. This should be heavily considered when researchers explore childhood development in the current era. The findings from the developing research in this area further highlight not only the relevance but the importance of the current study within the mental health context. It supports the notion that the use of digital mediums and platforms can be used as a tool to provide positive support for adolescents with SEMH needs.

2.6.2. Digital Mental Health Interventions for Adolescents

Lehtimaki et al. (2021) conducted a systematic literature review to synthesise the existing evidence on digital health interventions for adolescents and young people with mental health issues. The review focused on adolescents and young people between the ages of 10-24 years and focused on the effectiveness, cost-effectiveness and how it can be generalised to low-resource settings. PubMed, PsycINFO, MEDLINE and Cochrane databases were explored for research that met the criteria. In the end, 18 meta-analyses and systematic reviews were included. Evidence was found which supported the effect of cognitive behavioural therapy delivered through a digital medium on decreasing anxious feelings and depressive symptoms. However, it is noted that other digital mental health interventions being effective was inconclusive. Also found was that interventions which had an in-person element (e.g. peer, parent or professional) were seen to be more effective and had higher engagement than those which were fully delivered online. This review also highlighted that though digital interventions are proposed to increase the accessibility of treatment across various settings, there was no study found which focused on social contextual factors or

specific populations (Lehtimaki et al., 2021). It found that there are very few existing digital platforms that are evidence based, yet digital interventions can be effective on their own or in supporting traditional treatments.

Ridout & Campbell (2018) has highlighted the use of social networking sites (SNS) in mental health interventions to support young people. The evidence found and reviewed suggests that young people find SNS-based interventions usable, supportive and engaging. It is noted that young people mostly use SNS to seek knowledge and for peer-to-peer support. This understanding and awareness of young people using digital media for peer support has inspired the development of various digital peer support interventions. While previous literature (e.g. Ali et al., 2015) has pointed to peer support as a framework not being effective in online interventions for adolescents, the concept is still being investigated and used to develop various types of digital programmes, especially now since the occurrence of the COVID-19 global pandemic. Current studies (e.g., Andalibi & Flood, 2021; Khanna & Carper, 2021; Pavarini et al., 2022; Välimäki et al., 2017) have developed and used digital peer support interventions to improve adolescent mental health. The findings revealed that digital peer support interventions are acceptable, feasible and can promote self-care and empowerment among young people. The limitations seen across the research was the challenge of ensuring ethical principles are followed, low motivation in the young people to provide support and the various engagement levels in the groupings. A factor that needs closer evaluation in the design of these interventions is whether peers should be grouped based on their diagnosed or presenting need to ensure that relevant coping strategies and tools are shared. The evidence of peer support interventions among adolescents was noted to be lacking and inconclusive as this field

is seen to be in the early stages of development. The current study adds to emerging research about the effects of digital peer support interventions on adolescents' mental health by examining it from an Educational Psychology perspective.

2.7. Summary

It is evident from the existing literature that peer support has positive effects, and digital interventions can be efficient once implemented and executed appropriately. This review of literature highlighted that most of the research in this area are systematic literature reviews or qualitative studies collecting the views and perceptions of adolescents and mental health practitioners. Prior research and existing literature also highlighted that there is a gap in the research as the majority of digital interventions created and delivered are not evidence based. The literature also highlighted the main concerns when designing digital tools are confidentiality, accessibility and trustworthiness. Contrastingly, some of the literature highlighted the barriers to facilitating and running these digital peer support interventions. Past studies have found that low motivation from adolescents to seek help, professionals creating boundaries and the perception of technology from older practitioners can affect how regular these digital interventions are conducted. The current study further explored these factors with the view of informing EPs on best practice and have them incorporate these concepts in the way they work in order to keep professional practice up to date and relevant.

Chapter 3: Methodology

3.1. Overview

Outlined and discussed in this chapter are the methods adopted and the epistemological assumptions governing the current study. The research design, the sampling method, the recruitment of participants and data analysis employed will also be detailed. This chapter then explores any risks that were encountered and the ethical considerations.

3.2. Ontology and Epistemology

When conducting social research, there are two fundamental philosophical views that are reported which are ontological and epistemological beliefs. Simply, ontology is the study of existence and refers to the social reality and the nature of being. Epistemology is the theory of knowledge and is concerned with sources, scope, and nature of knowledge (Denzin & Lincoln, 2018). Epistemological positions are usually aligned with ontological positions in order to explore and understand how reality can be observed, interpreted, and understood (Denzin & Lincoln, 2018; Teddlie & Tashakkori, 2009).

The principles of social constructionism align with the purpose of this study and was the ontological perspective adopted to guide it. This concept describes that shared knowledge is created between people through their language and interactions. This

study seeks to gather knowledge from the dynamics within group interactions, with emphasis on the process rather than the structure. The experience and comfortability of the participants is key, and the measures used were chosen to support that. It also invites the researcher to reflect on the responsibility that comes with writing about other people, and it understands psychology as a socially constructed disciple (Braun & Clarke, 2013; Burr, 1995, 2003; Kelly, 1995; Robson, 2016).

For the current study, it was accepted and understood that the views of the participants are constructed through subjective perceptions of their own experiences. It was also considered that as the researcher and facilitator, I brought an interpretative element and may have unintentionally viewed and added my own subjectivity on the knowledge being shared (Willig, 2013).

3.3. Reflexivity

In qualitative research, reflexivity is important as it acknowledges the researcher's role in the research process. The critical reflection of research reflexivity considers the researcher's beliefs, values, assumptions, and prior experiences and how this may influence the research (Watt, 2007). As a qualitative researcher, being reflexive means to be attentive to the cultural, political, and ideological origins of your own voice and perspective, the voices and perspectives of the participants and the voices and perspectives of those who the research is being reported to (Sundler et al., 2019). The current study also required for the researcher to have a dual role and be the facilitator of the intervention as well. Past research (e.g., Avgitidou, 2009) has shown that emphasis is placed on the facilitator's reflections during action research as it can show

how they influenced the process. For this reason, field notes were recorded for each session of the intervention. This data collection method will be discussed in more detail later in this chapter.

Social, emotional, and mental health needs is a sensitive topic; it may be hard for individuals to explain or prove that they are having difficulties with things or feelings that they are experiencing internally, and others cannot see. As I am exploring SEMH and the effectiveness of alternative support that can be offered, I took time to reflect on my own experience and understating of SEMH difficulties and the influence it might have on how I conduct this research. I am a young black woman from Barbados, which is a small, beautiful island in the Caribbean, whose population has one of the highest proportions of older persons. In 2022, the population ages 65 years and above in Barbados was reported to be 16.3% (Knoema, 2022). The generations of Silent Gen and Baby Boomers, in the black Caribbean society were raised through struggle, suffered in silence, and hid the family members whose behaviour was not deemed as appropriate or acceptable. Disabilities and mental health issues were not discussed nor understood as they are today. The concepts and comments of "You have a roof over your head, there is food on the table - what do you have to be sad about?" have raised past and still are raising current generations. This is to say that your cultural background can contribute to how you perceive, understand and regulate your emotions. The motivation that individuals have to seek support or use emotional regulation strategies is shaped by culture (Ford & Mauss, 2015).

Personally, I do believe that my parents have been quite open-minded when it comes to the differences and lifestyles of other people. However, due to no fault of their own,

their influences and upbringing did not allow for things such as mental health and its complexity and impact to be understood or addressed. This meant that as I grew older and came to have my own difficulties and eventually a diagnosis of general anxiety disorder and social anxiety, I had to find the support I needed and then educate the ones who were expected to support me. To conduct this research, I take on the dual role of partitioner and researcher, I am aware that my own upbringing, culture, and experiences may influence how I interpret the research findings and understand the perspectives shared by the participants of the current study.

My perception of SEMH needs has also changed since moving to the UK and being a Trainee Educational Psychologist (TEP). Through my work, I have seen and experienced situations that highlight how SEMH needs can present differently for individuals. While my position allows me to bring a different cultural lens and reasoning, it can also impact my understanding and relatability to some of the issues of a young person growing up and living in a first world country. I believe that my experiences have helped me notice gaps and what appear to be outdated measures in some of the support offered to children and young people. The curiosity it has sparked is allowing me to deeply explore new tools, perspectives, and attitudes while expanding my knowledge and understanding in this research area within the EP profession.

3.4. Research Design

One of the first steps in conducting research studies investigating human behaviour such as this, is to decide on whether it will be quantitative or qualitative research.

Quantitative research refers to collecting and analysing numerical data. It is often used to find patterns, test, or confirm assumptions and theories and make predictions. Qualitative research on the other hand, allows the researcher to explore experiences, opinions and understand concepts. These descriptions in turn can reveal possible relationships, causes and effects (Robson, 2011). The use of qualitative research methods considers and recognises that the researcher's prior experiences and beliefs exist and influence the research process (Robson, 2011; Watt, 2007). However, there are key considerations when adopting these approaches and these will be discussed later in this chapter. The research questions for this study set out to explore the issues by using a mixed methods design, collecting both quantitative and qualitative data. The current study is a feasibility pilot study, evaluating the practicability of a newly created intervention to be delivered by qualified EPs. The aim of this study is essentially to explore how feasible and efficient an intervention delivered through a digital medium can be in supporting adolescents with SEMH needs. A mixed method design allowed for the research questions to be addressed, and the data collected to be triangulated which aligned with the exploratory nature of this research (Creswell & Clark, 2013).

Qualitative data was also collected to answer all three of the research questions. This was done by using an online questionnaire sent to EPs, conducting semi-structed qualitative interviews with the adolescent participants, recording field notes and analysing the answers from the adolescent self-reported measures of their mood, thoughts, and feelings, taken at two different time points: pre-intervention and post intervention and the transcript from the online chatroom. Quantitative data was collected from the observation schedule as the frequencies of behaviours displayed in

the online chatroom were recorded. The specifics of the tools used to collect the data for the current study are detailed further in this chapter. The intention of this early-stage feasibility research is to generate new information and propose new approaches to support as well as inform current practices. Additionally, mental health practitioners will be able to access this information and use the findings to inspire, design and create new digital tools to use in their context. Any findings from this research that prove to be transferable can be useful in broadening the professional knowledge in Educational Psychology.

3.5. Online Peer Support Intervention

The digital peer support intervention created for the current study was an online chatroom which was named '*MOOD: A peer support chatroom for adolescents'*. The framework used for this intervention was an adaptation of 'The Reflecting Teams Approach' (Andersen, 1987). This is an approach which is often used in the practice of family therapy as a way for the lead therapist to work more collaboratively with families. This approach has been adapted to provide professionals such as EPs with a process that allows them to bring an issue to a group of their peers for reflection. The time and space provided by this approach allows individuals involved to consider different perspectives and new ideas for complex and challenging situations. This is done with the help of group thinking, support and positive feedback.

At the start of each session, a mental health check in was done by the researcher/facilitator and the importance of confidentiality was reiterated. A visual depicting various moods was sent in the chatroom and the adolescent participants

were asked to name which mood they identified with. Once chosen, the adolescent participants were asked if they were in the frame of mind to engage in the session. The role of the facilitator was defined and explained as the professional that will keep the participants on track. During the session, a participant was be asked to present an issue, a feeling or challenge that they recently faced and would like to discuss. Another participant was then chosen as the chair to manage the process, and another was the scribe who took notes of the key learning points. They were then asked to share those points with the team at the end of the session. The intervention took place once a week for 5 weeks. Each session lasted 40 minutes and the messages shared in the time were cleared automatically. At the end of the intervention, each adolescent participant was sent a letter from the researcher which included thanks for their participation and techniques to help them self-regulate.

3.6. Methods for Fieldwork

3.6.1. Sampling and Selection

Purposive Sampling was used to recruit the participants of the current study. This type of sampling is a non-probability sampling method used within qualitative research to fulfil the specific needs in a project (Robson, 2011). It involves the researcher selecting an individual or a group of individuals based on their known attributes. Purposive sampling was seen as the most appropriate because the sample chosen is based on the relevance to the issue being investigated or the knowledge or experience, they have about the topic (Denscombe, 2010). For this study, the relevant and

knowledgeable individuals were qualified Educational Psychologists and young people between the ages of 11 - 17-year-olds who present with social, emotional, and mental health (SEMH) needs.

There were two phases of data collection for the current study which led to two stages of participant selection (See Figure 4).

Data Collection Phases

Phase 1

1. Gathering contact information of EPs from London Boroughs

2. Link sent to EPs for Needs Assessment Questionnaire

Phase 2

3. Recruiting Adolescent Participants for Intervention

4. Pre-Intervention Interview (MFQ Pre-test)

5. Delivery of Intervention (Observation Schedule + Field Notes)

6. Post-Intervention Interview (MFQ Post-test)
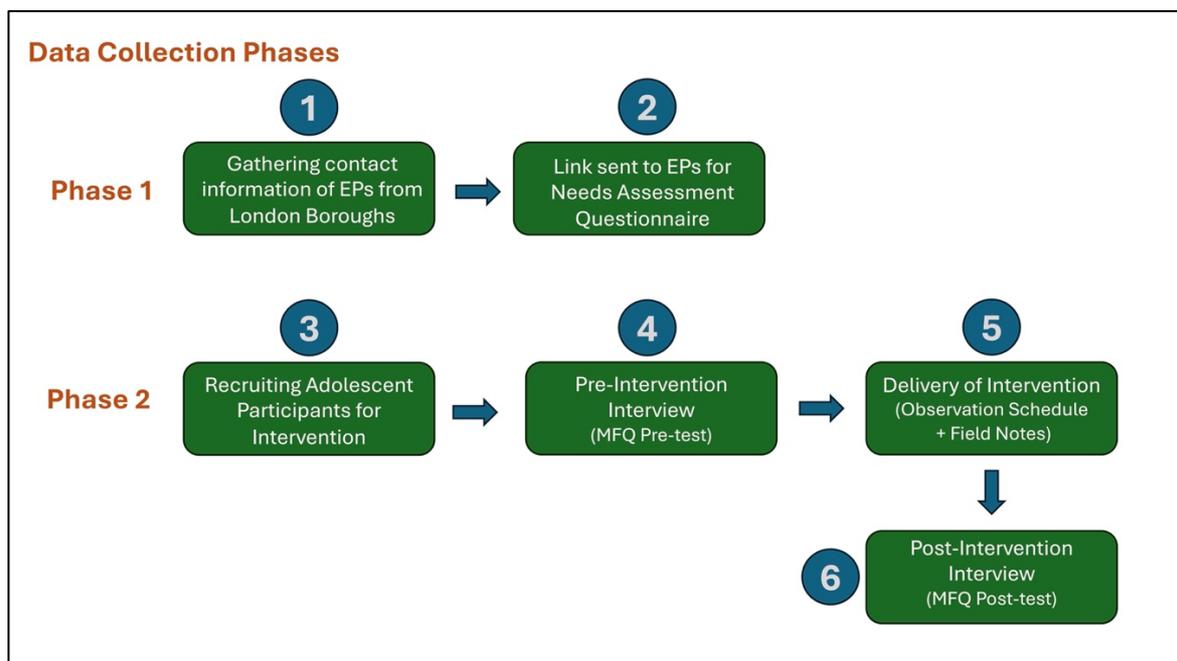
Figure 4. *Phases of Data Collection*

3.7. Phase One Data Collection Process – EP Small Scale Survey

The first phase sought to answer the first research question which was:

- **RQ1a.** What existing support programmes and interventions are offered to adolescents with SEMH needs by Educational Psychology Services (EPS) in London?

3.7.1. Phase One – EP Participant Recruitment

To answer this question, a small-scale survey aimed at exploring EPs' knowledge of the SEMH provision in their local authorities in London was conducted. For an EP to participate in this study, they needed to be fully qualified and worked in their respective Local Authority (LA) for two years or more. The EP participant criteria was decided based on what knowledge would be needed to answer the questions on the survey. The responses were limited to one EP per service to avoid the duplication of answers. The intention of the survey was to gather initial information that would provide insight on the interventions and practices used by EPs to currently support young people with SEMH needs. However, there were implications for this as choosing one EP meant the information gathered was based on their sole knowledge of their service. Out of the 32 boroughs in London, 18 EPs who worked in LAs in the five sub-regions of London (Central, North, South, East, and West) were identified and directly contacted through email and sent a link to the online survey (London Datastore, 2009). In the end, 12 qualified EPs took part and completed the survey for the current study. Detailed information on the location of the LA from which EP who took part in the current study is presented below in Table 1.

Table 1. *Phase One – EP Participants' Local Authority Location*

Educational Psychologists	Borough Location in London
EP 1	North London
EP 2	Central London
EP 3	South London
EP 4	West London

EP 5	West London
EP 6	East London
EP 7	Central London
EP 8	South London
EP 9	East London
EP 10	East London
EP 11	West London
EP 12	Central London

It is important to note that a limiting factor in the data analysis of the survey will be the small size of the sample. Given that the data collected is from 12 out of the 32 EPS in London, the findings will have limited generalisability and may not accurately represent the population (Faber & Fonseca, 2014). The small sample size also challenges the validity and reliability of the data collected from the EP survey data. This means that it may not be possible to draw valid conclusions from the data due to sampling bias and error (Flinton, 2020).

3.7.2. Phase One – Data Collection Instruments: Online Questionnaire

For the small-scale survey, an online questionnaire was designed and disseminated to the EP participants (See Appendix A). Questionnaires are seen as an efficient data collection tool which allows researchers to gather specific and measurable data. It also allows for the researcher to gain a general picture of the area being studied (Codó, 2008; Marshall, 2005). It was for this reason; a questionnaire was chosen rather than interviews to collect this information, as the focus was to explore and capture the

processes and resources available within the EP practice. An online questionnaire was also chosen due to it being simple to develop, practical to distribute. It was also seen as a time efficient method to collect information when considering EPs heavy workload (Lyonette et al., 2019).

The first section of the online questionnaire was the research outline (See Appendix B). This gave a detailed explanation of the current study followed by the contact information for the researcher in case there were any inquiries. Once the participant reviewed the research outline, they were asked to complete the consent form on the next page. EP participants were not allowed to advance to the actual questionnaire unless informed consent was given. The questionnaire consisted of four open ended questions. The first question focused on gathering the location of the services that the EP participant works in. The other three questions focused on the existence and the use of specifically designed programmes or interventions (face to face or online) that support young people with SEMH Needs. The EP participants were asked to explain in further detail their knowledge of these types of interventions and what processes are usually followed in these instances.

3.7.3. Phase One – Data Analysis Approach: EP Small Scale Survey

The data collected from the small-scale EP survey was analysed using thematic analysis (Braun & Clarke, 2006, 2019). This was recognised and selected to be the most compatible with the methodology and research questions used for the current study. The aim of thematic analysis is to discover and understand patterns of meaning from the data based on the experiences, events, and realities of the participants

(Braun & Clarke, 2006, 2019). Thematic analysis was chosen to be the most suitable approach as it is a flexible method of qualitative analysis and has been used for surveys in previous studies (e.g., McLemore et al., 2014; Strohacker, 2019). With thematic analysis, the researcher becomes immersed in the data and will be able to identify common themes, topics, patterns, and ideas that repeatedly come up. For the current study, an inductive approach to thematic analysis was completed and the six steps were followed (Braun & Clarke, 2006, 2019). Taking into consideration the purpose of the small-scale survey, thematic analysis allowed for the identification of patterns from the detailed description data gathered. It also aligned with the objective of the semi-structured interviews as it helped to give insight into the adolescent participant's perspectives.

3.8. Phase Two Data Collection Process – Chatroom Intervention

The second phase of data collection sought to answer the second and third research question (RQ2, RQ3) which was:

- **RQ2.** How do adolescents perceive peer support services?
- **RQ3.** How effective can an intervention delivered through a digital platform be in providing mental health support?

The data collection tools used to evaluate the digital peer support intervention were an observation schedule, the Mood and Feelings Questionnaire (MFQ; Costello & Angold, 1988), field notes and semi-structured interviews which were conducted before and after the intervention.

3.8.1. Phase Two – Adolescent Participant Recruitment

For the second phase of the study, young people needed to be recruited for the intervention. The inclusion criteria for this study were adolescents living in the United Kingdom between the ages of 11-17 years old, of any gender, with diagnosed or undiagnosed SEMH needs. Being that this was a feasibility pilot study, the diagnosed SEMH needs (anxiety disorders or clinical depression) that would be accepted were to be of mild severity. Undiagnosed SEMH needs were outlined and defined as any young person who was presenting with consistent low moods, anxious behaviours such as difficulty concentrating, irritability, feelings of uneasiness, emotional dysregulation, uncontrollable obsessive thoughts, seeming disassociated and feelings of helplessness.

To recruit young people for the current study, ethical steps and processes in line with the requirements of the Doctorate in Educational Psychology (DEdPsy) programme were followed. As part of the programme, TEPs hold an enhanced level DBS status and are on professional placement in various LAs in the United Kingdom (British Psychological Society, 2017). On placement, TEPs work alongside qualified EPs by shadowing them on school visits, professional meetings or meetings with families as well as supporting them to complete work tasks. TEPs also work on their own and can be allocated their own set of schools in some instances as well as are assigned EHCNAs. The practice of shadowing EPs to develop competencies and be involved in casework also means that TEPs are exposed to information about vulnerable CYP that schools are concerned about, whether they directly work with them or not. The LA and EPS will ensure that any work done with schools follow data sharing and

protection and consent processes aligned with the Data Protection Act (2018) (Data Protection Act 2018).

The intervention for the current study is a peer support group which is conducted online, this approach is usually categorised as a type of group therapy (New England Journal of Medicine, 1955). In reviewing research around group therapy, it was highlighted that groups can be as small as three people but less than 15, with the optimum number being 8-12 members (Ezhumalai et al., 2018). In efforts to satisfy the urgent need for mental health support for adolescents and considering group bond and dynamics; the aim was to recruit six young people to be a part of this study. A research outline document was sent to four secondary schools in the same London borough (See Appendix B). Two of the schools were already allocated to the researcher/TEP, the other two were schools allocated to other EPs working in the same service. In the end, two SENCos from the schools contacted, reached out and expressed their interest in the study.

Virtual Meetings were then scheduled with each SENCo to further explain the study, the logistics of the intervention and the ethical procedures that will be followed. Following the meeting, SENCos were sent a more detailed information sheet about the intervention (See Appendix C). After the meeting, SENCos were asked to identify young people they thought were appropriate and met the participant criteria outlined. Between the two schools, The SENCos identified six pupils were and sent a pupil profile for each to the researcher for review. After reviewing the pupil profiles, it was decided that two of the potential participants did not meet the criteria to be a part of the study. This was due to their primary need being reported and emphasised as

cognition and learning difficulties rather than an SEMH need. The SENCos were then instructed to send the research outline document and consent form to the remaining four individuals identified who met the criteria for the study and their parents (See Appendix D). The signed consent forms were then collected by me, the researcher during the next school visit.

After a few weeks of being identified, it was reported that the needs of one of the potential participants had become more complex and they would be accessing external counselling sessions. With this information, it was no longer deemed appropriate for them to be a part of the current study. The final number of adolescent participants that took part in the current study was three. These adolescent participants were reported to have undiagnosed SEMH needs. Their needs were identified through reports to the school by the parents of the behaviours observed at home as well as the feelings shared by the young person. In addition, the needs were also identified through the reports by the SENCo to the EPS of the behaviours observed at school. The SEMH needs were then self-identified by the adolescent participants in the semi-structured interviews conducted at the pre-intervention stage. The information gathered was reviewed by the researcher and triangulated to determine the severity of the SEMH need of the young person.

Table 2 below shows details of the adolescent participants of the intervention. Their names have been replaced by pseudonyms to ensure that their identities remain confidential.

Table 2. *Phase Two - Demographic Information for Adolescent Participants*

Adolescent Participant Name	Age	Gender Identity	Ethnicity	SEMH Need	SEMH Need Identification Process
Rebecca	12 Years	Female	Mixed White & British Caribbean	Low Mood & Anxious Behaviours	- Parent & School Staff Reports - Self-Identified
Lily	12 Years	Female	White British	Low Mood	- Parent & School Staff Reports - Self-Identified
Danielle	14 Years	Female	White British	Low Mood & Anxious Behaviours	- Parent & School Staff Reports - Self-Identified

3.8.2. Phase Two – Data Collection Instruments: Semi-Structured Interviews

Semi-structured interviews were chosen to be the data collection method to answer the second research question (RQ2). Pre-intervention and post-intervention interviews were held with each adolescent participant in order to capture their views and comfortability using peer support services. As this study is exploratory in nature, this method was deemed the most appropriate because it allowed for flexibility and gave the researcher the opportunity to collect more information and detailed responses from the adolescent participant. This method also allowed for the researcher to build rapport

with participants which is helpful in creating a comfortable space when there are pre and post sessions. (Barriball & While,1994; Robson, 2011). However, the lack of formal structure in semi-structured interviews means that biases are harder to identify, and the reliability can be challenged (Smith, 2015). To help keep the adolescent participants focus on the topic, an interview guide was created and used in the interviews (See Appendix E). The purpose of the pre-intervention interview was so the young person could become familiar with myself the researcher, and I with them. It was also a space for them to be informed about the research again, ask questions and view the chatroom platform. In these interviews, the importance of confidentiality was discussed with the adolescent participant, and they were asked again if they wanted to participate or withdraw from the study.

3.8.3. Phase Two– Data Collection Instruments: Observation Schedule

An observation schedule was used during the intervention sessions to record the interactions, contributions, and relationships between the participants (See Appendix F). The systematic observation approach meant that an observation schedule was used to count and record how often the participants displayed specific behaviours during each session. This method accepts the presence of bias but tries to minimise it by having a predefined coding system (Drew, 2023). This method was seen as the most suitable tool for this given the organised way it helps to capture data and the key purposes it serves. Observation schedules are used to focus the observer of the necessary points of observation, focusing on the activities and actions that will help answer the research questions. It can also be used as stimulus for the researcher's reflection on their own contribution and relationship to the participants being observed

(Kawulich, 2012; Roller & Lavrakas, 2015). The observation schedule used for the current study was an adapted version of a group dynamics observation sheet which was found and featured in Rural Women in Micro-Enterprise Development - A Training Manual and Programme for Extension Workers (1996). The observation sheet comprised of behaviours from Benne and Sheats (1948) article titled" Functional Roles of Group Members", where they defined 26 different types of roles that an individual/ individuals can play within a group. The recognition and definition of these functional group roles focused on team management and leadership and assumed that all the individuals in the group are focused on solving common problems (Beene & Sheats, 1948). It was for this reason that the observation sheet was seen as relevant and could be transferable to the current study, as the focus was to see how the adolescents can collaborate with each other and create a helpful and supportive environment. Examining the social interaction between the adolescents is important as peer support is part of the intervention framework for the current study as it focused on how this type of support can help young people with their SEMH needs (Coleman et al., 2017; Shalaby & Agyapong, 2020).

These 26 roles were separated in three categories: Task Roles (Task-Oriented Behaviours), Personal and/or Social Roles (Group Maintenance Behaviours) and Dysfunctional and/or Individualistic Roles (Self-Oriented Behaviours). While this premise has been criticised for not being evolved and focusing on selfish behaviours of individuals (e.g. Fujimoto, 2015), it is still used in recent research as a basis for identifying group behaviours and understanding the dynamics in a group (e.g. Seimon, 2022). There were a number of reasons that this specific observation schedule was chosen. These were: (i) It provided a clear and practical framework to track and record

specific individual behaviours. (ii) Using a pre-defined measure allowed for there to be objectivity, which helped reduce bias and increase objectivity of the data. (iii) Most importantly, it helped to quantify the qualitative observations as the dialogue was text-based.

The adapted version of the observation schedule used for the current study looked at 13 of the 26 behaviours from Benne and Paul's (1948)" Functional Roles of Group Members". These were: (i) Self-oriented Behaviours – Seeking Sympathy, Special Pleading, Attracting Attention, Withdrawing, Playing Around, Being Aggressive, Blocking, Forming Subgroup and Competing. (ii) Task-oriented Behaviours – Initiating Activity, Seeking Opinion, Seeking Information, Giving Information, Elaborating, Coordinating and Summarising. (iii) Group-maintenance Behaviours – Engaging with others, Gatekeeping, Following, Mediating and Relieving Tension. For the definitions of the behaviours, see Table 3. These specific behaviours were chosen as they were the most relevant to the area being researched in the current study and would be easily identifiable by the researcher when facilitating the chatroom intervention.

Table 3. *Definition of Behaviours on the Observation Schedule*

Types of Behaviours	Behaviours	Definition of Behaviours
Task-oriented Behaviours	Giving Information	Stating or offering facts, data, etc. which can help clarify the problems or task at hand.
	Giving Opinion	Stating one's opinion or belief on the problem or task at hand, especially its value to oneself.
	Elaborating	Clarifying, giving examples, trying to add information already at hand.
	Summarising	Pulling together related ideas or suggestions, summing up what has been taking place to advance the group's thinking or to conclude appropriately.
	Seeking Opinion	Looking for expression of feeling about something from other members, seeking their opinion about issues at hand.

	Seeking Information	Asking for clarification, getting new data or information or requesting it, finding ways to enlighten the group regarding the problem at hand.	
	Coordinating	Trying to pull ideas and suggestions together, forming or drawing together activities of various subgroups or members.	
Group-maintenance Behaviours	Engaging with Others	Being friendly, warm, responsive to others, praising others and their ideas, agreeing with and accepting contributions of others.	
	Following	Going along with the decisions of the group, thoughtfully accepting the ideas of others, serving as audience during group discussions.	
Self-oriented Behaviours	Forming Subgroup	Keeping secrets from the whole group, forming cliques, holding side conversations while the rest of the group tries to solve the problems at hand.	
	Playing Around	Disrupting the work of the group when everybody is serious by attracting the attention of others for no purpose, joking, clowning, laughing loudly.	
	Attracting Attention	Attempting to call attention to oneself by loud or excessive talking, extreme ideas, unusual behaviour.	
	Withdrawing	Acting indifferently, or being passive, resorting to excessive formality, daydreaming, whispering to others, wandering to other topics.	

Although the observation schedule used for the current study allowed for a practical framework to be followed, the sample size of three adolescent participants may have affected the reliability of the data recorded. Factors that may have affected the reliability of the observational data are social pressure – adolescents feeling like they have to agree with the majority, dynamic imbalance – two of the adolescents could form a stronger bond with each other, leaving out one person, or role ambiguity – adolescents could become unsure of what role they are to play in the group (Carvalho et al., 2021; Pratto et al., 2013).

To collect the observational data, interval recording was used, specifically partial interval recording. This practical approach is commonly used in psychological and educational research and helps researchers and practitioners gain insight on behavioural patterns (Pustejovsky & Swan, 2015). The adolescent participants were observed for the full 40 minutes of the session and the behaviours they displayed were

recorded in 10-minute intervals under the corresponding categories on the observation schedule (See Appendix F). This method was chosen to record the observational data as it aligned with the purpose of the study. With partial interval recording, the observation period is divided into small intervals and allows for the researcher to note whether the behaviour occurred at any point in that specific interval (Pustejovsky & Swan, 2015). Seeing there was one observer who was also the facilitator, this method was efficient in data collecting and helped with continuously monitoring behaviours in order to have valuable data. To ensure this method remained unbiased and as accurate as possible, inter-rater reliability measures were undertaken and are outlined further in this chapter.

3.8.4. Phase Two – Data Collection Instruments: Field Notes

Along with the observation schedule, field notes were taken to capture what was observed and record the thoughts and feelings of the researcher during the sessions. Since this was a virtual intervention using text only, no verbal nor non-verbal behaviours to perceive. Field notes were thought to be the most efficient way to document the context and setting of each session and note any external factors that may have affected how it ran (Phillippi & Lauderdale, 2017). Field notes are commonly used in qualitative research as it enhances the data collected can provide rich context for analysis (Creswell, 2013; Kawulich, 2012). The field notes record designed and used in the current study included question prompts to remind the researcher of the areas to document. The prompts focused on collecting information on factors that may have had an effect the flow of communication as well as collecting the emotions felt by the researcher during the intervention. For a full completed field note record please

see Appendix G. Recording field notes was seen as fundamental for the current study seeing that the facilitator adds a dynamic to the flow of the intervention that must be considered. Field notes in this pilot study allowed for the experience of the facilitator to be accounted for when fully developing the intervention. Once all the sessions were completed, a post-intervention interview (pages 78-79) was held with each participant to ask about their overall experience and what they felt were the benefits and developmental areas of the intervention.

3.8.5. Phase Two – Data Collection Instruments: Mood and Feelings Questionnaire (MFQ)

To complement the observation schedule data and measure the type of impact the digital peer support intervention had, the Mood and Feelings Questionnaire (MFQ) was used (Angold & Costello, 1987). The MFQ is a screening tool for depression originally designed for use with children and young people aged 8-18 years old. It is a series of 33 descriptive phrases regarding how the individual has been acting or feeling recently (Angold & Costello, 1987). The participants completed the MFQ during the pre-intervention and post-intervention interview. Past peer-reviewed studies have shown that the MFQ is a reliable and valid measure of depression in both clinical and non-clinical samples (Burleson Daviss et al., 2006; Sund et al., 2001; Wood et al., 1995). In a study done by Thabrew et al. (2018), Cronbach's alphas were reported to be .91 and above which suggested a high internal consistency. There are six versions of the MFQ, and each questionnaire is available in long and short form (33 or 13 questions). For the current study, the long form of the child self-report was used (See Appendix H). The MFQ was chosen as the questionnaire to measure the intervention's

impact, based on the presentation of the identified adolescent participants' SEMH needs. All three of the young people that were chosen to be a part of this study reported that they mostly experience low moods and anxious behaviours. For the current study, the adolescent participants were not required to score a specific number on the MFQ in order to be eligible for the intervention, but they did need to fall within the range of the mark. The range refers to the score (27) that is associated with the presence of depressive symptoms on the MFQ. To provide context of the findings, the scoring of the MFQ is detailed in the next chapter.

3.8.6. Phase Two – Data Analysis Approach: Semi-Structured Interviews

To analyse the data gathered in the semi-structured interviews, summative content analysis was used. This method is similar to thematic analysis as it involves analysing data to identify patterns and determine meaning (Hsieh & Shannon, 2005; Luo, 2022). However, after reviewing and comparing both thematic analysis and summative content analysis, the latter was found to be the most appropriate analysis method for this data for a number of reasons. These were: (i) As this is a feasibility pilot study, this analysis method aligned with the intention of this research. The reason for conducting the post-intervention interviews was to build an understanding of the human experience when involved in an intervention such as this (Hsieh & Shannon, 2005). (ii) Due to the small sample size of adolescent participants, the data collected during these interviews is seen as baseline information. The sample size of studies is strongly critiqued in interview-based studies due to the fact that the conclusions made should inform or state claims (Vasileiou, et al., 2018). Having said that, the current study is not interview-based but instead uses the information from the interviews

conducted to complement the other data collection methods employed. This also allowed for richer data on the individual experience to be gathered (Elo et al., 2014). (iii) The process of summative content analysis brings the focus to the elements of the text data that allows the researcher to understand the context, narrative and emotion behind the concepts shared by the participants (Rapport, 2010).

3.8.7. Phase Two – Data Analysis Approach: Observation Schedule

The data recorded on the observation schedules for each session will be tallied and presented. For each session and each adolescent participant, the frequency of the observed behaviours and the categories the behaviours were under will be visually represented. Extracts of dialogue from the chatroom and the correlated behaviours will also be tabulated. This data will be analysed and discussed in the following chapter.

3.8.8. Phase Two – Data Analysis Approach: Field Notes

Field notes (pages 83-84) were recorded to collect situational information that would provide context when analysing and presenting the observational data. The 'Researcher's Reflections' from the field notes for each session of the intervention are presented alongside the behaviours observed. This helps to understand the factors that may have impacted the behaviours of the adolescent participants. It also gives context to any changes in the logistics or processes that had to be made by the facilitator/researcher. These extracts will be presented in the next chapter.

3.8.9. Phase Two – Data Analysis Approach: Mood and Feelings Questionnaire (MFQ)

The scores from the pre and post intervention MFQ completed by each adolescent participant was calculated, as were the mean scores and standard deviation. To help with understanding the scores, the adolescent participants' responses for each question, pre and post intervention was reviewed. While there are many advantages to using a self-report measure in research, there are factors to consider that may threaten the reliability of the data collected, especially in a behavioural study (Rosenman et al., 2011). This is relevant to the current study, as there is a possibility that response biases may have affected how the adolescent participants answered the questions on the MFQ pre and post intervention (Paulhus & Vazire, 2007; van de Mortel, 2008). Some factors that may have affected the results and should be considered are: (i)The mood the adolescent participant was in the day they completed the questionnaire. If the adolescents were uninterested and wanted to finish the questionnaire quickly, their responses would have been an inaccurate representation of their true feelings. (ii) The adolescent participants wanting to appear more emotionally regulated than they actually are. This may be due to their self-perception or social desirability and wanting to portray a certain image of themselves to the researcher. The data from the MFQ will be analysed and critiqued in the next chapter.

3.9. Piloting the Chatroom

The current study is centred around the development of a unique intervention which utilises technological resources. For this reason, it was necessary to conduct a trial

session of the chatroom. Pilot testing allows researchers to identify any potential issues and uses the reflection to evaluate and improve on design, validity, and reliability (Gani, Rathakrishnan & Krishnasamy, 2020; Medeiros, 2020).   For the current study, the trail session was essential for quality assurance and helped with ensuring a smooth user experience. The chatroom was hosted on Wire - Secure Messenger platform. This platform was chosen and deemed the most appropriate for this study because it has end-to-end encryption and is GDPR-compliant. It also did not need to collect any identifiable information from the young person for them to be a user on the chatroom. The chatroom was piloted by me, the researcher and two TEPs. After the trial session, The TEPs commented on was how effortless the chatroom was to use and how user-friendly it was. The trial session also highlighted some risks that led to revisions being made to the process and structure of the online chatroom.

3.9.1. Risks Identified from the Pilot of the Chatroom

The risks identified that were seen as potential barriers in the delivery of the intervention were:

Risk 1 - Initially my personal email was used to set up the chatroom on the Wire - Secure Messenger platform. It was revealed during the trial that participants had the ability to view my profile which displayed my username, and the email address used.

Risk 2 - If participants created their own profile on the platform, they would be able to start private chats with each other unbeknown to the researcher. This can lead to them

having separate conversations during the sessions, distracting them from the main chatroom.

3.9.2. Logistical Adjustments to the Chatroom

To address the risks identified, logistical adjustments were made to the processes and the way the chatroom would be accessed.

Addressing Risk 1 - I decided to create and register a new email address that would be used solely for the facilitation of this intervention. A new profile on the Wire platform was also made using this email address.

Addressing Risk 2 - Instead of having profiles where the adolescent participants would sign in, it was more appropriate for a guest link for the chatroom to be sent to the participants. This link allowed the participants to have access to the chatroom for 24-hours and still gave them the ability to create their own username. Being a guest on the chatroom gave them limited abilities and did not allow them to initiate private chats with each other. This meant as the researcher, I was able to monitor all communications and interactions. After finalising the adjustments, it was decided to send step by step instructions on how to access the chatroom to the SENCos of the schools the morning of a scheduled session (See Appendix I).

3.10. Trustworthiness, Reliability and Validity

The results of research projects should represent the data collected, add to and be relevant to the context of the existing literature and knowledge within the field being studied. The EP survey, the questions for the semi-structured interviews and the observation schedule were all designed using existing and relevant literature. By using a mixed method design for the current study, it allowed for the strengths of each method to make up for any potential issues and weaknesses of the other methods. This combination of methods also improved the trustworthiness, reliability, and validity of the study. When studies utilise quantitative designs, the consistency of the tools used to measure the variables and factors of interest is what determines the validity (Robson, 2011). As mentioned above, for the current study, the MFQ has a high internal consistency. The results of the MFQ does not give an individual a label but instead an indication of the presence of an SEMH need. It was for that reason the MFQ was considered the most appropriate questionnaire to use for a pre-test and post-test for this pilot study. The MFQ also aligned with the timelines given for the current study.

3.10.1. Inter-rater Reliability

To ensure that the information gathered from the EP participants and the adolescent participants was reported accurately, the analyses of the data was examined by other parties. Though it is difficult to avoid the element of bias in observational studies, using inter-rater procedures such as using more than one coder, can help to address it. However, in some studies, multiple coders can have a negative affect and impact the

inter-rater reliability of the data (Gwet, 2014; Hallgren, 2012). The current study had one coder who was also the researcher and facilitator of the study. In order to support the rationale of the analysis and provide an unbiased and objective view of the coding decisions, a few measures were taken. These were:

- EP Small Scale Survey: To offer another perspective on the coding, the themes chosen and to increase the accuracy, the data collected, and the thematic maps were shared with a fellow Trainee Educational Psychologist to review.

- Chatroom Intervention Observational Data: The data from the chatroom intervention was coded and categorised in real time by the researcher/facilitator. This meant that for inter-rater purposes there was no agreement with other observers or raters on what was being assessed. However, to help with the accurate analysis of this data, a sample of the chatroom transcript and the completed observation schedule for one session were cross-checked with three Trainee Educational Psychologists (See Appendix J for Chatroom Screenshot).

- The initial and final analysis of the data gathered from the EP participants and the adolescent participants was also shared with and reviewed by the Research and EP supervisor for the current study.

3.11. Ethical Considerations

When conducting social research such as this, it important that the data collection methods used, and any actions taken by the researcher comply with and follow ethical guidelines and principles. These ethical codes give structure and can act as reminders of what the researcher needs to pay attention to when conducting their research (Hammersley, 2015). Considering the profile and characteristics of both the EP and adolescent participants, ethical concerns were highlighted and addressed to manage any possible vulnerabilities and sensitive information that may be revealed. The safeguarding measures that were put in place are detailed in a separate section below. The current study was initially reviewed and approved by the Psychology and Human Development Department Ethics Committee at the UCL Institute of Education (See Appendix K & Appendix L). This study also followed the British Psychological Society (BPS) Code of Human Research Ethics (British Psychological Society & Ethics Committee, 2018). Informed consent was obtained from the EP participants, adolescent participants and from their parent/carer. As mentioned above, the EP participants could not complete the online questionnaire without reviewing the research information document and giving their informed consent. As for the adolescent participants, both them and their parents had to review the research information document and sign off on the consent form before they had the pre-intervention interview (see Appendix B & Appendix D) All participants were made aware that they had the right to withdraw from the study at any point. The EP participants and the parents of the adolescent participants could do this by contacting the researcher directly. The adolescent participants could have communicated their

desire to withdraw from the study either to the SENCo, at the pre-intervention interview or in the chatroom during the intervention.

3.11.1. Confidentiality and Anonymity

Ensuring the privacy and security of participants and the information they share helps to build rapport and trust which can result in collecting valuable data. Giving this assurance displays the integrity of the research which gives participants a sense of power (Giordano et al., 2007; Kang & Hwang, 2023). However, even though privacy is promised, the information that participants share can still be based on their opinions, understanding and personal experiences of confidentiality (Wiles et al., 2008). Both the EP questionnaire and the research outline document contained a disclaimer informing participants their identities will remain hidden. The EP questionnaire did not ask for any identifiable data from the participants. For the chatroom, each participant was given the ability to create their own username for the sessions. Once the session was over, they were removed from the chat and the messages shared in the time were cleared by me, the researcher. The text information shared in the chat was captured and stored on an encrypted storage drive in accordance with the UCL Data Protection guidelines until it was time to analyse the data.

3.11.2. Safeguarding

When conducting research, participant safeguarding is an essential practice that needs to be undertaken to ensure the protection of an individual's overall well-being.

Researching and exploring sensitive topics such as mental health can also lead to unexpected reactions and behaviours from participants (British Psychological Society, 2018; Dickson-Swift, James & Liamputtong, 2008).

Before every session, participants were reminded of the sensitive nature of the information that may be shared by others and discussed and how some topics may be potential triggers for them. If at any point participants shared information that puts them or others in danger, their parents were to be contacted and notified of this. Listed below are the steps that were taken to safeguard the adolescent participants during the time of the intervention:

- A teacher or support staff was to be inside or just outside the room where the young person accessed the chatroom.
- Mental health checks were conducted at the beginning of every session. This is in line with Mental Health Support Teams (MHST) best practice (NHS, 2019).
- To ensure that the adolescent participants were respectful and mindful of others, a reminder of what the space is for was discussed at the start of each session.
- Participants had the option to exit the chatroom if they felt triggered by any the information shared. They were also given the option to not attend if they did not feel like they were in the mental space to be present on the day of the session.
- If at any point, adolescent participants revealed any vulnerable information, the decision to end the session would have been made. A call would have then been made to the Designated Safeguarding Lead (DSL) of the school the young person was from and the resolution of the situation would follow the relevant

school's safeguarding protocol. The DSL of the schools for the other participants in the chatroom, would have been notified on the sensitive nature of information that was shared and encouraged to provide a supportive space for them to talk through what they were exposed to.

- If participants experienced any uncomfortable feelings and noticed any inappropriate behaviours by individuals in the chatroom, they were given the option to request a one to one with the researcher to discuss this.

- A debrief was held at the end of each session and a document including links for organisations such as MIND, Samaritans or advising them to contact their local mental health charities or organisations was shared.

Though giving participants, the option to leave the chatroom could have potentially impact the research findings, it is the nature of the research field. Actions such as this must be taken into consideration, as safeguarding the participant is most important. Since this is a pilot study, it allowed for information to be gathered on how to approach and properly manage situations such as this in the future.

3.11.3. Debrief and Dissemination

A debrief was held at the end of each session of the intervention for the adolescent participants. There was also a debrief document accessible with contact information to support services (e.g. Charities and local organisations) in case the adolescent participants needed additional support after the session. The purpose of this was to ensure that the adolescent participants still had access to support in case some of the topics discussed triggered them later on. The findings of the current study will be shared with the adolescent participants, their parents and the SENCos of the schools

the participants attended. Joint school/family consultations are commonly used in EP practice to address the strengths and developmental areas of CYP (Dowling & Osborne, 2003). Consultations will be offered to further discuss findings and determine the most appropriate strategies that would help support each young person. An overview of the current study will also be presented to EPs, three cohorts of the DEdPsy programme and course tutors at UCL, Institute of Education. A visual document that summaries the findings of the current study will also be created and shared with the EP participants. This document will also be sent to any EPs/TEPs who express interest for future research in this area.

Chapter 4: Findings

4.1. Overview

The quantitative and qualitative findings from this research study will be presented in this chapter. The process and the specific methods of data analysis is outlined and described, including the information gathered from the EP small scale survey conducted. These findings will be presented in an order that highlights the steps taken to collect the data which informs the feasibility the intervention conducted. The quantitative data from the observation schedule and the qualitative data from the semi-structured interviews and field notes are also provided.

4.2. Results of the EP Small Scale Survey

The online questionnaire that EPs were asked to complete consisted of three open-ended questions (pages 72-73). The responses were analysed, coded, and categorised using thematic analysis as outlined in the previous chapter (pages 73-74). The themes, and subthemes developed are presented below. For a coded extract of the responses from the questionnaire see Appendix M.

4.2.1. Question One – Online Questionnaire – EP Small Scale Survey

Are you aware of any specifically designed programmes/interventions currently in place outside of those offered by CAMHS to support young people ages (11-17) with SEMH needs? If yes, please explain.

For this question, the common answers among the EPs were departments within the local authority and external organisations who deliver interventions and programmes designed to support adolescents with SEMH needs (See Figure 5).
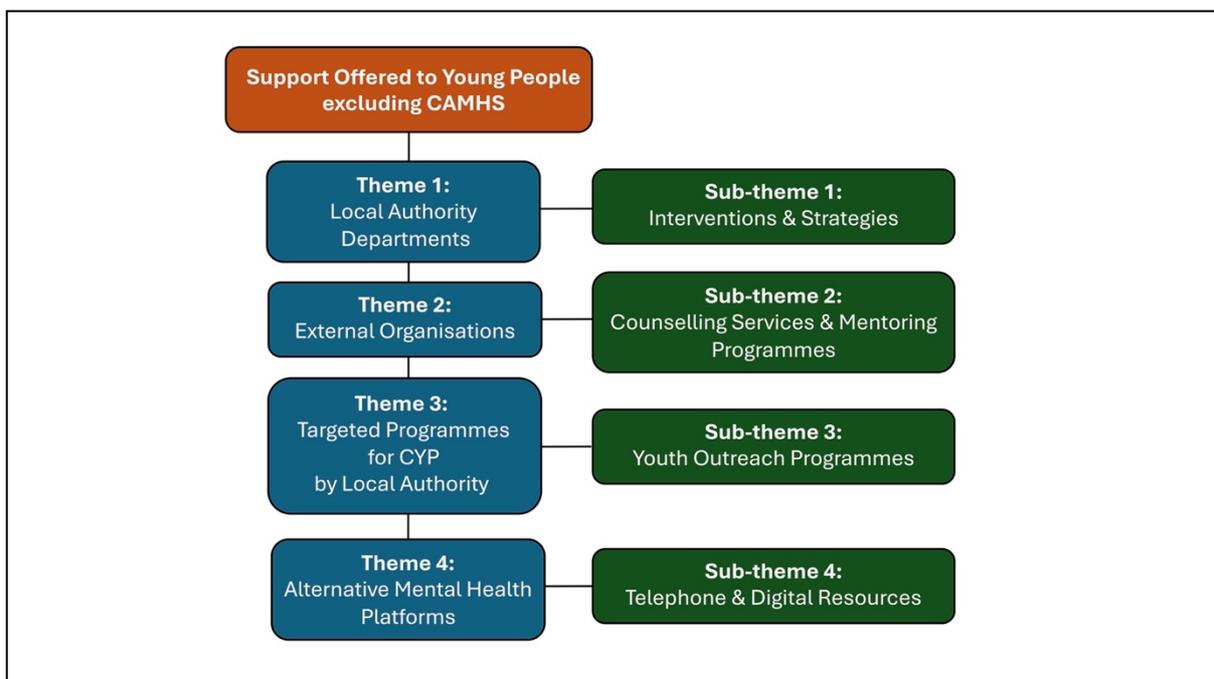
Figure 5. Thematic Map 1 Illustrating Themes Developed from EP Data

Theme 1: Local Authority Departments and Sub-theme 1: Interventions and Strategies

EPs commented on other departments and services within the local authority who offer and facilitate support to young people with SEMH needs. These were services such

as School Wellbeing Services, Mental Health Support Teams, and Early Help Services:

"Mental Health Support Teams" (North London EP)

"Yes...we have Early Help Services…" (Central London EP)

"We have the school wellbeing service, which is multidisciplinary (including CAMHS and the EPS). They deliver interventions for example anxiety groups, for children and young people with low to moderate SEMH needs..." (North London EP)

The range of support that was reported to be offered by these departments were: (i) Interventions such as Cognitive Behaviour Therapy (CBT), Circle of Friends, Tree of Life and Anxiety Groups, (ii) Strategies such as Zones of Regulations, Trauma Informed Approaches and Mentoring and (iii) Skills Training in areas such as Emotional Coaching and Emotional Based School Avoidance.

Theme 2: External Organisations and Sub-theme 2: Counselling Services and Mentoring Programmes

Third-sector organisations such as charities and social enterprises were frequently mentioned by the EP respondents:

"...majority are charities, MIND, Childnet; Princess Trust; Bloom and Your Resilience (14-18) ..." (West London EP)

"Your Choice - Supporting young people in a mentoring capacity who have been identified to have significant contextual harm factors. My Futures - supporting young people with SEMH to plan for their goals and aspirations using solution focused brief therapy and other approaches. CATCH 22 - supporting young people in a mentoring programme who are at risk of exploitation and anti-social behaviours such as substance misuse." (South London EP)

Based on the responses from the sample of EPs, they commonly recommend charities who offer counselling services for young people who have SEMH difficulties. Some of the charities mentioned were Mind, Childnet, Your Choice, Catch22, The Brandon Centre and Mental Health UK.

Theme 3: Targeted Programmes for CYP by Local Authority and Sub-theme 3: Youth Outreach Programmes

One EP reported the use of targeted programmes for children and young people which are created and funded by LAs. The aim of these programmes is to offer activities and provide help in areas such as education, employment, housing, or health. An EP reported that in their East London borough, there is a programme that is funded by the council to support CYP ages 6-19.

Theme 4: Alternative Mental Health Platforms and Sub-theme 4: Telephone and

Digital Resources

Some EPs also reported the use of alternative mental health platforms such as online/telephone support services which are often recommended and used by local authorities:

> *"Creative activities/programmes through third sector organisations, online or telephone support e.g. Kooth and Shout." (Central London EP)*

> *"Yes. The Kooth online counselling platform is in wide use across the West London Local Authorities and beyond. The platform has been paid for by our local authority to provide an entirely free online service for the CYP across the borough between the ages of 12-18. This includes anonymous individual counselling, access to a range of self-help guides and videos offering psychoeducation on a range of SEMH topics and access to an entirely vetted community forum where all the CYP can discuss topics together in a safe environment." (West London EP)*

4.2.2. Question Two - Online Questionnaire – EP Small Scale Survey

Does your EPS offer specifically designed programmes/interventions (online or face to face) to support young people (ages 11-17) with SEMH needs? If yes, please explain further and note if they have been effective.

The responses from the questionnaire highlighted areas that were grouped into four themes (See Figure 7). There were two EP participants who reported that their services do not currently offer any specifically designed programmes/interventions

(online or face-to-face) to support young people. This was mentioned to be due to organisational changes and lack of resources.
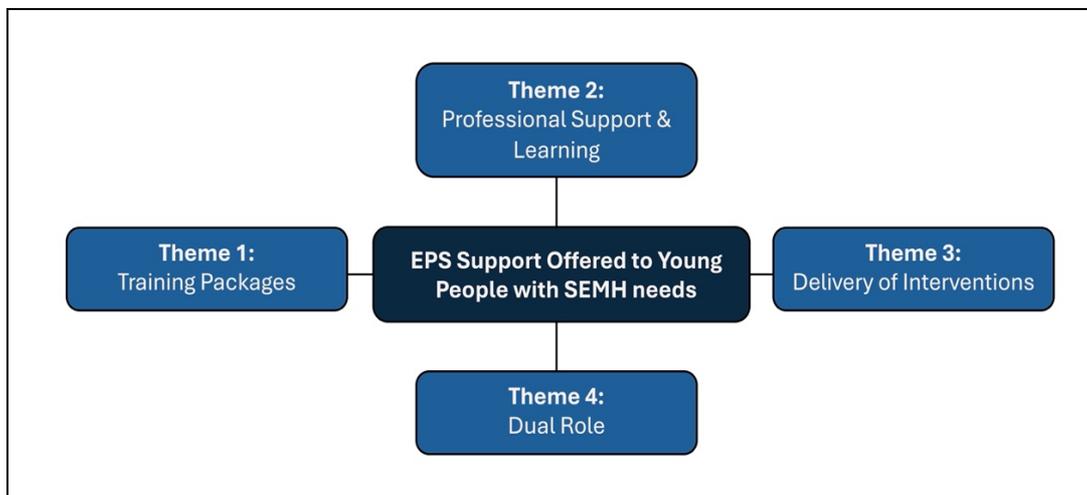
Figure 6. *Thematic Map 2 Illustrating Themes Developed from EP Data*

Theme 1: Training Packages

Some EPs reported that their services offer training packages that are aimed at educating and upskilling the teaching staff on various needs that CYP may have. Others shared that delivering training is dependent on the need:

> *"...training packages to educate and upskill teaching staff working with CYP with SEMH.." (West London EP)*

> *"We deliver tree of life to support secondary transition, but this is often on an ad hoc basis." (East London EP)*

Theme 2: Professional Support and Learning

EPs commented on providing professional support by being clinical supervisors for intervention leads. EPs also shared that they provide consultation to mentors working directly with vulnerable young people:

"Your Choice - EPs are clinical supervisors for the interventionists running the programme. My Futures- EPs provide consultation to the mentors working directly with young people..." (West London EP)

Theme 3: Delivery of Interventions

Majority of the EPs commented about various strategies, interventions and programmes that are used by their services. Four EPs specifically spoke about how their services annually offer and market Emotional Literacy Support Assistant (ELSA) Training to schools:

"The EPS offers the ELSA intervention for secondary schools, which has been adapted to better suit the LSAs who work with young people, as opposed to the original curriculum that was developed for Primary schools." (West London EP)

"We train ELSAs to deliver early intervention programmes for SEMH and this has been effective over the last 7 years…" (East London EP)

"Cognitive Behaviour Therapy (CBT)." (South London EP)

"...programme by an assistant EP and supervised by an EP. Dialectical Behavioural Therapy (DBT) groups run by assistant EPs in specialist SEMH settings and supervised by EPs. Cognitive Behavioural Therapy (CBT) offered as part of our traded menu of service." (South London EP)

Theme 4: Dual Role

An EP commented on the dual role that EPs in their services have by being mental health support workers and how they are linked to SEMH provisions:

"EPs are WAMH (Wellbeing and Mental Health) worker in secondary schools one day per week, EPs are linked to SEMH alternative resource provisions (attached to two of our mainstream schools)." (East London EP)

Reports on Effectiveness

EPs reported different types of evaluation methods that are used to explore and measure the effectiveness of these programmes, strategies, and interventions. Listed were methods such as pre and post measures used for support groups and pupil surveys that collect information directly from the young people. It was also reported that feedback is collected from the adults who are a part of the training or the adults who work directly with the young people that the training targets. Based on the information gathered from the online questionnaire, it cannot be concluded on whether the programmes, strategies, and interventions currently facilitated and implemented are effective. However, the EPs did report that the majority of the feedback received about these methods are positive and there are regular requests for them to be continued.

4.2.3. Question Three - Online Questionnaire – EP Small Scale Survey

Question 3: Are you aware of any peer-to-peer support programmes/interventions (online or face to face) offered to young people (Ages 11-17) in the borough you work in?

For this question, 10 of the 12 EP participants answered 'No' and the other two answered 'Yes'. This highlights that majority of the EP sample were not aware of any peer-to-peer support programmes/interventions (online or face to face) offered to young people in their boroughs. For the EP participants that answered 'Yes', they referred to Peer Mentoring programmes where older pupils mentor younger pupils or the use 'Buddy systems' that exist in some secondary schools in their boroughs. These programmes were described to be focused on inclusion and supporting young people who experienced difficulties with social skills and academic motivation and disruptive behaviours. The responses to this question highlighted a developing theme which is the lack of peer-to-peer support resources for young people with SEMH needs in London.

4.3. Pre-Intervention Interview Data

A pre-intervention interview was held with each adolescent participant. They were asked two questions at the end which were to confirm their participation in the study and gather their views or concerns of being a part of a digital peer support intervention (page 76). All three of the adolescent participants confirmed their willingness to be a part of the study and none of them had any questions or concerns about the peer intervention or it being an online chatroom.

4.4. Observation Schedule, Session Overview and Researcher's Reflections

For each session of the intervention, an observation schedule was used to record the behaviours and interactions of the participants. Field notes were also recorded for the researcher's reflection and to note the context of the session. For the behaviour definitions, see Table 3 (page 78) in the previous chapter. Presented below for each session is an overview, the overall behaviours observed, and the behaviours displayed by each participant, using their pseudonyms. Bar charts will be used to represent the behaviours observed in the full 40 minutes of the session and the number of times in which they appeared. Each behaviour will be represented by a different colour (See Table 4). Also presented for each session are extracts from the chatroom to accompany the behaviour observed as well as researcher's reflections from the field notes.

Table 4. Behaviour Bar Chart Key

Type of Behaviours	Bar Colour	Behaviours
Task-oriented Behaviours		Giving Information
		Giving Opinion
		Elaborating
		Summarising
		Seeking Opinion
		Seeking Information
		Coordinating
Group-maintenance Behaviours		Engaging with Others
		Following
Self-oriented Behaviours		Forming Subgroup
		Playing Around
		Attracting Attention
		Withdrawing

4.4.1. Session One: Overview and Researcher's Reflections

Session One was designed to be the introduction to the intervention. This session was mostly facilitator led to allow participants to become comfortable with the platform and space. Two participants were in attendance for this session and were able to access the online platform without any issues. During this session, the main behaviours observed were Task-oriented. The behaviours 'Elaborating' was seen 5 times in the session, 'Giving Information' was seen 4 times and 'Summarising' was seen once. (See Figure 7 and 8). The Self-Oriented behaviour of 'Withdrawing' was displayed by one of the participant's twice throughout the session. This was evidenced by the participant not contributing to the session for more than ten minutes. The chatroom extracts in Table 3, show how participants displayed these behaviours. The reflections of the researcher in this session were feelings of hopefulness of the intervention due to the type of behaviours being displayed and the information shared by the participants (See Extract 1).
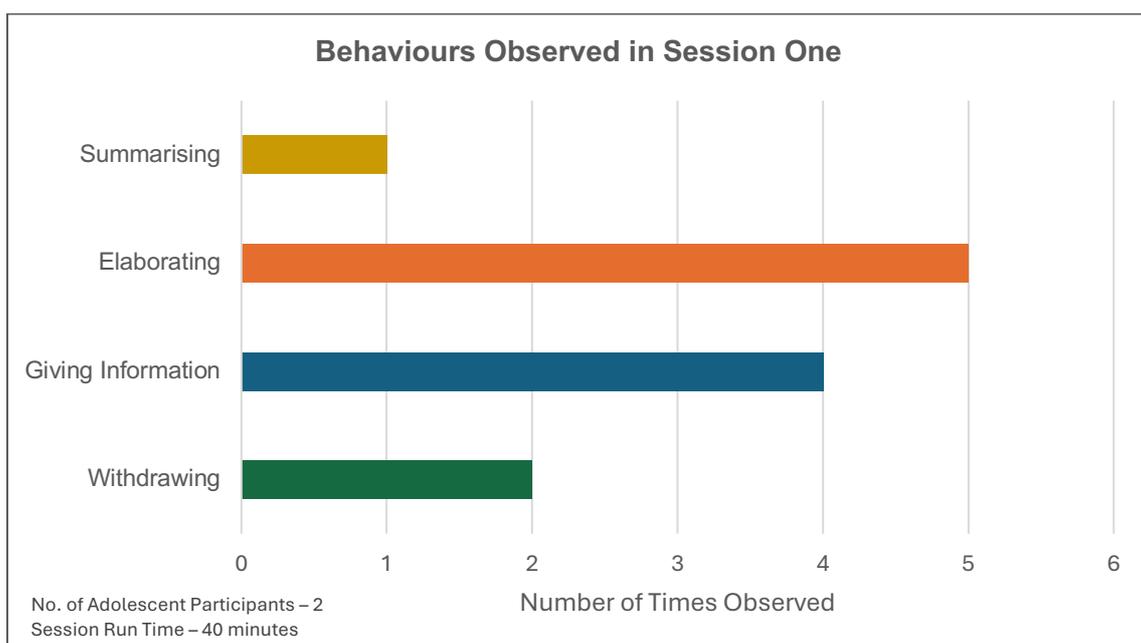
Figure 7. *Behaviours Observed in Session One*
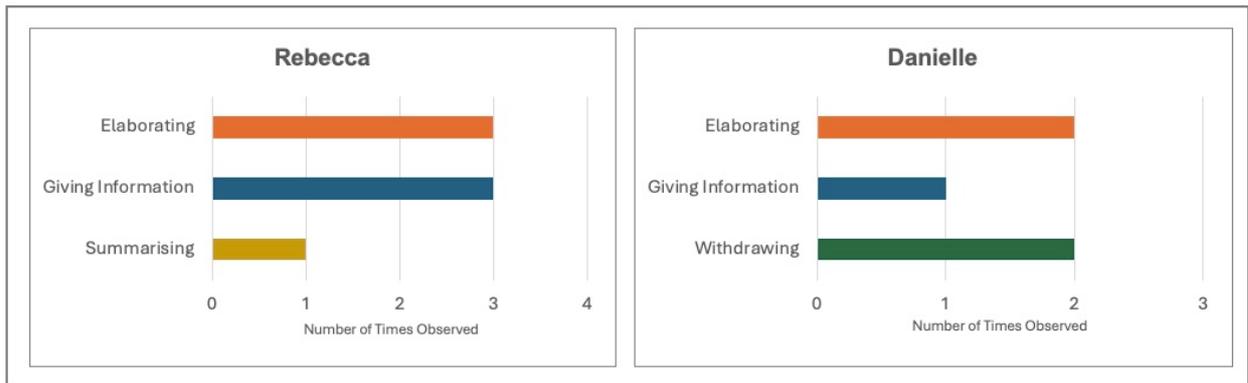
Figure 8. *Participants' Behaviours in Session One*

Table 5. *Session One Chatroom Extract*

Behaviour	Chatroom Extract
Giving Information	**R:** *"School friends ignoring you and life is kind of boring now a days…"* **D:** *"…with feeling anxious it is always in school days feeling sad is just cause of personal stuff"*
Elaborating	**R:** *"…depending on the teacher if the teacher I trust the most is busy. I tell a limit to another teacher…"* **D:** *"…just puts me in a bad mood then you have everyone asking if you're alright which just makes it worse…"*
Withdrawing	**D:** *-No contribution for 15 minutes-*
Summarising	**R:** *"...cause it is very overwhelming to get what happened and it gets to the point where it is in your head and you can't get it out..."*

Extract 1. *Researcher's Reflections – Session One*

"This was the first session, and I was feeling anxious and nervous about how it was going to go. The beginning of the session felt like I was talking to the participants individually even though it was meant to be a group discussion. However, this was

expected as it was the first time they would have met each other, and it was the
introductory session. Both participants were from separate schools, and this helped in
keeping the comfortability in the chatroom. As we approached the end of the session,
the participants started to engage with each other, called each other by their name
(username) and asked direct questions to one another on information they would have
shared. I felt pleased and hopeful at the end of this session."

4.4.2*.* **Session Two: Overview and Researcher's Reflections**

For Session Two, all three participants were in attendance. The school which two of
the participants were from, experienced connectivity issues on the devices they
allocated for the intervention. This led to the school support staff logging on for the
participants and using their real name. The Task-oriented behaviours displayed during
this session were 'Giving Information' (seen 4 times) , 'Giving Opinion' (seen 2 times)
and 'Elaborating' (seen 1 time) (See Figure 9 and 10). Self-oriented behaviours such
as 'Withdrawing' (seen 3 times) and 'Forming Subgroup' (seen 2 times) was also
displayed. The two participants that were from the same school expressed that they
were familiar with each other, which visibly changed the dynamic among the
participants (See Table 4). Group-maintenance behaviours such as 'Engaging with
Others' (seen 4 times) and 'Following' (seen 1 time) were also displayed during this
session. The researcher's reflections detailed feelings of frustration and having to self-
regulate to maintain the flow of the session (See Extract 2).
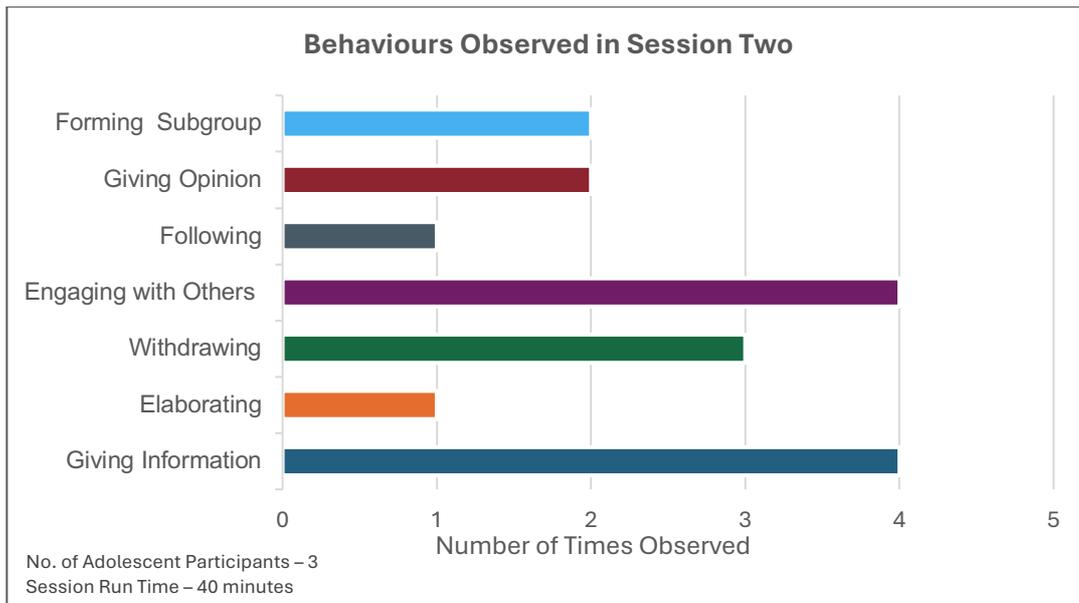
Figure 9. *Behaviours Observed in Session Two*
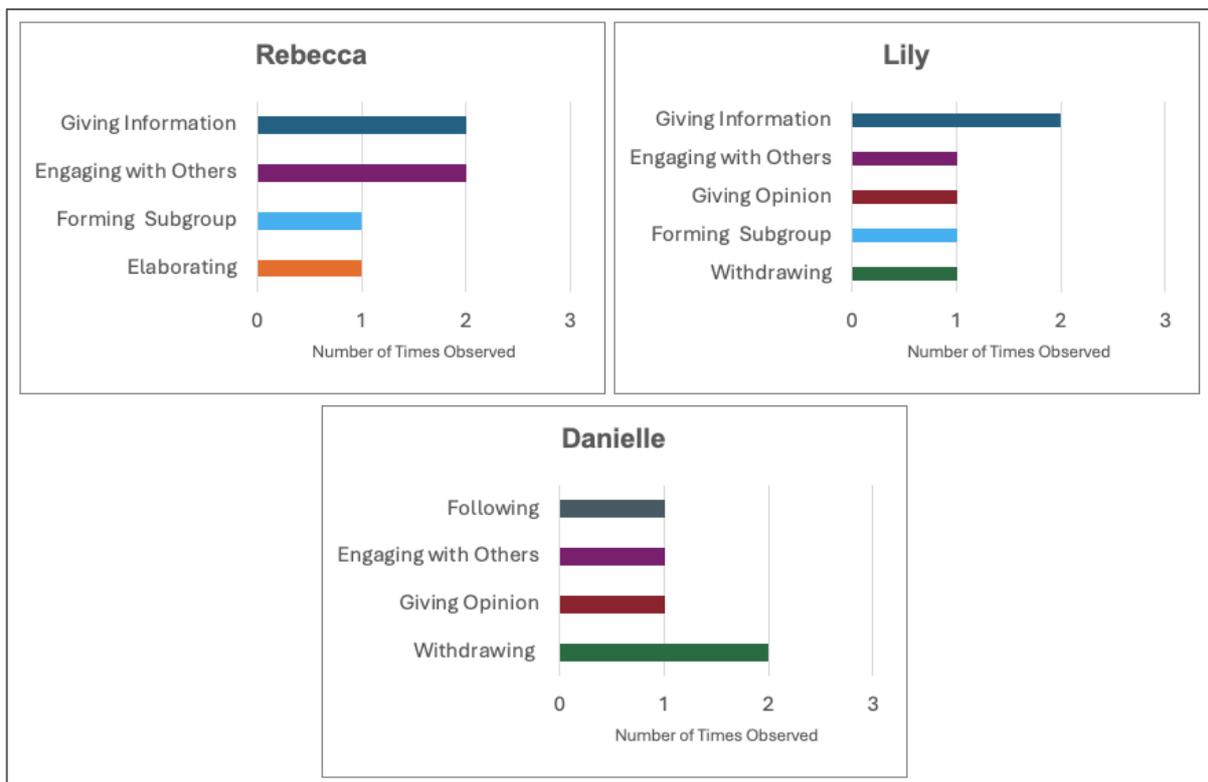
Figure 10. *Participants' Behaviours in Session Two*

Table 6. *Session Two Chatroom Extract*

Behaviour	Chatroom Extract
Giving Information	**R:** *"...school and friends falling out like today. Arguments on a daily basis."* **L:** *"...I fell out with two friend groups..."*
Elaborating	**R:** *"… I have friends since year 4...I trust her and tell Lily ANYTHING"* **L:** *"…when I had the argument, I was angry and sad because he was an old friend..."*
Withdrawing	**L:** *-No contribution for 10 minutes-* **D:** *-No contribution for 10 minutes-*
Engaging with Others	**R:** *-as a response to someone else- ..." why's that?"* **L:** *"...Rebecca... how did you feel?"* **D:** *"...I agree with Lily and Rebecca..."*
Giving Opinion	**L:** *"… that would make me feel sad..."* **D:** *"honestly similar things happen all the time at my school to I just stay away unless it's in my friend group…"*
Following	**D**: *-as a response to others sharing- "same" or "ok"*
Forming Subgroup	**R***: "…me and Lily have been friends for 5 years"* **L:** *"... me and Rebecca have been friends for 5 years"*

Extract 2. *Researcher's Reflections – Session Two*

"I was in a hopeful and positive mindset before the session started based on how the last one went. Unfortunately, the SENCo of the school where two of the participants were, logged in on their behalf and used their full names. These 2 participants ended up having to use the same room due to scheduling and turned out to be friends. This was something they shared in the chat, and it visibly changed the dynamic. I felt very

frustrated as it seemed like the session was not going to be beneficial for anyone because of these factors. In the end, the participants did engage with each other and there was more peer-to-peer interaction between all the participants. Even though I felt frustrated at the beginning, I reminded myself to be patient with everything as I did not want my negative feelings to come across in the way I communicated."

4.4.3. Session Three: Overview and Researcher's Reflections

For Session Three, all the participants were in attendance and were able to join the platform with no issues. This session was designed to be a free flow, giving the participants more power in how the session was ran. For this session, the Group-maintenance behaviour, 'Engaging with Others' (seen 6 times) was the main behaviour displayed (See Figure 11 and 12). Participants also displayed Task-oriented behaviours such as 'Giving Information' (seen 3 times), 'Elaborating' (seen 3 times), 'Seeking Opinion' (seen 2 times), 'Seeking Information' (seen 2 times) and 'Giving Opinion' (seen 2 times). Based on some of the comments made by participants, they showed more interest in each other and appeared more comfortable in using the space (See Table 5). Self-oriented behaviours such as 'Attracting Attention (seen 2 times), 'Withdrawing' (seen 2 times), 'Forming Subgroup' (seen 1 time) and 'Playing Around' (seen 1 time) were also observed. Participants were observed typing and deleting messages or not focusing on the topic being discussed.
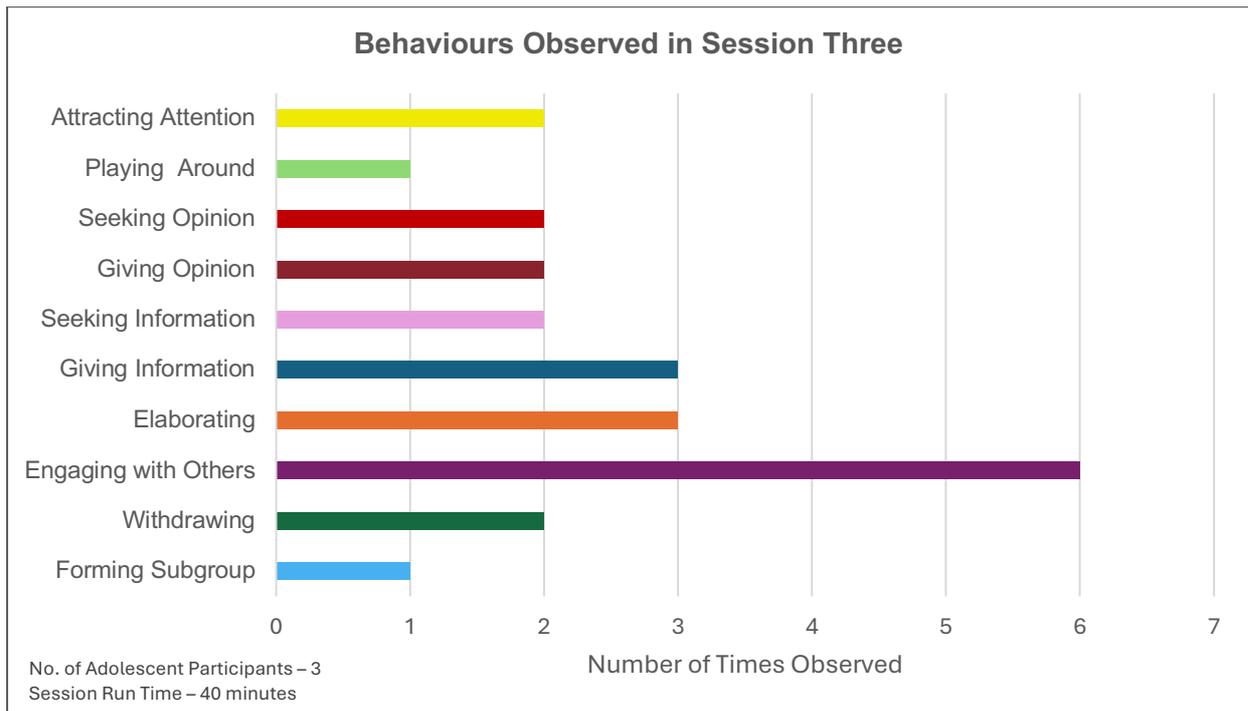
Figure 11. *Behaviours Observed in Session Three*
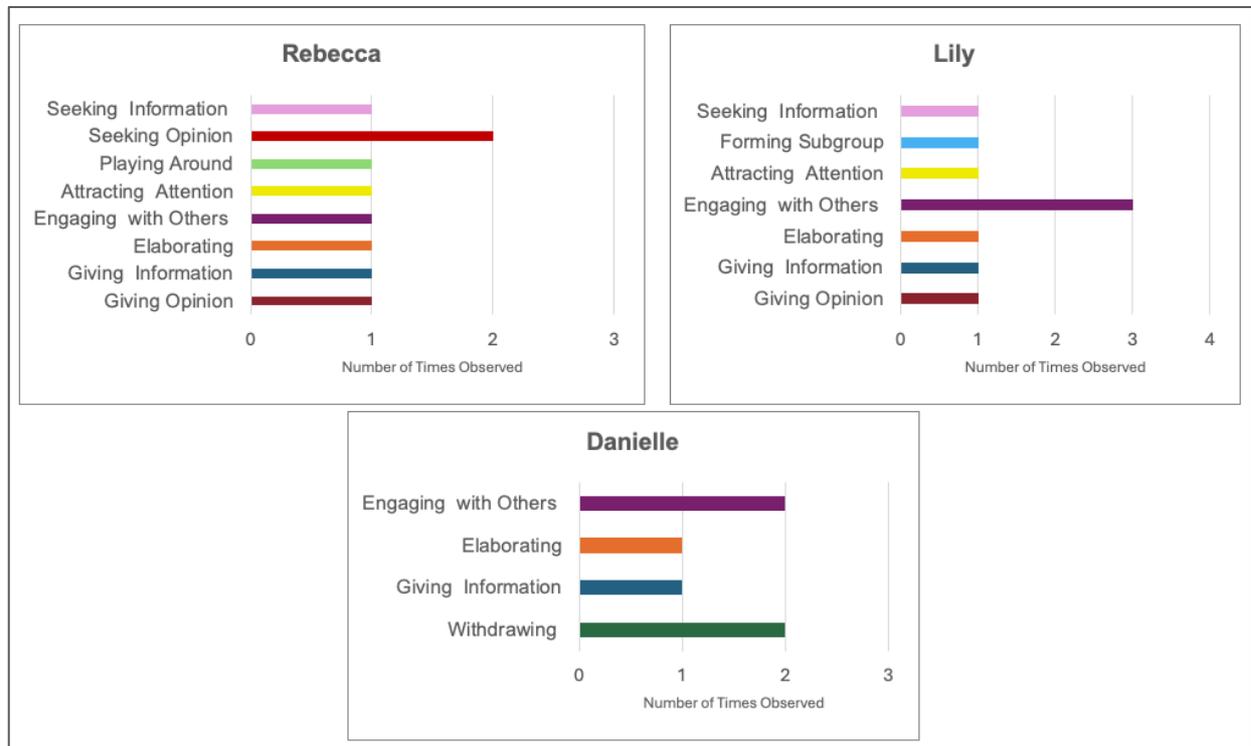
Figure 12. *Participants' Behaviours in Session Three*

Table 7. *Session Three Chatroom Extract*

Behaviour	Chatroom Extract
Giving Information	**R:** *"that's nice… would u help out the homeless or any children… I would … I love little children"* **L:** *"..Oh I like sport more.."* **D:** *"…even if I do my revision my results will be the same as if I didn't.."*
Elaborating	**R:** *"I love my basics and even more English…"* **L:** *"Same ... oh I love p.e"* **D:** *"…but I help out sometimes with my friends when there baby sitting there younger siblings, I'm waiting to do work experience..."*
Withdrawing	**D:** *No contribution for 10 minutes* *- As a response to others asking her a question-* *"Don't worry…"*
Engaging with Others	**R**: *"oolaaaa Danielle, how are youuu"* **L:** *- replying to Rebecca -* *"That's what I was gonna say"* **D:** *"I'm good…u?"*
Attracting Attention	**R:** *"….okkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkk"* **L:** *- typing and deleting her messages -*
Playing Around	**R:** *" still don't knooowwwwwwwowowowoWOWOWOWOWOww.."*
Giving Opinion	**R:** *" Danielle… ur really quiet in my opinion u ok?"* **L:** *"If you wake up at 7am you can study for your test.."*
Seeking Information	**R:** *"…Have you been revising…what subjects do you like?.."* **L:** *"what subjects do you not like?.."*
Forming Subgroup	**L:** *- after topic change -* **"** *Michele... what do you like the most sport or art ?*

Seeking Opinion	R: *"huuuhhhh...what do you mean Danielle?"*

Extract 3. *Researcher's Reflections – Session Three*

"To avoid participants full name being shared again. I sent an updated 'Log in Email' that emphasised that the usernames should be anonymous or the initials of the participant's name. This session purposely had no structure and was a free flow type of session. This also was to encourage group bonding and give more power to the participants. Since 2 of 3 participants reported they were in a good mood, I thought it was best to focus on the things they do when they are in these moods. I started by modelling how to ask inquisitive questions to which participants followed and did the same with each other. There were a few points, I as the facilitator had to step in and keep order as well as bring back the focus to the task. I also noticed that one participant was quiet which could have been due to her not being in the mood to talk or participate that day. I let the group know that she would be my co-facilitator for that session as to take pressure from her.

I did check in myself and noted any negative feelings I had when the participants went off task. I asked myself why I felt that way and why I didn't think that those discussions weren't equally as helpful for them."

4.4.4. Session Four: Overview and Researcher's Reflections

In Session Four, all three adolescent participants were in attendance and there were no issues with connecting to the platform. However, it took about ten minutes for there

to be a flow of communication between the participants. The main behaviour displayed in this session was 'Withdrawing' (seen 4 times) which is a Self-oriented behaviour (See Figure 13 and 14). Other behaviours displayed from this category were 'Attracting Attention' (seen 1 time), 'Playing Around' (seen 1 time) and 'Forming Subgroup' (seen 1 time). One participant expressed disinterest and wanted to leave the session. After sharing the message, it was deleted by the participant. The Group-maintenance behaviour displayed in this session was 'Engaging with Others' (seen 3 times). The Task-oriented behaviours observed were 'Giving Information' (seen 3 times), 'Elaborating' (seen 1 time), 'Giving Opinion' (seen 1 time), 'Seeking Information' (seen 1 time), 'Seeking Opinion' (seen 1 time) and 'Coordinating' (seen 1 time). These behaviours were exhibited when one participant shared a difficult experience, and the others mentioned how they related and what they did when they were in similar situations (See Table 6). The researcher reflected on the group dynamics and the difficulty that could be experienced when conducting this type of intervention virtually. This was highlighted as a key area that needs to be considered by the facilitator of the chatroom (See Extract 4).
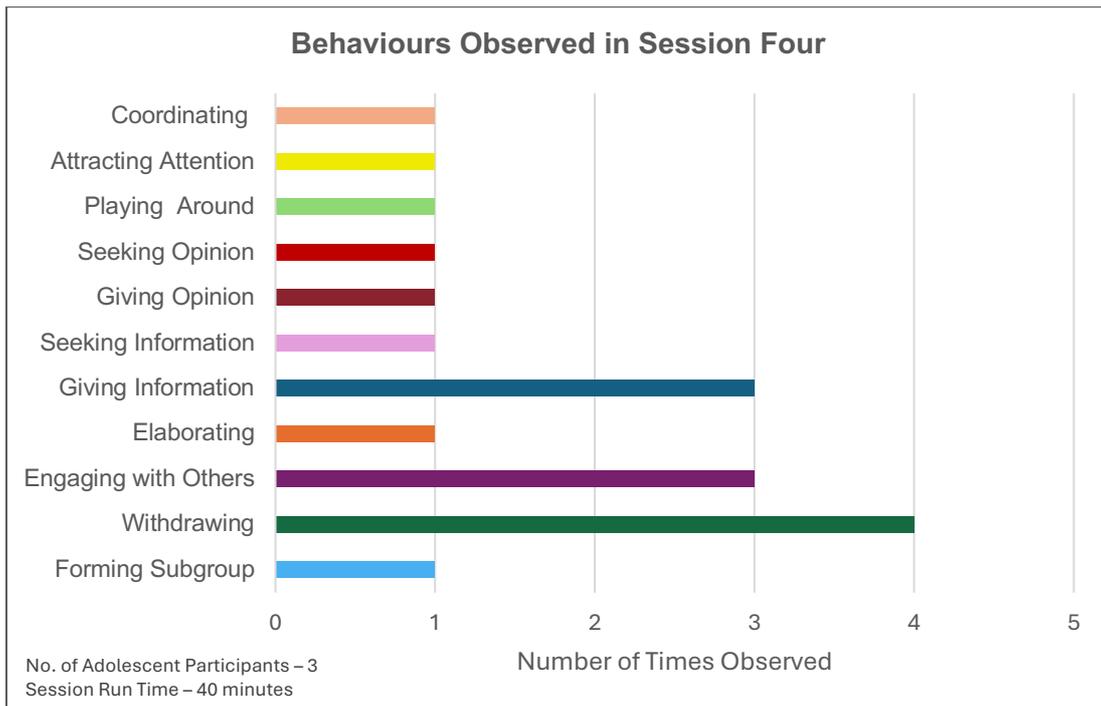
Figure 13. *Behaviours Observed in Session Four*
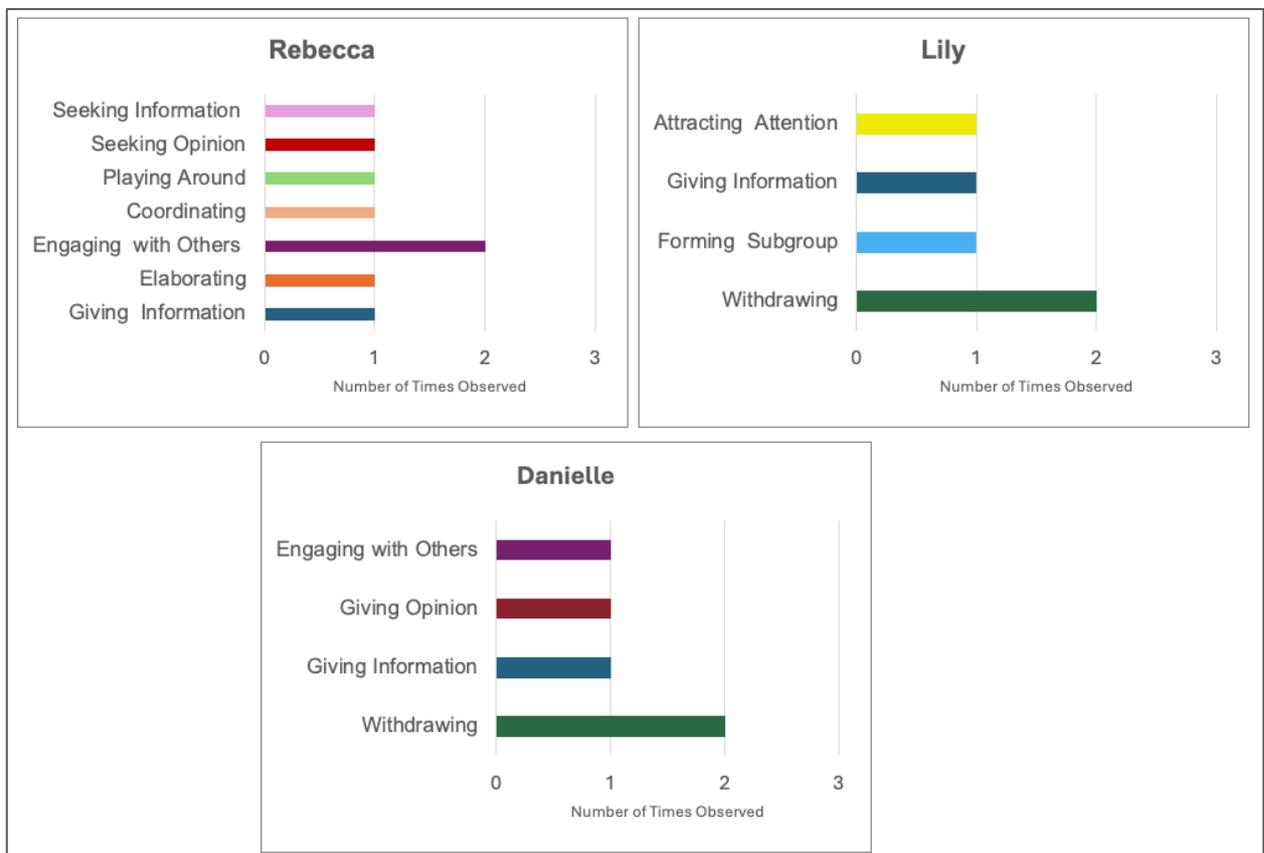
Figure 14. *Participants' Behaviours in Session Four*

Table 8. *Session Four Chatroom Extract*

Behaviour	Chatroom Extract
Giving Information	**R:** *"…in the group is a main person that HATES me"* **L:** *" there are things happening outside of school between me and a certain person.."* **D:** *"Ive had too many situations with friend groups or people"*
Elaborating	**R:** *"I wanna have good friends I can believe in and trust and depend on and talk"*
Withdrawing	**L***: No contribution for 10 minutes* **D***: No contribution for 10 minutes*
Engaging with Others	**R:** *"yeah Lily. ..those are VERY STRONG WORDS.."* **L:** **"***How are you??"* **D:** *"Hi I'm good how about you?"*
Attracting Attention	**L:** *"I'm boreeeddddd…" -deleted this message-*
Playing Around	**R:** *"ookkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkk…. Oops got carried away sry"*
Giving Opinion	**D:** *"In similar situations… I cut that person out of my life.."*
Seeking Information	**R:** *"anyway Danielle…how u feeling any friendship problemsssss…"*
Coordinating	**R:** *"Let's hear from you Lily … what about you?*
Forming Subgroup	**L:** *" Me and Rebecca can't say… "*

Seeking Opinion	**R:** *"what about […] I thought you […] "*

Extract 4. *Researcher's Reflections – Session Four*

"I felt confident going into this session as we would have had a few now. Participants showed they understood what these sessions were for but took some time to get into the groove of things. Participants were willing to sharing and openly shared about similar experiences and offered advice about what they did in the situations. That also seem to appreciate the space as hearing that someone else related prompted them to want to share and talk more. At one point, a participant expressed that she was bored. I gave her the option to leave but she opted to stay. She still engaged with the others. This participant expressed earlier her feelings about a situation that happened with her, and her friends and it seemed like she did not want to talk about it or wanted another type of distraction. My main reflection from this session was that the personalities of the participants cannot be controlled. It is okay to prompt them and remind them of the purpose of the chatroom, but it must be noted that the personalities of the participants can impact the dynamic and flow of the session. This can be difficult to manage virtually."

4.4.5. Session Five: Overview and Researcher's Reflections

Session Five was the final session of the intervention and was designed to be an open space, allowing the participants to have a free flow and reflect on the past four weeks.

Two of the three participants attended this last session and experienced no issues connecting. One participant opted out of attending this session and expressed that they wanted to stay in lesson. The behaviour displayed the most in this session was a Self-oriented behaviour, 'Playing Around' (seen 4 times) (See Figure 15 and 16). This behaviour was not surprising as participants in attendance expressed their eagerness for the upcoming half-term break. The other behaviour seen the most in this session was a Group-maintenance behaviour, 'Engaging with Others' (seen 3 times). The Task-oriented behaviours seen were 'Giving Information' (seen 2 times), 'Giving Opinion' (seen 1 time) and 'Seeking Information' (seen 1 time). One participant gave an update on the difficult situation they were experience and how they have been managing it (See Table 7). The researcher's reflections highlighted how important it was to give the participants autonomy as well as allowing them to use the final session as the space that was created for them. It also gives insight to the relationship that was formed between the facilitator and the participants (See Extract 5).
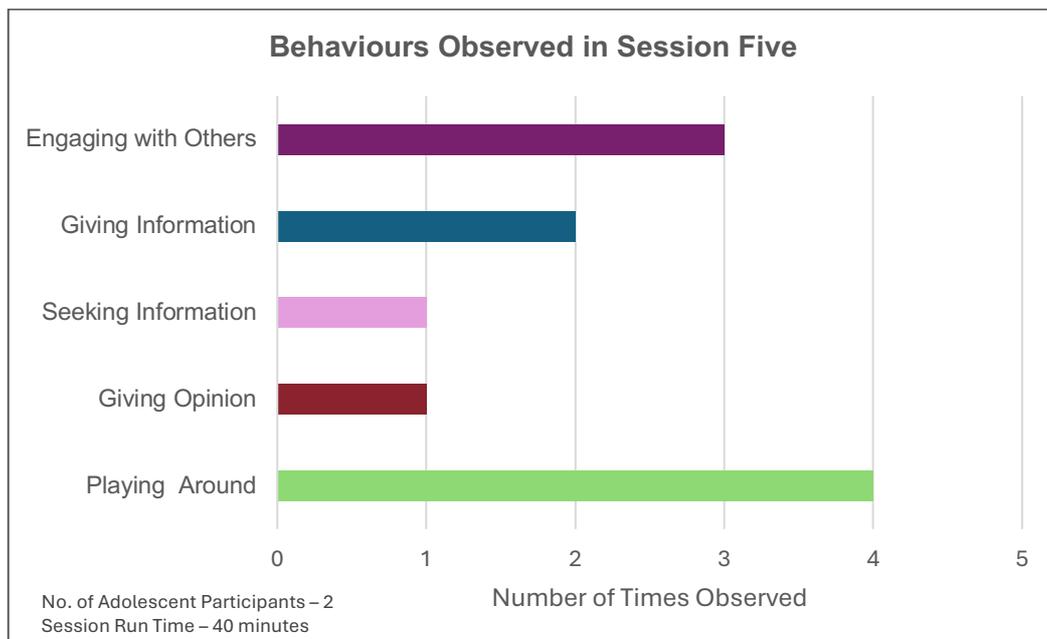
Figure 15. *Behaviours Observed in Session Five*
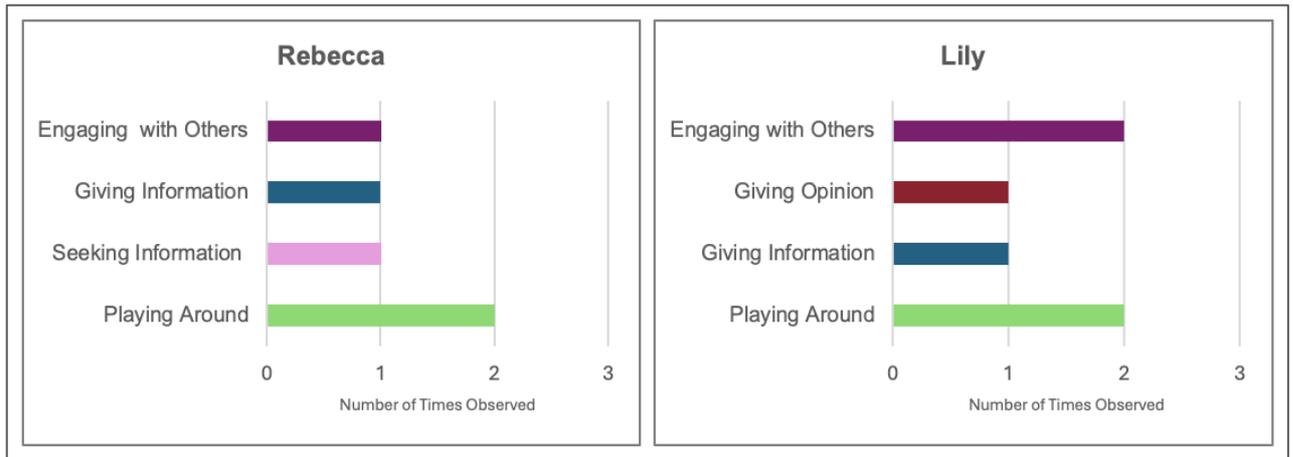
Figure 16. *Participants' Behaviours in Session Five*

Table 9. *Session Five Chatroom Extract*

Behaviour	Chatroom Extract
Playing Around	**R:** *"24565dgh475jh636"* **L:** *"All the people saying lalalalala… "*
Giving Opinion	**L:** *"No but we shouldn't say who.."*
Seeking Information	***R:*** *"How long left?"*
Giving Information	**R:** *"they don't care, they leave me out of things […] and lied about something I did not say […]"* **L:** *-response to mental health check in – "Not gooooddddd"*
Engaging with Others	**R:** *-using the chatroom to count down and type random things with Lily -* **L:** *- using the chatroom to count down and type random things with Rebecca-*

Extract 5. *Researcher's Reflections – Session Five*

"This was the final session. Participants appeared to be in good spirits. We waited for the final participant to join but then I got an email that they were opting out of today. The other participants seemed a bit disappointed. I let them know that this was another free flow session and asked for updates on the situations they shared last time that were bothering them and what they did based on the suggestions shared by their peers last session. Nearing the end of the session, I gave the option to leave early or stay. They chose to stay, and we talked about the upcoming easter break and what potential plans they had and strategies that would help them regulate their emotions when they felt distressed or in a low mood. I felt pleased that I was able to complete these sessions and thanked the participants for showing up and being open to an intervention like this. I believe that recognition was very important for them."

4.4.6. Summary of Behaviours Observed in the MOOD Chatroom

Across the five sessions, there were a total of 13 behaviours observed (See Figure 17). The main behaviour displayed was 'Engaging with Others', this was seen 18 times. 'Giving Information' was seen 16 times, 'Withdrawing' was seen 11 times and 'Elaborating' was seen 10 times. There were four behaviours with the lowest recordings were 'Coordinating', 'Following' and 'Summarising' all being seen once and 'Seeking Info' being seen twice. As for totals, seven (7) Task-oriented behaviours, four (4) Self-oriented behaviours and two (2) Group-maintenance behaviours were observed.
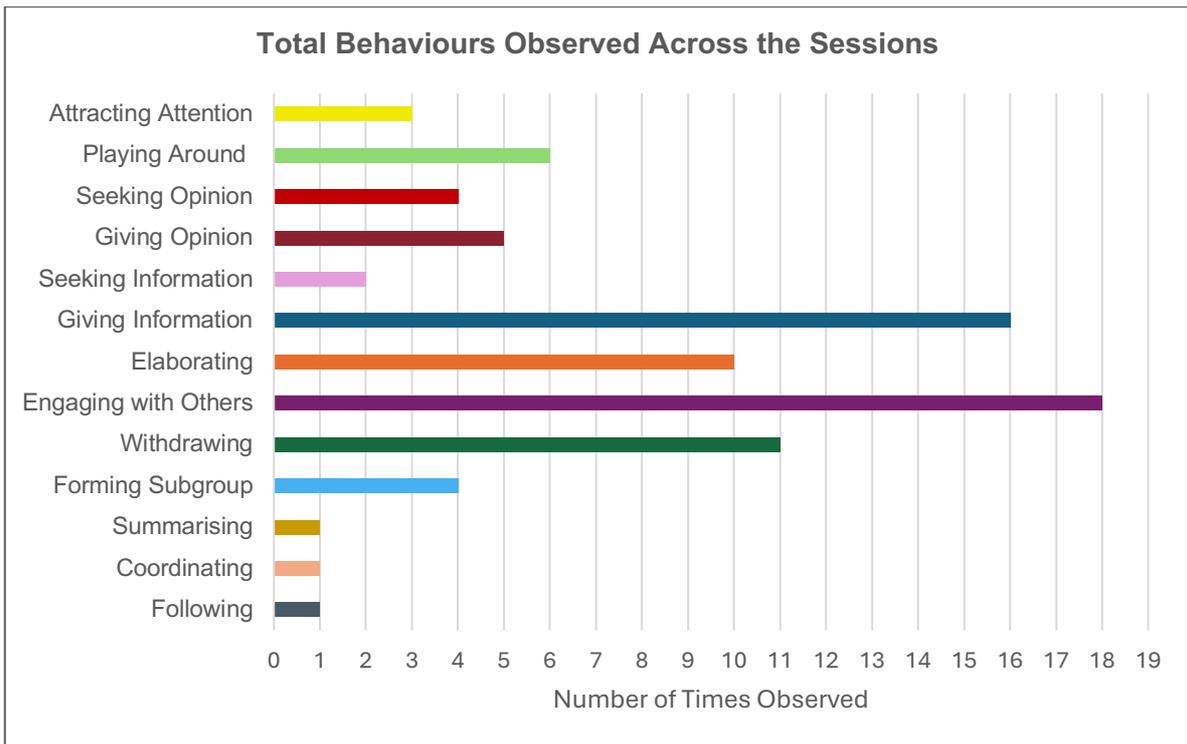
Figure 17. *Total Behaviours Observed Across the Sessions*

4.5. MFQ Pre and Post-Intervention Scores

When scoring the MFQ, higher scores suggest more severe depressive symptoms in the individual. The current study used the long version of the MFQ, and the scores range from 0 to 66 long. The value associated with the responses of the MFQ are as follows, Not True = 0, Sometimes = 1 and True = 2. If an individual scores 27 or higher, it may indicate the presence of depressive symptoms (Angold & Costello, 1987). Table 10 shows the adolescent participants' MFQ total scores pre and post intervention.

Table 10. *Adolescent Participants' Total MFQ Pre and Post-Intervention Scores*

Participants	MFQ Pre-Intervention Score	MFQ Post-Intervention Score
Rebecca	26	20

Lily	35	12
Danielle	32	40

Based on the scores for the pre-intervention MFQ, it was highlighted that there was a presence of depressive symptoms for two of the adolescent participants. For the other adolescent participant, they scored 26 on the MFQ, which is just under the number that indicates an SEMH need. For the current study, individuals did not need a specific score in order to be a part of the intervention. Rather, the MFQ was used to identify if there was existence of anxious behaviours and low moods and at what level. This meant that even though one of the adolescent participants did not score the exact number that would indicate the presence of depressive symptoms based on the MFQ, they were still seen as eligible for the intervention. This decision was made by triangulating the reports from the SENCo about the young person's presentation at school and the information the individual shared about themselves in the pre-intervention interview. The post-intervention MFQ scores indicated that there was a decrease in depressive symptoms for two of the adolescent participants and a noticeable increase for the other. When conducting the post-intervention interviews, information regarding external factors that may have affected the MFQ post-intervention scores was shared by the individual. How this impacted the scores and the factors that need to be considered when delivering mental health support will be further discussed in the next chapter.

4.5.1. Review of Pre and Post-intervention MFQ Responses

The responses of the adolescent participants from the pre and post-intervention MFQ were also individually reviewed. This was done to explore and note the areas that changed or remained the same after being part of a peer support intervention. These areas were considered when interpreting the overall scores. The responses were also explained, and context was given by the adolescent participants in the post-intervention interviews. The tables below (Table 11, 12, and 13) are extracts of the responses from the pre and post-intervention MFQ for each adolescent participant.

Table 11*. Extract of Rebecca's Pre and Post-Intervention MFQ Responses*

Rebecca MFQ Responses			
Questions		**Pre-Intervention**	**Post-Intervention**
2.	I didn't enjoy anything at all.	Sometimes	Not True
10.	It was hard for me to make up my mind.	Sometimes	Not True
13.	I was talking more slowly than usual.	True	Not True
15.	I thought there was nothing good for me in the future.	Sometimes	Not True
21.	I found it hard to think properly or concentrate.	True	Sometimes

Table 12. *Extract of Lily's Pre and Post-Intervention MFQ Responses*

Lily MFQ Responses			
Questions		**Pre-Intervention**	**Post-Intervention**
2.	I didn't enjoy anything at all.	Sometimes	Not True
8.	I felt I was no good anymore.	Sometimes	Not True
15.	I thought there was nothing good for me in the future.	Sometimes	Not True
27.	I felt lonely.	True	Not True

| 31. | I did everything wrong | True | Not True |

Table 13. *Extract of Danielle's Pre and Post-Intervention MFQ Responses*

Danielle MFQ Responses			
Questions		**Pre-Intervention**	**Post-Intervention**
2.	I didn't enjoy anything at all.	Sometimes	Not True
14.	I cried a lot.	Sometimes	True
15.	I thought there was nothing good for me in the future.	Sometimes	True
22.	I thought bad things would happen to me.	Not True	Sometimes
24.	I felt I was a bad person.	Not True	Sometimes

4.5.2. Quantitative Analysis of MFQ – Pre and Post-Intervention Test

The mean scores and standard deviations (SD) of the MFQ scores pre and post-intervention are displayed in Table 14 below. The calculated mean pre-test score for the MFQ suggests that there was the presence of depressive symptoms in all three adolescent participants (*M*=31.00, *SD*=4.58). The low SD indicates that the values are clustered close to the mean and each score deviates from the mean by 4.58 points. As for the post-test score for the MFQ, the calculated mean suggests that the adolescent participants were experiencing fewer low moods and displaying less anxious behaviours at the time they completed the questionnaire (*M*=24.00, *SD*=14.42). However, the higher SD indicates that the distribution of the data is more variable and unevenly spread out with the scores deviating from the mean by 14.42 points. This also indicates and highlights outliers in the dataset (Marshall & Jonker, 2010; Kaur et al., 2018). These descriptive statistics allows for an initial analysis of the data, showing its variability and what conclusions can or cannot be made.

Table 14. *Mean and Standard Deviation for the MFQ Pre-Intervention and Post-Intervention Scores*

Measure	Pre-Intervention Scores Mean[SD]	Post-Intervention Scores Mean[SD]
Mood and Feelings Questionnaire (MFQ)	31.00 [4.58]	24.00[14.42]

Statistical significance tests such as a paired sample t-test – which compares the mean and examines a single group at two different periods in time or non-parametric tests – which allows for few or no assumptions about the sample and are less affected by outliers were not conducted on the MFQ data (Nahm, 2016; Ross & Wilson, 2017). Though non-parametric tests are usually conducted when sample sizes are too small, it would have been difficult to validate the distribution of the data for the current study (Joo, Doh, & Lee, 2017; Habibzadeh, 2024). With a small sample size of only three participants (n=3) , the results from the calculations would not have the statistical power to reliably claim that the digital peer support intervention had any type of significance.

4.5.3. Reporting MFQ Data – Threats to Internal Validity

The MFQ is seen as a suitable measure that has been validated and is widely used in exploring depression symptoms in children and young people (Angold & Costello, 1987; Thabrew et al., 2018). In relation to the current study, the threats to internal validity when reporting the MFQ responses must be explored. Internal validity refers to how accurately the results of a study reflect a cause and effect relationship between the independent and dependent variable (Rebok, 2013). In this instance, are the

improved moods of the adolescent participants as self-reported using the MFQ due to their involvement with the intervention or are they influenced by other biases or factors? Threats to the internal validity of a study would be any factors that jeopardise the integrity of the research. It is essential to identify and review these threats in order to develop a digital peer support intervention that is based on reliable research. (Rebok, 2013; Matthay & Glymour, 2020).

Some of the threats identified when analysing and reporting the MFQ data that need to be considered are:

- History Threats – During the time of the intervention, there were external events that occurred which affected the mood and changed the presentation of one of the adolescent participants (refer to Table 10 for Danielle's MFQ score). Their post-intervention responses would have been influenced by the factors outside of the study and not due to their involvement with the intervention.

- Maturation Threats – The changes in adolescent participants' responses on the post-intervention MFQ, could have been due to the natural result of time. The intervention ran over a five-week period; during this time the adolescent participants' mentality, perception as well as their emotional understanding could have naturally changed. In this case, adolescent participants spoke about having negative experiences with their friendships groups and how this was a trigger for their low moods. If those relationships improved during the intervention period, the post-intervention MFQ responses and scores would have shown them experiencing fewer depressive symptoms and could not be attributed to the intervention itself.

- Social desirability bias – The MFQ is a self-report measure which means that the adolescent participants, regardless of their true feelings, could have answered the questions based on what they thought was socially acceptable and would avoid judgement from the researcher. This would have an impact on how the data is interpreted and the conclusions drawn.

- Researcher's bias – In the current study, the researcher was also the facilitator of the intervention. This implies that there is a possibility that the expectations and behaviours of the researcher/facilitator could have unintentionally influenced the adolescent participants' presentation and their responses on the MFQ post intervention. This could have been done by unconsciously providing regular encouragement and positive feedback to specific participants for their input during the intervention.

How these threats to internal validity can be countered will be detailed in the next chapter.

4.6. Post-Intervention Interview Data

After the five weeks of the intervention, post-intervention interviews were conducted with each adolescent participant. The purpose of these interviews was to allow the adolescent participants to have space for them to debrief about their experience with the intervention. Adolescent participants were asked three open-ended questions in order to capture their thoughts and feelings about the process (See Appendix E). As

previously mentioned, summative content analysis was used to analyse the data gathered from these post-intervention interviews (pages 85-86). The process of summative content analysis involves breaking down the text data into code categories, counting the keywords or phrases and analysing them to identify patterns or if possible, draw conclusions and make generalisations (Bengtsson, 2016; Erlingsson & Brysiewicz, 2017). For the current study, the sentences and phrases used by the adolescent participants to answer the questions were chosen as the content that would be analysed. By using a flexible approach, code categories were decided based on their existence in the raw data. Concepts were also counted each time they appeared in the text data. The reason for this was to account for words or phrases that implied a specific concept that could be categorised into an existing code. Seeing as there was a small amount of post-intervention interview text data, the decision was made to code and count it by hand. Based on the codes and their frequency, it was possible for themes to be identified (See Table 15).

It is also important to note that the transcript and codes from the post-intervention interview data was solely analysed by me, the researcher and the facilitator of the intervention. This means that there is the potential presence of researcher bias in the analysis and reporting of this data which should be considered.

Table 15. *Post-intervention Interview with Adolescent Participants: Frequencies of responses relating to their experience of the digital peer support intervention*

Theme	Code	Frequency of Code
Importance of Anonymity	- Liked being anonymous	3
		Total: 3
Appreciation of the Space	- Liked having the space	2
		1

	- Less pressure than face to face sessions	*Total: 3*
Peer Support	- Feeling understood - Feeling heard - Relatable/Relating - Interacting with others my age	1 1 1 1 *Total: 4*
Hybrid Design of Support Services	- Liked being online - Addition of face-to-face session	3 3 *Total: 6*
Duration of Sessions	- Enough time - Having a full hour	2 1 *Total: 3*
Concerns of Intervention	- Questioning intentions of others	*1* *Total: 1*
Power of Choice	- Having a choice - Not doing it if I didn't want to	1 1 *Total: 2*

Six themes were identified, with the most frequently theme coded being 'Hybrid Design of Support Services'. Though this theme only had two codes, all the adolescent participants commented on how they liked having the intervention delivered virtually (n=3) and how an additional face to face session would help with feeling seen and connect to the facilitator behind the screen (n=3). 'Peer Support' was the second most frequently coded. Participants mentioned how feeling understood (n=1), feeling heard (n=1), relating to others (n=1), and interacting with others my age (n=1) was positive experience. 'Importance of Anonymity' was highlighted as participants commented on how they liked the anonymous element led them to share more (n=3). Another key theme identified was 'Appreciation of the Space'. Participants shared how they liked having the space (n=2) and how they felt less pressured than face-to-face sessions (n=1). 'Duration of Sessions' was noted as participants commented on how they felt

the sessions ran for enough time (n=2). However, one participant did share that they thought there should be a full hour for the sessions (n=1). Lastly, the theme 'Power of Choice' was shared to be another feature that made the process and the intervention more consumable. Participants shared that they liked having a choice about their participation in the sessions (n=1) and not having to attend if they did not want to (n=1).

The information collected in these semi-structured interviews provided insight into the features that would be fundamental in developing this digital support intervention. These are features such as being anonymous and allowing adolescents who are part of the intervention to have a choice in how and when they participate. Areas for improvement would be providing an additional face-to-face session for adolescents to access. While it was assumed and displayed that adolescents may be comfortable in the digital space, these findings revealed that there is potential for them to develop concerns or be distrusting of their peers in the group. Ensuring the young people who access this support feel comfortable and that trust is developed among the peer group are areas that would be foundational in the final development of this digital support intervention. The key findings from the current study and their relation to the research questions and the profession of Educational Psychology will be detailed in the next chapter.

Chapter 5: Discussion

5.1. Overview

This chapter discusses the research findings and explores the implications in relation to the research questions and literature examined in order to explore the feasibility of a digital peer support intervention for adolescents with SEMH needs. Facilitative factors and any barriers that may affect the implementation of the intervention are assessed and discussed. The quantitative data of the behaviours observed during the intervention and the intervention outcome variables are explored. The themes created in the qualitative data collected from the EPs and the adolescent participants are also discussed. A review of the current study and the learnings taken from it are detailed. Finally, the research findings and their contribution to Educational Psychology research and the implications for future professional EP practice are outlined.

5.2. Key Findings from the Current Study

The current study set out to develop and evaluate a digital support intervention that would be used to support adolescents who present with SEMH needs. The key findings from Phase One and Phase Two will be discussed below as well as their implications.

5.2.1. Key Findings from Phase One

Phase One of the current study used an online questionnaire to collect information from qualified EPs about the existing support their services offer to adolescents with SEMH needs. The data gathered from this sought to answer RQ1.

RQ1: What existing support programmes and interventions are offered to adolescents with SEMH needs by Educational Psychology Services (EPS) in London?

Though it was a small sample size, with only 12 EPs who responded, themes were found in the data that can be used to answer the research question. Based on the responses from the online questionnaire, third-sector organisations such as Charities who provide counselling services and mentoring programmes were reported to be the most recommended resource by EPs. Local authority departments such as Early Help Services or Mental Health Support Teams were also reported by EPs to be involved when providing support to young people. These specific LA departments are reported to be responsible for delivering interventions to CYP or will suggest strategies to the adults who work directly with them. The responses from the data also revealed that there are Youth Outreach Programmes ran by LAs.

A key finding from the online questionnaire that directly related to the current study was the reports of EPs sign posting to alternative mental health platforms such as telephone and digital resources. Some EPs mentioned how their services regularly recommend digital resources which highlighted that there is an existing acceptance by professionals of resources delivered through technology. Another theme that was

developed from the data is the inconsistency within the EP profession of the importance placed on the support offered to young people with SEMH needs. Finally, the responses revealed the lack of peer-to-peer support programmes/interventions (online or face to face) offered to young people in London. Majority of the EPs who responded (10 out of the 12), reported that they were not aware of any interventions that actively use a peer-to-peer design. The other two EPs reported that they were only aware of peer mentoring which was used in specific secondary schools in their borough.

5.2.2. Implications of the Findings from Phase One

The results from the small-scale EP survey help to shed light on the commonly recommended resources by EPs for supporting young people's SEMH needs. It also identified a gap in the support that is designed and offered to young people with SEMH needs by EPS and the significance of it. The findings from Phase One of the current study contribute to the research around the role of an EP and the skills and competencies they acquire through training. It highlights the EP as the professional who can provide input to ensure that proper support is given to adolescents with SEMH needs. It also shows that EPs can be the primary facilitators of these types of services. The online questionnaire from Phase One also highlighted the importance of TEP research as it allows EPs to be introspective and reflect on their role and what practices they are involved in. Research such as this adds to the body of knowledge around Educational Psychology and can be used by directors and advocates of the profession, to influence stakeholders to invest so that practical, and accessible resources can be developed.

What should be considered when interpreting these findings are factors such as the national shortage of EPs working in LAs and the lack of funding and resources available to EPs (Atfiled, et al., 2023; Booth, 2024). The current statutory climate also has an impact on the way EPs are able to work (Capper & Soan, 2022). Many LAs in the UK have reported how the increase in statutory work has resulted in pressures in the workforce, a backlog in the completion of EHCNAs, and difficulties with recruitment and retention of EPs in LAs (BBC News, 2024; Booth, 2024; British Psychological Society, 2024). With the shortage of EPs in the UK and the legal requirement to be a part of the EHCNA process, it is shedding the light on how EPs are unable to use their skill set in a creative capacity.

5.2.3. Key Findings from Phase Two

Phase Two of the current study set out to explore and answer RQ2 and RQ3. To do this, a digital peer support intervention was designed and facilitated. The intervention was complemented by data collected in semi-structured interviews with adolescent participants and the self-report measure (MFQ) pre and post intervention.

RQ2: How do adolescents perceive peer support services?

This purpose of this research question was to gather information on the perceptions that young people have of peer support services and their willingness and ability to emotionally support each other. It also sought to explore what the advantages and disadvantages of peer support groups may be. Previous research guided the

exploration of this research question as it linked peer support and overall wellbeing. Studies have provided insight on how this method can reduce the feelings of loneliness and foster a sense of belonging (e.g., Roach 2018; Shalaby & Agyapong, 2020). This notion has been generally accepted and is used as guidance in practices as indicated by the EP comments about the occurrences of peer mentoring and peer support groups for young people in London.

Another key point found in the data that helped with answering this research question was the willingness displayed by the adolescent participants to take part in a peer support intervention. The adolescent participants had the option to withdraw from the study at any point but none of them did. All of them still expressed an interest in being a part of the study after being informed about the process and the role they will have to play. When given the space to share any concerns or ask any questions regarding the online chatroom and the peer intervention, none of the adolescent participants had any. These actions aligned with the theoretical framework of the current study; it showed how technology now exists in the microsystem of an individual's development. The instinctive awareness that young people have with using digital tools allows them to be open and comfortable accessing support using these mediums (Bronfenbrenner, 1979; Prensky, 2001).

A key theme which was discovered in the semi-structured interview data was 'Peer Support'. This helped to answer RQ2 with 'Peer Support' being the second most coded theme. All the adolescent participants commented on how they enjoyed talking and working with individuals their age. They shared that being in a space with individuals who they could relate to and understood how they felt made for a positive experience.

Although they were concerns by one of the adolescent participants around trust, it did not stop them from sharing or engaging with the others. These findings helped to highlight the strengths in this type of support and the positive perception adolescents have about it.

RQ3: How effective can an intervention delivered through a digital platform be in providing mental health support?

The digital era has been inspiring researchers to explore the effectiveness of digital interventions. In 2018, Grist et al. conducted a systematic review and meta-analysis on the effect of interventions for depression and anxiety in children and adolescents delivered through technology. The findings revealed benefits in using interventions delivered through technology where there is delayed or limited access to traditional psychotherapies (Grist et al., 2018). The current study aimed to add to this body of knowledge by developing and evaluating an online peer support chatroom. The effectiveness of the digital intervention could not be determined due to the limitations of the current study. Instead, the data will be used to explore the feasibility and the features needed for a successful implementation of this type of intervention. The limitations of the current study will be detailed later in this chapter.

There were four main behaviours that were displayed by the adolescent participants during the intervention. 'Engaging with Others' was the highest recorded behaviour and was categorised as a Group-maintenance behaviour. 'Giving Information' and 'Elaborating' were the behaviours that followed and was in the Task-oriented behaviour category. 'Withdrawing' was the other behaviour mostly displayed and was

part of the Self-oriented category. However, being withdrawn was not alarming, as some individuals tend to become silent when in groups. This is a common occurrence in face-to-face group sessions, where there are individuals who do not regularly contribute but remain engaged with the topics discussed (Barnes, 2015). This behaviour did appear more noticeable due to the small number of adolescent participants present in the chatroom. Seven of the behaviours observed during the intervention were task-oriented. This highlighted that the adolescent participants did engage with the online chatroom and used it for its intended purpose. The behaviours displayed reveal that adolescents would engage with their peers, are willing to share in spaces that are specifically designed for them and are comfortable using digital mediums to interact with each other. This data was aligned with the findings used to answer RQ2. It helped to support the relevance of this type of intervention and the accessibility of it.

Recording field notes helped with being reflexive while carrying out the current study. It helped to track the influence the researcher may have had on the flow of communication as well as the behaviours observed. Although the intervention is virtual, there is still the element of relationships that needs to be consider and is a key factor in the implementation of the intervention. With interventions, the facilitator must be mindful of their own emotions and what may trigger them. Facilitators must also be aware of how their words or actions may affect the individuals in the group or the group dynamic (Owen, Bantum & Golant, 2008). The researcher's reflections from the field notes emphasised the feelings of hope, occasional frustration and having to employ self-regulation techniques in order to keep a consistent communication style. The facilitator plays a vital part in the successful execution of the digital intervention. Their

influence on the group dynamic must be considered when future studies focus on exploring the effectiveness of this intervention.

The adolescent participants' scores on the Mood and Feelings questionnaire (MFQ) pre and post intervention also provided data that helped in evaluating the possible impact the digital intervention can have. The total scores at the pre-intervention stage for each adolescent participant were Rebecca: 26, Lily: 35 and Danielle: 32. These scores indicated a presence of depressive symptoms for all three adolescent participants. In triangulating the reports from parents, the SENCo of each school and the adolescent participants themselves, the SEMH needs identified were low moods and anxious feelings. After the five sessions of the intervention were completed, the total MFQ scores were Rebecca: 20 (6-point decrease), Lily: 12 (23-point decrease) and Danielle: 40 (7-point increase). At the time of completion of the post-intervention MFQ, Rebecca and Lily's scores indicated that they had been in a better mood during the last two weeks of the intervention. As for Danielle, her score indicated that she was experiencing an increase in her low moods and displaying more anxious behaviours than when she started the intervention. During the post-intervention interview with Danielle, she shared the presence of difficult situations was heavily impacting her overall wellbeing.

During this interview, Danielle was given the choice to continue the session or use the space to talk about what was affecting her. This autonomy given to Danielle aligned with the safeguarding principles (pages 93-95) used for the current study. This suggestion also allowed for Danielle's feelings to be investigated and to ensure that she was of no harm to herself or others. It was after given the choice, Danielle chose

to be vulnerable and share her feelings. This action highlights the earlier point around relationships being vital for the digital intervention. The relationship the adolescent participant has with the adult who is facilitating the intervention is equally as important as the adolescent peer relationships being encouraged. Danielle's post-intervention MFQ scores were elevated and increased from the pre-intervention stage. The use of semi-structured interviews allowed for gathering context to understand the scores. Danielle, however, did report that she had a positive experience with the intervention and using the online chatroom.

5.2.4. Implications of the Findings from Phase Two

The current study provides data that highlights the willingness and high engagement of adolescents with interventions that use their peers as the foundation of the support provided. Findings of the current study point to relatedness being a feature that young people appreciate. It appears that this relatability is what motivates them to be vulnerable and share in peer support groups (Ridout & Campbell, 2018). The findings from the current study provides base information that helps support the suggestion and use of alternative approaches in the EP profession. The information gathered from the post-intervention interview show that young people appreciate being part of their own development and have ideas of how support given to them can be effective and efficient. By encouraging more peer support interventions, EPs can work at a systemic level and provide support to more than one person at a time. This information about young people engaging with and using each other for support also helps to advance the EP profession as EPs become the developer for these modern resources. These resources can then be used to help with the current backlog existing in mental health support services.

The findings from the current study also highlighted the sensitive nature of the research in technology and mental health. How vulnerable young people truly are and how their emotional difficulties can be triggered by situations existing in their immediate environment was highlighted. It is possible that disruptive behaviours that CYP may display could have been triggered by their experience in a virtual social space (e.g. online gaming). The findings from the current study, emphasises that the development of tools that provide a safe space for young people to express themselves can be used as a preventative measure. The post-intervention interviews also provided information that helped with understanding the effects of the digital peer support intervention. These interviews allowed the adolescent participants to share their views of a tool like this as well as their experience.

The themes developed in the data can be directly linked to Bronfenbrenner's ecological systems model (1979): Microsystem (immediate environment) – 'Importance of Anonymity', 'Peer Support'. Exosystem (indirect but powerful influence) – 'Hybrid Design of Support Services', 'Duration of Sessions'. Macrosystem (wider ideological and cultural context) – 'Concerns of Intervention' and 'Power of Choice'. While the adolescent participants reported a liking for being online, they did express a preference for having an additional face to face session and how it would the improve the experience. Two themes that pointed to a valuable experience were 'Importance of Anonymity' and the 'Power of Choice'. Being anonymous on the platform allowed for the adolescent participants to be comfortable and vulnerable. It appears this feature allowed them to display group-maintenance and task-oriented behaviours (e.g., 'Engaging with Others' and 'Giving Information'). Being given the power and trusted to

make their own decisions also seemed to be appreciated by the adolescent participants. By viewing them as competent and capable, they chose behaviours that would benefit the group.

The findings from the current study also highlighted how social communication can be effective through digital mediums and can be used to stimulate CYP's development, specifically their memory, attention, and motivation in the classroom. The current study aimed to use previous research and knowledge on social communication and technology to create a space for young people to access support. Though follow up data could not be gathered from the adolescent participants to see if specific behaviours and strategies were learned or applied, the findings from the current study provides initial exploratory data that shows the positive influences that can be curated in an online chatroom. The current study shows that in creating spaces for young people where they can learn from each other helps with fostering positive behaviours. The findings from the current study can inspire the regular use of peer support groups for adolescents whether virtual or in person.

5.2.5. Review of the Data Reliability and Validity

As discussed in Chapter 3 (page 63), there are factors that may affect the reliability and validity of the data in the current study. After analysing the data, it is evident that some of these factors are present and need to be considered. There was the presence of dynamic imbalance when it was revealed that two of the adolescent participants were familiar with each other and expressed their relationship during a session. In regard to using a self-report measure such as the MFQ, factors such as social

desirability bias may have been present as well. The patterns found in Rebecca's and Danielle's data aligned with the information they shared in during the intervention and in the post-intervention interview. However, there was a significant drop in Lily's MFQ scores post-intervention that did not align with her reports. The change in these scores may have been due to Lily wanting to appear more regulated, especially if her friend Rebecca who was also part of the process, reported positive effects. If Lily did not represent herself accurately, it challenges the reliability and validity of the data collected. With the limitations of the current study, and these factors present, it is difficult to analyse the true effects of the digital intervention.

5.3. Review of the Current Study

5.3.1. Strengths of the Current Study

In reviewing the current study, many strengths were identified. These are:

(i) Factors Influencing Development: A key strength of the current study was how it highlights that the factors which influence an individual's development have changed. For example, the prevalent use of technology and its introduction to children at an early age. By conducting the current study, the data and the themes developed provided insight into the areas that should be considered when working with CYP and what factors may be affecting their development. The findings also link to the existing literature in this area and contributes to the understanding the behaviours and perceptions of CYP in this digital era.

(ii)   Benefits of Digital Resources: The current study highlighted how using digital mediums in a profession where the relational aspect takes precedent is promising. The aim of the current study was to suggest that EP practice can be improved by using digital alternatives. The main concern around technology being used in administering cognitive assessments or delivering interventions is not being able to assess the non-verbal behaviours or develop relationships with CYP. However, the current study highlighted how tools like observation schedules can be adapted and used in online support spaces. It also highlighted how relationships online can be developed by having a shared objective and consistent communication. The current study also suggests that interventions and strategies delivered through digital mediums can make support accessible for CYP. It also aligns with research about the changing priority of factors that influence an individual's development. It appears that CYP are more likely to engage with tools that they are familiar with.

(iii)   Benefits of Peer Support among CYP: The current study revealed how peer support can help with reducing anxious feelings and improve the mood of young people who may present with SEMH needs. While there was no significant statistical difference recorded, there was a difference in the MFQ scores among two of the adolescent participants. The types of behaviours observed in the sessions showed high levels of engagement between the young people. Also, the information that was shared by the adolescents suggest a positive user experience which focused on the aspect of relatability.

(iv)   Contributing to the Advancement of the EP Profession: The current study offers a unique and valuable contribution in the development of digital support resources that can be used to support CYP. EPs have the skill set and tools to gain CYP's perspective and to use that knowledge to best help them. By using past research in the field and current experiences by professionals, developing and evaluating a tool that fits with the digital age can help inspire creative approaches by EPs.

5.3.2. Limitations of the Current Study

While the current study provides information that contributes to the development of mental health support resources, limitations were identified. These limitations are outlined below and should be considered when interpreting the findings.

(i)   EPS Representation: Firstly, the EPS sample may not be representative of the wider population. The online questionnaire was sent to EPs who worked in services in more than half of the boroughs in London (62%). If all the EPs who were contacted had responded, it would have provided a more accurate picture of the processes and practices used by the majority when providing support for adolescents with SEMH needs. The findings are only representative of 37% of the boroughs in London. Though there was a pattern found in the data collected by the questionnaire, there is a possibility that the services not represented may have or may be developing interventions, programmes, and strategies to support vulnerable

adolescents. If this is so, it would indicate that EPS in London are in fact providing regular and alternative support to young people in this age range.

(ii)   Risk of Bias: Though the chatroom transcript and the rating on the observation schedule were reviewed with peers, there is still the risk of bias. Some of the behaviours that were displayed by the adolescent participants could have been recorded under a different category if there was another facilitator. Some behaviours could have also been made to fit in the predefined categories. For future research, training and collaborative workshops with potential facilitators that focus on the behaviours and how to identify them would help reduce the risk of bias and increase rater reliability.

(iii)   Logistics and Participant Profiles: During the intervention, it was revealed that the two adolescent participants from the same school were friends. The SENCo also shared that those same adolescent participants would have to use the same room to access the intervention. These factors challenged the anonymity feature of the intervention which was a key characteristic. These factors also had the potential to affect the group dynamic as unsupervised sub-groups could have been formed.

(iv)   Time Constraints: Due to challenges with communication and late responses from the SENCos of the schools contacted, it became difficult to recruit adolescent participants. This led to having limited time available for the delivery of the intervention and did not allow for collecting follow-up data. SENCos played a vital role in the current study and were used as the point

of contact to organise the communication between parents and the researcher. They were also responsible for managing the logistics such as booking the rooms and acquiring the electronic devices that would be used for the intervention. Difficulties arose due to the delay in the response from the SENCos of the schools who confirmed their interest in the research. There was also late confirmation of the dates that would be appropriate for the intervention to start in their school. Factors such as OFSTED inspections, urgent outstanding tasks were later shared to be the reason for these delayed responses. These factors led to a late start date for the intervention as the school term and half term breaks had to be accounted for. The SENCo's role is known to be complex with a heavy, demanding workload, because of this, it appears that the current study was not seen as priority as it was TEP research (Curran & Boddison, 2021; Smith, 2022). These limitations are areas that can inform and be addressed in future research.

5.3.3. Review of the Current Study in Relation to Previous Research

The findings from the current study align with the theoretical account discussed in Chapter 2 (page 35). Most notably, it builds on past studies and reviews of research (e.g. Khanna & Carper, 2021; Lehtimaki et al., 2021; Välimäki et al., 2017) and provides additional evidence for the relevance and feasibility of a digital peer support intervention. It supports the conclusions noted in these previous studies that the inclusion of an in-person element can increase the positive effects of the intervention. This was voiced by the adolescent participants of the current study. The findings

indicate that young people are open to accessing support delivered through these mediums and willingly engage in these virtual spaces that use anonymity and therapeutic frameworks. The current study was also met with similar limitations as highlighted in Välimäki et al. (2017) review of literature around web-based interventions. It must be ensured that the ethical principles which guide these digital interventions are considered by developers and facilitators and clearly communicated to the users. The findings also highlighted how various factors (e.g., having insecurities about their needs) can affect young people seeking help as well as how they engage with the intervention (Westburg et al., 2022). The motivation and the processes for the current study are supported by the research conducted by Orben et al. (2024), which outlines how digital media impacts the development of CYP and may increase the mental health issues of adolescents (Orben et al., 2024).

5.4. Learnings from the Current Study

In regard to digital interventions, the current study provided valuable information that gives insight on the areas that need close attention when developing these types of resources.

5.4.1. Logistics and Effects of Digital Interventions

In conducting the current study, the logistics and effects of implementing a digital intervention were highlighted. The current study set out to show how helpful using digital resources can be for young people with SEMH needs. While previous research

in this area help to support this claim (page 148) there are specific areas and factors that needs to be accounted for.

The key learnings taken from the current study about the logistics of implementing a digital intervention were:

- This type of intervention is a provision that can be accessed during school hours. Teaching and support staff must first understand the importance and purpose of the intervention and ensure that the time allocated to the young person for it is protected.

- While digital interventions are meant to be accessible, not every educational setting will have the resources needed to access them. If the professional is suggesting alternative mediums for support, the devices or platforms identified may need to be externally provided.

- As previously mentioned, the SENCo played a crucial role in organising and overseeing the delivery of the digital intervention on the school's side. However, there were some oversights that occurred (e.g. using the young people's full name when logging them on to the platform) that could have heavily impacted the intervention and its ethical standing. It is important to note that using a digital intervention that relies on a collaborative approach between school and the professional means that human error is possible.

The key learnings taken from the current study about the effects of digital interventions were:

- Although the adolescents easily engaged with an intervention that used technology, they reported wanting at least one face to face session with the facilitator. This preference highlighted that even in this digital era, having face to face interactions is important in supporting individuals with mental health difficulties (Simone et al., 2019). This information also highlights that it should not be assumed that all young people may want support delivered through digital mediums. It also shows that technology can be used alongside traditional face to face interventions for more engagement.

- It appears that being anonymous on the digital platform did help the adolescents to be open and share about the difficult feelings and emotions they were experiencing. However, not knowing who was on the other side of the screen did spotlight the issues of trust for one of the adolescent participants. A factor that needs to be considered when conducting digital mental health interventions is user engagement. The way that young people engage with the intervention will be dependent on their perception and trust in the facilitator or in this case, the other individuals in the group (Sawrikar & Mote, 2022).

5.4.2. Reflection of the Intervention in Relation to Ethical Concerns

In psychological research, mistakes due to human error could have affected the data validity and more specifically, the ethical standing of the current study (Kovacs et al., 2021). During the time the intervention was carried out, there were two situations which occurred that challenged the data protection around the adolescent participants' identity. These were the SENCo logging onto the platform and using the adolescents

participants full name and also two of the adolescents participants being known to each other. Situations such as these are not ideal as it directly impacted the data sharing and protection guiding principles and could have possibly caused harm to the adolescent participants. The breach of information could have also impacted the effects of the intervention and the engagement of the young people. How situations such as these can be avoided in future research and implementation of the intervention are addressed later in this chapter.

5.4.3. Learnings from Conducting Phase One and Phase Two

The current study used two phases to explore the research questions. These two phases were conducted independently but the findings from Phase One were able to inform the processes and support the administration of Phase Two. The findings from Phase One seems to suggest there is a gap in the support offered by EPS to young people with SEMH needs. Also highlighted were the external agencies and the LA departments involved in providing this support. This shows that the development of targeted evidence-based interventions can be created in collaboration with other professionals who have experience with vulnerable young people. Both phases of the current study also helped to explore the practicability of an intervention such as this. By highlighting the need for accessible mental health resources for CYP, it allowed for an intervention to be trialled to fill the gap. The current study did not set out to make claims about digital interventions but instead to explore the possibility of using them to help. The findings allow for researchers and EP practitioners to acknowledge the effects, both positive and negative of digital interventions.

5.5. Future Research

Based on the findings from the current study, areas that need to be considered in future research are outlined below. The review of this data allows future researchers and practitioners to gain a deeper understanding of the factors that may affect the feasibility and implementation of digital peer support interventions or similar.

5.5.1. Pilot Study and Methodological Approach

As stated earlier, the current study is a feasibility pilot study and is the first phase in developing '*MOOD: A peer support chatroom for adolescents*' . This is to be a digital peer support intervention that is facilitated by EPs. The next phase of development would use the findings and feedback gathered from the current study to conduct a pilot study. The literature reviewed for the current study highlighted the importance of research and resource development in this area. For the second phase pilot study, the online questionnaire would be sent to EPs from London boroughs who were not represented in this current study. A presentation will be created that summarises the current study's findings, and the next phase in the digital peer support intervention development. This will be shared with stakeholders such as parents, school staff and other mental health practitioners to allow them to understand the changing scope of factors affecting CYP's development and the importance of designing or adapting resources to cater to their needs. This presentation would also allow for any EPs or TEPs wanting to help with the final development of the intervention to express their interest. The intervention will also be redesigned, including the features the adolescent

participants shared to make it a better experience. The process would now involve the adolescent participants having a check-in session with the facilitator after three online chatroom sessions, having the option of these being face-to-face meetings or virtual video calls. Another change to the process that would be implemented in future research, would be the type of outcome measure used.

For the current study, the MFQ passed the criteria on being an appropriate tool that would measure the presence of an SEMH need. In this case, the young people who were referred to be part of the intervention, presented with low moods and anxious behaviours. This self-report measure provided a starting point for the development of the intervention. The second phase pilot study will use the Revised Children's Anxiety and Depression Scale (RCADS) (Chorpita et al., 2000). The RCADS is a 47-item self-report questionnaire that assesses symptoms of anxiety and depression in CYP (8-18 years old) across six subscales. Past research has revealed that this measure has adequate to excellent internal consistency, good reliability, and convergent validity (Chorpita et al., 2005; Donnelly et al., 2019; Esbjørn et al., 2012). There is also the Revised Children's Anxiety and Depression Scale – Parent Version (RCADS-P) which is the parent report version of the child or young person's symptoms of anxiety and depression across the same subscales. The RCADS will be chosen as the outcome measure for the pilot study and potentially in the final development of this intervention given that it can be used for tracking symptoms. The RCADS can also provide additional information that can be used for further assessments of the young people. It would be beneficial if the next phase also utilises a mixed methods approach to assess outcome and sustainability of the intervention. By using various methods such as, self-reports, parent/carer or teacher reports, individual interviews, and joint

school/family consultations, information can be triangulated. This allows for future research to depend on a variety of sources and not solely on self-report data.

5.5.2. Participant Recruitment and Sample Size

Future researchers should be mindful when recruiting the adolescent participants for the intervention. SENCos should provide student profiles for each potential participant and ideally all adolescent participants should be from different schools or settings. The consent form will also need to include a prompt that asks potential participants if they are comfortable being in an all-gender chatroom. If they are not comfortable, the development of specific gender chatrooms can be reflected on, as exploring identity and sense of belonging are features of adolescence that may impact an individual's SEMH. In the case that participants are from the same school, two aspects should be established. These are: (i) A check should be done by the SENCo to uncover if there is any existing relationship between the young people identified. (ii) Where possible, SENCos should secure two separate rooms or spaces for participants to be in during the intervention so their identity can be kept anonymous. The number of young people allowed to be part of the intervention is another element that future research should consider. The ideal sample size for the digital peer support intervention developed in this current study was thought to be six participants (Ezhumalai et al., 2018). However, when conducting the intervention, it became difficult to manage the pace of the chatroom, observe each participant and facilitate activities on the online platform. As the findings from this current study have revealed, for this type of intervention to be successful, there needs to be room for relationships to be formed between the adolescent participants as well as them with the facilitator. Participants must feel like

they are heard and have control of the space for them to feel comfortable and willing to share. For those reasons, it can be accepted that the optimal number of participants for the digital peer support intervention presented in this study is four. Monitoring how potential participants are referred and managing the sample size are important notes for future research as the group dynamic and flow of communication depends on these factors.

5.5.3. Gathering Follow Up Data

As noted earlier, time constraints did not allow for follow-up data to be gathered for this feasibility pilot study. This means it was not possible to make conclusions about the sustainability or maintenance of the strategies and techniques learned by the adolescent participants. The current study highlights factors that contribute to the foundation of developing this digital peer support intervention and the key elements that need to be present in order to help support adolescents with SEMH needs. Future research should aim to collect follow-up data from the adolescent participants to explore the strategies learned in the intervention and how they make use of them. Follow-up data should also be collected from the adults (i.e. parents and school staff) who support these young people to discover if there are any long-term effects. The findings from the current study cannot be used to determine if the digital peer support intervention was effective. However, the findings provide information that shows its feasibility and highlights areas that should be considered in future research to ensure an effective intervention and a proper execution of the tool.

5.6. Implications for Educational Psychology Practice

The current study set out to investigate and provide a new perspective on how support can be provided to CYP with SEMH needs in the EP profession. The current study highlighted the unique position that EPs are in to facilitate such interventions due to their role in schools and the training they have. As previously mentioned, there needs to more attention to the current context and restrictions (e.g., EP shortage in LAs and increase of statutory demands) that affect EPs abilities to work creatively (Capper & Soan, 2022; British Psychological Society, 2024). The key findings from the current study suggest that young people are willing to take part in interventions that use technology, engage with peer support groups, and are interested in self-development when they are involved in programmes designed for them. These findings can be used in EP practice in various ways:

- EPs can use the current research as a call to action for conducting a thorough analysis of the current EP practices and resources used for supporting CYP with SEMH needs.

- The findings from the current study can prompt EPs to explore areas that are not immediately considered when working directly with CYP or in joint school/family consultations. Sharing up to date research that explores the modern communication styles of CYP and the evolving factors that influence an individual's development with schools and families, allows them to evaluate and decipher what may be negatively impacting the child or young person.

- EPs can use the current study as inspiration to develop new modern resources and explore what strategies and interventions can be adapted to provide efficient support. This research can also be used to ease the concerns that practitioners may have around delivering assessments and interventions through digital mediums. The findings show that CYP will readily engage with tools that use technology.

5.7. Researcher's Reflections

The process of reflection was a significant feature of this current study. The inspiration for conducting research in this specific area and developing this tool came from reflecting my own lived experiences and the experiences I have had in my current practice. Before undertaking this research, I did have concerns around the process and if what was being proposed would be understood and accepted by my research supervisors, schools and the target audience, who were young people with SEMH needs. However, it was after I was involved with three different young people who all had similar SEMH needs, that I realised there was a need for resources that would cater to them and that would be easily accessible. This research allowed me to use various aspects of my training from across the three years to develop and evaluate a tool that would offer support to those who need it. While psychological theory is able to justify and support the process and the factors that needed to be consider in designing the tool, it was interpersonal skills that greatly contributed to the facilitation of it.

A key part of the EP role is being able to build the relationships with SENCos, school support staff, parents and mostly importantly, the CYP we directly work with. Having the dual role of the researcher and facilitator of the intervention, made me more aware of my emotions and how I regulate them. It drew attention to the expectations of professionals and the caution that must be taken when offering support and providing guidance. Conducting this research gave me hope in entering the EP profession. Having the support and interest of my research supervisors, EPs and TEPs highlighted the collective agreement on how it is necessary to question the way that processes are done. It points to forward thinking that must be applied to the profession. I hope that the current research findings can help bring light to areas that have been overlooked, help inspire the creation of resources and put emphasis on the support needed and provided to vulnerable young people. I also hope that I can continue to develop this digital peer support intervention tool, and it eventually becomes a funded resource that can be facilitated and recommended by EPs.

5.8. Conclusion

The current study aimed to explore the feasibility of a digital peer support intervention for adolescents who present with SEMH needs. It used a mixed methods design; qualitative and quantitative data was collected from EPs, for a professional perspective; and adolescents, who this resource is meant for. The unique insight that this piece of research offers, is how it used real life evidence to show how technology can work in to support CYP. It highlights just how natural it is for CYP of Generation Z and Generation Alpha to interact with interventions and strategies that utilise digital mediums. The current study also adds to the body of knowledge that focuses on

children's development and the impact technology might have on it. As time progresses and our environment change; challenging best practices and trying new processes and strategies should be encouraged. It is important that in the EP profession, the factors which can affect development and wellbeing are continuously researched and known by all practitioners. It is even more important that EPs have a hand in the development of tools that help support vulnerable CYP. It is also key that CYP themselves are involved in developing tools that are designed for their use. The findings from the current study highlight just how much engagement can come from empowering children and young people by involving them in their development plans. If all the current study does is remind EPs to heavily consider unseen difficulties that CYP experience, and to always lead with grace in the way we support them - then we will always be ahead of the change.

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Appendices

Appendix A: Online Questionnaire for EP Small Scale Survey

MOOD

Questionnaire:
Exploring the Existing Support for Young People with SEMH Needs

QUESTIONNAIRE

5. What EPS are you a part of? * (Name of Borough)

   *Please note the name of the borough will NOT be included in the final write up.
   It will be presented as "EPs working in a South London Borough reported that...."*

   Enter your answer

6. Are you aware of any specifically designed programmes/interventions currently in place outside of those offered by CAMHS to support young people (ages 11-17) with SEMH Needs?

   If yes, please explain further:

   Enter your answer

7. Does your EPS offer specifically designed programmes/interventions (online or face to face) to support young people (ages 11-17) with SEMH Needs?

   If yes, please explain further and note if they have been effective:

   Enter your answer

8. Are you aware of any peer-to-peer support programmes/interventions (online or face to face) offered to young people (ages 11-17) in the borough you work in?

   Enter your answer

   Back   Next

Appendix B: Research Outline

MOOD

AN ONLINE PEER SUPPORT CHATROOM FOR ADOLESCENTS

Doctoral Research Information Document

"Mood." – the development and evaluation of a digital peer support intervention for adolescents with social, emotional, and mental health (SEMH) needs.

Researcher:

Michele Estwick

Trainee Educational Psychologist

Research Supervisors:

Dr. Maria Kambouri & Dr. Melernie Meheux

University:

IOE – UCL's Faculty of Education and Society

UCL
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of Education
and Society

Who is conducting the study?

My name is Michele Estwick, and I am a 3rd Year Trainee Educational Psychologist from the Institute of Education at University College London. I am currently on the Educational Psychology (Professional Educational, Child and Adolescent Psychology) DEdPsy programme. I will be completing this study for my thesis as part of research for my doctorate. This research is supervised by Maria Kambouri and Melernie Meheux and has been reviewed and approved by the Psychology and Human Development Department Ethics Committee at UCL.

This document will try and answer any questions you might have about the project, but please feel free to contact me if there is anything else you would like to know.

What is the research about?

This study will explore adolescent peer support groups, focusing on their communication and interactions, their willingness to share with their peers who may be experiencing the same feelings as them and the support they offer to each other using digital platforms. The following research questions will be used to address the research aims:

RQ1a: What existing support programmes and interventions are offered to adolescents with SEMH

needs in Educational Psychology Services (EPS) in London?

RQ1b: How do adolescents perceive peer-to-peer support services?

RQ2: How effective can an intervention delivered through a digital platform be in providing mental

health support?

This intervention will be done on an online chatroom called "MOOD: A peer support chatroom for adolescents". This chatroom was created and will be moderated by myself, the researcher.

What will it involve?

Once you have read this information sheet, you will be asked to provide consent, if you are willing to participate.

Educational Psychologists Participants:

To have better knowledge on existing support offered to young people with SEMH needs and if there are currently any adolescents peer support interventions/programmes being ran in the UK.

A link to a short online questionnaire will be sent to you. The aim of the questions asked will be to gather information on whether there is existing alternative support outside of CAMHS offered by schools or the Local Authority.

Adolescent Participants:

Participants are to be young people in the age group ranging from 12 – 17 years old living in the United Kingdom who are diagnosed with or who currently present with social, emotional, and mental health (SEMH) needs.

Once participants are identified, a short interview will be held with each of them to explain the purpose of the study, describe the process, discuss the importance of confidentiality and to obtain consent from them.

2

For any participants under the age of 16, their parents will be informed and asked to complete a consent form. For individuals ages 16-17, it will be carefully considered if parental consent is appropriate. Participants, Parents/Carers have the right to withdraw their consent from the study at any time.

The platform that will be used for the peer support intervention will be an online chatroom. The chatroom will be hosted on the Wire - Secure Messenger platform which has end-to-end encryption and is GDPR-compliant.

Participants will share their email address with the researcher (Michele Estwick), who will also be the moderator of the group. From there, a link to the chatroom will be sent to their email address and they will have the power to create their own profile and username allowing them to be anonymous on the platform. The researcher however will know their identity. There will be one group with a total of 6 participants and the intervention will take place once a week running for 6-7 weeks. Each session will last 30-45 minutes following a Reflective Team approach and the messages shared in that time will be cleared automatically as well as by the moderator at the end of each session.

Research Process and Data Collection

The information collected from the interviews, scales and chatroom will be kept confidential. The participants identity will be anonymised and pseudonymised and kept on an encrypted USB drive, that only the researcher will have access to. If participants feel uncomfortable to answer specific questions or do not want to participate in the intervention once it has started, they can choose not to. They are entitled to withdraw from the study at any point. It is important that all responses are kept confidential, and their information will be used for research purposes only. The results of the study will be written in a research thesis.

Data Protection Privacy Notice: The data controller for this project will be University College London (UCL). The UCL Data Protection Office provides oversight of UCL activities involving the processing of personal data and can be contacted at data-protection@ucl.ac.uk. UCL's Data Protection Officer can also be contacted at data-protection@ucl.ac.uk. Further information on how UCL uses participant information can be found here: www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice

How can you get involved?

If you have any questions regarding the research, please contact my email ▓▓▓▓▓▓▓▓▓▓▓▓ or call/ message me via WhatsApp at ▓▓▓▓▓▓▓ for more information.

I will be happy to discuss the study in more detail via email, phone or through a video conference meeting. If you would like to be involved, please complete the following consent form attached.

Thank you for taking time to read about this research, I hope you will consider participating in this study.

3

Appendix C: Research Outline sent to SENCos

MOOD

AN ONLINE PEER SUPPORT CHATROOM FOR ADOLESCENTS

Doctoral Research Information Document

"Mood." – the development and evaluation of a digital peer support intervention for adolescents with social, emotional, and mental health (SEMH) needs.

Researcher:

Michele Estwick

Trainee Educational Psychologist

Research Supervisors:

Dr. Maria Kambouri & Dr. Melernie Meheux

University:

IOE – UCL's Faculty of Education and Society

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IOE – Faculty of Education and Society

WHO IS CONDUCTING THE STUDY?

My name is Michele Estwick, and I am a 3rd Year Trainee Educational Psychologist from the Institute of Education at University College London. I am currently on the Educational Psychology (Professional Educational, Child and Adolescent Psychology) DEdPsy programme. I will be completing this study for my thesis as part of research for my doctorate. This research is supervised by Dr. Maria Kambouri and Dr. Melernie Meheux and has been reviewed and approved by the Psychology and Human Development Department Ethics Committee at UCL.

This document will try and answer any questions you might have about the project, but please feel free to contact me if there is anything else you would like to know.

WHAT IS THE RESEARCH ABOUT?

This study will explore adolescent peer support groups, focusing on their communication and interactions, their willingness to share with their peers who may be experiencing the same feelings as them and the support they offer to each other using digital platforms. The following research questions will be used to address the research aims:

RQ1a: What existing support programmes and interventions are offered to adolescents with SEMH needs in Educational Psychology Services (EPS) in London?

RQ1b: How do adolescents perceive peer-to-peer support services?

RQ2: How effective can an intervention delivered through a digital platform be in providing mental health support?

This intervention will be done on an online chatroom called "MOOD: A peer support chatroom for adolescents". This chatroom was created and will be moderated by myself, the researcher.

MORE ON MOOD:

This research explores the use of digital peer support platforms for adolescents with social, emotional, and mental health (SEMH) needs.

MOOD is an *anonymous* online chatroom designed to facilitate peer support among adolescents with SEMH needs. It will be facilitated by the researcher Michele Estwick who is a 3rd Year Trainee Educational Psychologist at UCL IOE.

PARTICIPANT CRITERIA AND INTERVENTION PLAN

Age: Young person must be between the ages of 11-17 years old. *

1

Gender: Young person can be of any gender they identify with.
SEMH Need: Young person with diagnosis or undiagnosed SEMH needs.

An SEMH need can be young people who are experiencing low moods, experiencing anxious feelings, showing signs of EBSA, presenting challenging behaviours, struggling with social skills, difficulties with focus and attention, etc.

Participants will be asked to sign a consent form. If under 16 years old, their parents will be asked to sign a consent form as well.

INTERVENTION:
The intervention is an online chatroom that will be run during school time. *The school is asked to provide the young person with a <u>private room and computer/tablet with internet access</u> so they can access the chatroom.*

The platform that will be used for the peer support intervention will be an online chatroom. The chatroom will be hosted on the Wire - Secure Messenger platform which has end-to-end encryption and is GDPR-compliant.

Details Needed from Participants:
For the participant to access the chatroom, their name and an email address will be needed to set up their profile. Participants will be able to choose their username and only the facilitator/researcher (Michele Estwick) will know the identity of each participant for data analysis purposes.

Duration:
The intervention will run for 6-7 weeks. It will take place once a week and each session will last for about 30-40 minutes. **The start date for the intervention is scheduled for the week first week in the Spring Term, and will be every Thursday at 2:00 p.m.**

Pre-Intervention:
Each participant will have a pre-intervention 30-minute session with the researcher, Michele Estwick. In this session they will be given more information about the project and how the chatroom works. They will also be asked to complete the Mood and Feelings Questionnaire. This questionnaire is being used to measure the effectiveness of the intervention. In this session, participants will set up their chatroom profile with the help of the researcher, Michele Estwick.

Post-Intervention:
Each participant will have a post-intervention 30-minute session where they will be asked about their experience. They will also be asked to complete the Mood and Feeling Questionnaire.

2

SAFEGUARDING

If at any point any participants share information that puts them or others in danger, their parents will be contacted and notified of this. To minimise any uncomfortable feelings and concerns around the sensitive nature of some of the information that might be shared in the sessions, there will be a debrief after each session and a document will be shared that will include links for organisations such as MIND, Samaritans or advising them to contact their local mental health charities or organisations.

- SENCos will suggest students who meet the criteria. SENCos will meet with the researcher and explain the situation of the child and state the reasons they think that the young person suggested would be suitable.

- Before every session there will be a check in as well as a reminder of what the space is for and to be mindful of others by the researcher (Michele Estwick).

- Participants will have the ability to exit the group if they feel triggered by some of the information shared or not attend if they are not in the mental space to be present on the day of the session. While this may have an impact on the research findings, it is also the nature of the research field and must be taken into consideration as safeguarding of the participants is the most important. As this is a pilot study, information will be gathered on how to properly manage these situations in the future.

- Any participants who reveal and comment any vulnerable information will be flagged with parents/relevant professionals.

- Opportunity for one to one with the researcher (Michele Estwick) to talk about what may be on their minds.

The results of this study will be written in a doctoral thesis and will be shared with my supervisors, the marking committee of the Educational Psychology (Professional Educational, Child and Adolescent Psychology) DEdPsy programme. The final written thesis will also be presented to EPs and EPs in training and be accessible by academics. This research will also advise how this information can be further help mental health professionals and practitioners and schools think of more modern, relatable ways to improve the support given to adolescents with SEMH needs.

If you have any questions, please feel free to contact me at

3

Appendix D: Consent Form for Online Chatroom Intervention

Consent Form for Online Chatroom Intervention

	Select as appropriate
I confirm that I understand the purpose of this study on exploring the use of digital peer support platforms for adolescents with social, emotional, and mental health (SEMH) needs and it has been explained to me by Trainee Educational Psychologist, Michele Estwick.	☐
I had the opportunity to ask the researcher any questions that I may have about the study.	☐
I have been advised on the sensitive nature of some of the intervention.	☐
I understand that the study has been reviewed and approved by the Psychology and Human Development Department Ethics Committee at UCL.	☐
I understand that my identity will remain anonymous and confirm that I give my consent to take part in the study.	☐

Participant Name (PLEASE PRINT): _____

Age: _____

Year Group: _____

Gender:
Male ☐   Female ☐   Gender Neutral ☐   Non-binary ☐   Transgender ☐

If not listed, please specify: _____

Participant Signature: _____

Parent/Carer Signature (if applicable) : _____

Date: ____/_____/2023

Name of researcher: Michele Estwick

Date: ____/_____/2023

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MOOD
AN ONLINE PEER SUPPORT CHATROOM FOR ADOLESCENTS

Appendix E: Interview Guide for Pre and Post-Intervention Interviews

MOOD

AN ONLINE PEER SUPPORT CHATROOM FOR ADOLESCENTS

Interview Guide for Pre and Post Intervention Interviews

Questions that must be asked in the interviews

- **Pre-Intervention Questions:**

1. Do you still want to be a part of the study?

2. Do you have any concerns about the online chatroom or the peer intervention? If yes, please share.

- **Post intervention Questions:**

3. How was your experience and what you like about it?

4. What were your concerns about the intervention?

5. What would you add to make it a better experience?

Appendix F: Observation Schedule

Session 3 - MOOD Observation Schedule

Name	Interval	Seeking Sympathy	Special Pleading	Attracting Attention	Withdrawing	Playing Around	Being Aggressive	Blocking	Forming own subgroup	Competing	Initiating Activity	Seeking Opinion	Giving Opinion	Seeking Information	Giving Information	Elaborating	Coordinating	Summarising	Engaging with Others	Gatekeeping	Following	Mediating	Relieving Tension	Other Behaviours
Rebecca	10 mins																		x					
	10 mins			x		x						x		x	x	x	x							
	10 mins											x	x		x	x								
Lily	10 mins			x					x										x					
	10 mins											x	x	x	x	x			x					
	10 mins																		x					
	10 mins																							
Danielle	10 mins													x	x	x			x					
	10 mins				x														x					
	10 mins				x																			
	10 mins																							

Definition of Behaviours

Behaviours	Definition of Behaviours
Giving Information	Stating or offering facts, data, etc. which can help clarify the problems or task at hand.
Giving Opinion	Stating one's opinion or belief on the problem or task at hand, especially its value to oneself.
Elaborating	Clarifying, giving examples, trying to add information already at hand.
Summarising	Pulling together related ideas or suggestions, summing up what has been taking place to advance the group's thinking or to conclude appropriately
Seeking Opinion	Looking for expression of feeling about something from other members, seeking their opinion about issues at hand.
Seeking Information	Asking for clarification, getting new data or information or requesting it, finding ways to enlighten the group regarding the problem at hand.
Coordinating	Trying to pull ideas and suggestions together, forming or drawing together activities of various subgroups or members.
Engaging with Others	Being friendly, warm, responsive to others, praising others and their ideas, agreeing with and accepting contributions of others.
Following	Going along with the decisions of the group, thoughtfully accepting the ideas of others, serving as audience during group discussions.
Forming Subgroup	Keeping secrets from the whole group, forming clique, holding side conversations while the rest of the group tries to solve the problems at hand
Playing Around	Disrupting the work of the group when everybody is serious by attracting the attention of others for no purpose, joking, clowning, laughing loudly.
Attracting Attention	Attempting to call attention to oneself by loud or excessive talking, extreme ideas, unusual behaviour.
Withdrawing	Acting indifferently, or being passive, resorting to excessive formality, daydreaming, whispering to others, wandering to other topics.

Appendix G: Example of Completed Field Note Record

Field Notes for MOOD Sessions

FIELD NOTES FOR SESSION 1		
Date: 27.02.2024	No. of Participants Present: 2	Length of Observation: 40 minutes
Prompts for Reflections	- How did you feel during the session? - What are the contextual factors to consider? - What factors affected the flow of communication?	
Session Overview	- Introduction session. - Participants logged on with ease and introduced themselves. - Mostly facilitator led to allow participants to become comfortable with the platform and the space.	
Researcher's Reflections	This was the first session, and I was feeling anxious and nervous about how it was going to go. The beginning of the session felt like I was talking to the participants individually even though it was meant to be a group discussion. However, this was expected as it was the first time they would have met each other, and it was the introductory session. Both participants were from separate schools, and this helped in keeping the comfortability in the chatroom. As we approached the end of the session, the participants started to engage with each other, called each other by their name (username) and asked direct questions to one another on information they would have shared. I felt pleased and hopeful at the end of this session.	

FIELD NOTES FOR SESSION 2		
Date: 05.03.2024	No. of Participants Present: 3	Length of Observation: 40 minutes
Prompts for Reflections	- How did you feel during the session? - What are the contextual factors to consider? - What factors affected the flow of communication?	
Session Overview	- Connectivity Issues (School devices were having trouble). - New person attending created a new dynamic. - School Staff logged on for the participants using their real name.	
Researcher's Reflections	I was in a hopeful and positive mindset before the session started based on how the last one went. Unfortunately, the SENCo of the school where two of the participants were, logged in on their behalf and used their full names. These 2 participants ended up having to use the same room due to scheduling and turned out to be friends. This was something they shared in the chat, and it visibly changed the dynamic. I felt very frustrated as it seemed like the session was not going to beneficial for anyone because of these factors. In the end, the participants did engage with each other, there was more peer-to-peer interaction between all the participants. Even though I felt frustrated at the beginning, I reminded myself to be patient with everything as I did not want my feelings of failure to come across in the way I communicated.	

MOOD

1

Appendix H: Mood and Feelings Questionnaire (MFQ) Long Version

Child Self-Report

MOOD AND FEELINGS QUESTIONNAIRE: Long Version

This form is about how you might have been feeling or acting **recently**.

For each question, please check (✓) how you have been feeling or acting **in the past two weeks**.

If a sentence was not true about you, check NOT TRUE.
If a sentence was only sometimes true, check SOMETIMES.
If a sentence was true about you most of the time, check TRUE.

Score the MFQ as follows:
NOT TRUE = 0
SOMETIMES = 1
TRUE = 2

To code, please use a checkmark (✓) for each statement.	NOT TRUE	SOME TIMES	TRUE
1. I felt miserable or unhappy.			
2. I didn't enjoy anything at all.			
3. I was less hungry than usual.			
4. I ate more than usual.			
5. I felt so tired I just sat around and did nothing.			
6. I was moving and walking more slowly than usual.			
7. I was very restless.			
8. I felt I was no good anymore.			
9. I blamed myself for things that weren't my fault.			
10. It was hard for me to make up my mind.			
11. I felt grumpy and cross with my parents.			
12. I felt like talking less than usual.			
13. I was talking more slowly than usual.			
14. I cried a lot.			

Child Self-Report

|			
15. I thought there was nothing good for me in the future.			
16. I thought that life wasn't worth living.			
17. I thought about death or dying.			
18. I thought my family would be better off without me.			
19. I thought about killing myself.			
20. I didn't want to see my friends.			
21. I found it hard to think properly or concentrate.			
22. I thought bad things would happen to me.			
23. I hated myself.			
24. I felt I was a bad person.			
25. I thought I looked ugly.			
26. I worried about aches and pains.			
27. I felt lonely.			
28. I thought nobody really loved me.			
29. I didn't have any fun in school.			
30. I thought I could never be as good as other kids.			
31. I did everything wrong.			
32. I didn't sleep as well as I usually sleep.			
33. I slept a lot more than usual.			

Good day,

BELOW IS THE LINK TO THE CHATROOM FOR SESSION 4:
https://account.wire.com/conversation-
join/?key=vc8KJAZlx4ANEui8_0sH&code=IRike4mn0mxH2Cvc7Kzx&domain=wire.com

*PLEASE DO NOT PUT THE FULL NAME OF THE PARTICIPANTS WHEN ENTERING A
USERNAME.*
*For example, John Smith could enter " J.S or S.J" or a name of their choosing in the
username box.*

STEP 1: After clicking the link , you will see this screen. Please click the **Join in
Browser** option as indicated below:
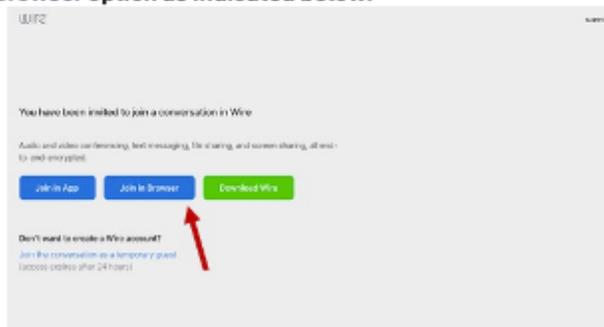
STEP 2: Participants will enter a username of their choice in the **Your Name** option
and then click **Join as a Temporary Guest.** *The username should be anything but
their full name. For example, John Smith could enter " J.S or S.J" in the username
box.*
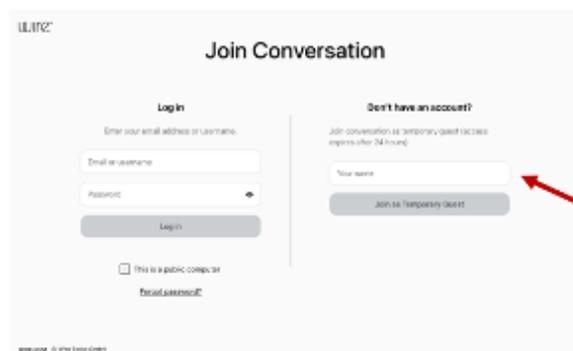
**STEP 3:** The next screen that the participants should see is this. This means they're in!

***When the time is finished, participants are asked to close the browser. The chatroom will no longer be accessible to them or anyone using the device after it is done. ***

If you have any questions or issues logging in. Please let me know as soon as possible.

Thank you!

Appendix J: Screenshot of the MOOD Chatroom
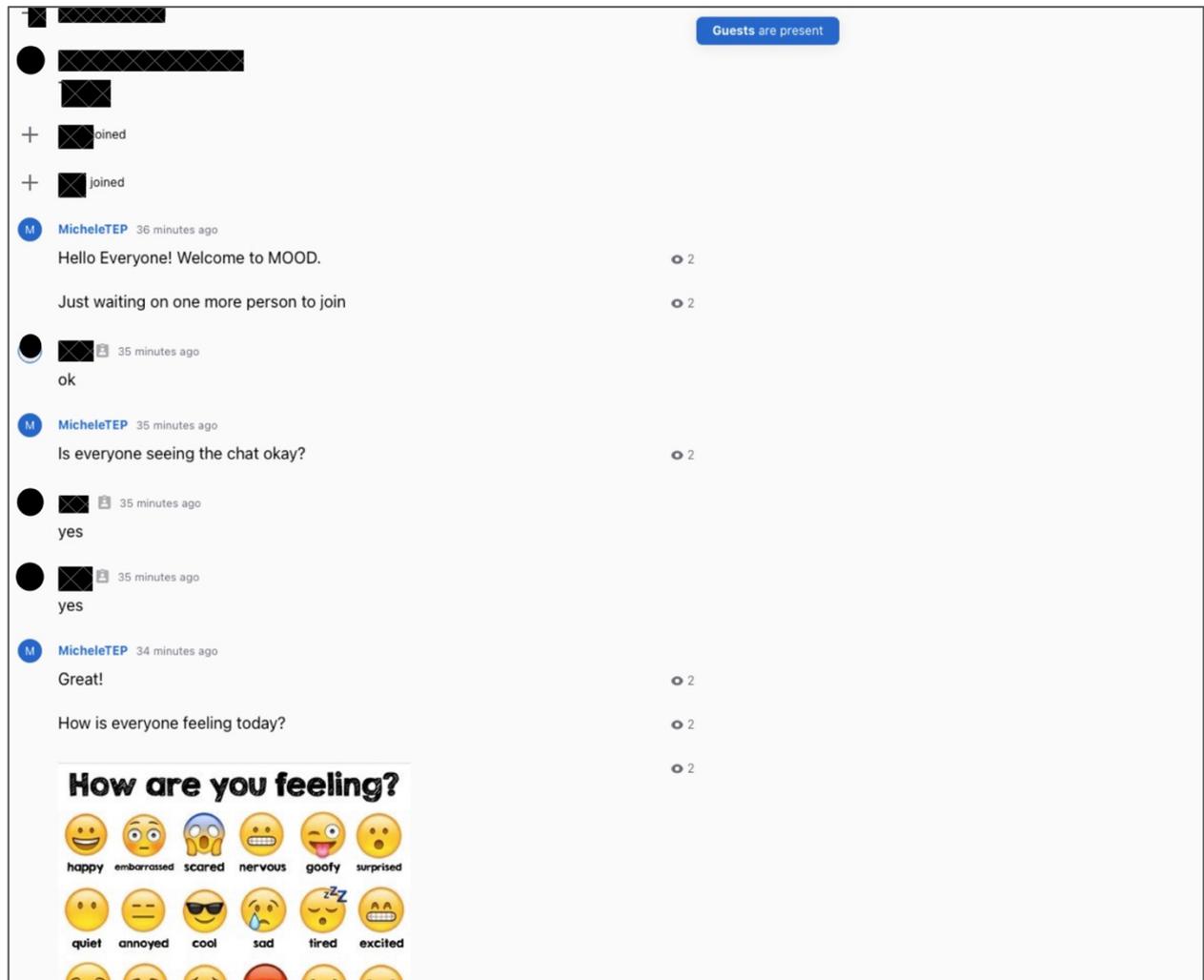
Appendix K: Approved Ethics Application Form

Institute of Education

Doctoral Student Ethics Application Form

Anyone conducting research under the auspices of the Institute of Education (staff, students, or visitors) where the research involves human participants or the use of data collected from human participants, is required to gain ethical approval before starting. This includes preliminary and pilot studies. Please answer all relevant questions in simple terms that can be understood by a lay person and note that your form may be returned if incomplete.

Registering your study with the UCL Data Protection Officer as part of the UCL Research Ethics Review Process

If you are proposing to collect personal data i.e., data from which a living individual can be identified **you must be registered with the UCL Data Protection Office before you submit your ethics application for review**. To do this, email the complete ethics form to the UCL Data Protection Office. Once your registration number is received, add it to the form* and submit it to your supervisor for approval. If the Data Protection Office advises you to make changes to the way in which you propose to collect and store the data this should be reflected in your ethics application form.

Please note that the completion of the UCL GDPR online training is mandatory for all PhD students.

Section 1 – Project details

    a. Project title: "Mood." – the development and evaluation of a digital peer support intervention for adolescents with social, emotional, and mental health (SEMH) needs.

    b. Student name and ID number (e.g., ABC12345678): Michele Estwick 19104156

    c. ***UCL Data Protection Registration Number:** Z6364106/2023/04/94

        a. Date Issued: 20/04/2023

    d. Supervisor/Personal Tutor: Dr. Maria Kambouri and Dr. Melernie Meheux

    e. Department: Psychology and Human Development

    f. Course category (Tick one):

        PhD   ☐

        EdD   ☐

        DEdPsy ☒

g. **If applicable**, state who the funder is and if funding has been confirmed.

h. Intended research start date: 3rd July 2023

i. Intended research end date: 31st May 2024

j. Country fieldwork will be conducted in: United Kingdom

k. If research to be conducted abroad, please check the Foreign and Commonwealth Office (FCO) and submit a completed travel risk assessment form (see guidelines). If the FCO advice is against travel this will be required before ethical approval can be granted: *UCL travel advice webpage*

l. Has this project been considered by another (external) Research Ethics Committee?

Yes ☐

External Committee Name: Enter text

Date of Approval: Enter text

No ☒ *go to Section 2*

If yes:
- Submit a copy of the approval letter with this application.
- Proceed to Section 10 Attachments.

Note: Ensure that you check the guidelines carefully as research with some participants will require ethical approval from a different ethics committee such as the National Research Ethics Service (NRES) or Social Care Research Ethics Committee (SCREC). In addition, if your research is based in another institution then you may be required to apply to their research ethics committee.

Section 2 - Research methods summary (tick all that apply)

☒ Interviews
☐ Focus Groups
☒ Questionnaires
☐ Action Research
☒ Observation
☒ Literature Review
☒ Controlled trial/other intervention study
☐ Use of personal records
☐ Systematic review **– if only method used go to Section 5**
☐ Secondary data analysis **– *if secondary analysis used go to Section 6***
☐ Advisory/consultation/collaborative groups
☐ Other, give details: Enter text

Please provide an overview of the project, focusing on your methodology. This should include some or all of the following: purpose of the research, aims, main research questions, research design, participants, sampling, data collection (including justifications for methods chosen and description of topics/questions to be asked), reporting and dissemination. Please focus on your methodology; the theory, policy, or literary background of your work can be provided in an attached document (i.e., a full research proposal or case for support document). *Minimum 150 words required.*

Grave concerns have been expressed at the social, emotional, and mental health (SEMH) of children and young people (CYP). Recently, the World Health Organisation (WHO) (2021) reported that globally, one in seven 10–19-year-olds experience a mental disorder, with depression, behavioural and anxiety disorders among the leading causes of illness among adolescents. In the UK, the number of CYP who require mental health care and treatment increased by 6% in 2021 and new referrals to CYP mental health services are said to be higher than pre-pandemic levels (NHS, 2022).

For this study, an intervention will be developed, implemented, and evaluated. The intervention is an online chatroom designed to promote peer support among adolescents with SEMH needs. This study will explore adolescent peer support groups, focusing on their communication and interactions, their willingness to share with their peers who may be experiencing the same feelings as them and the support they offer to each other using digital platforms. The effectiveness of the intervention will be measured using the Mood and Feelings Questionnaire (MFQ) (Angold & Costello, 1987). The following research questions will be used to address the research aims:

RQ1a: What existing support programmes and interventions are offered to adolescents with SEMH needs in Educational Psychology Services (EPS) in London?

This question seeks to explore how adolescents are currently being supported by Educational Psychologists in London. Are there any digital programmes hosted by any London EPS? Do different London EPS have specific training or interventions that they have created and use to support adolescents with SEMH needs?

RQ1b: How do adolescents perceive peer-to-peer support services?

This question seeks to explore adolescents' experiences, perceptions, and views of peer-to-peer support. Are adolescents more comfortable being in spaces that are led by their peers? What are the advantages and disadvantages of using peer support groups? Are adolescents with SEMH needs capable of emotionally supporting each other?

RQ2: How effective can an intervention delivered through a digital platform be in providing mental health support?

This seeks to design and evaluate the impact of this intervention delivered and hosted on a digital platform. Could such digital platforms be beneficial in providing mental health

support? Does digital mental health tools and resources make support more accessible?

Methodology

There are two phases to this research study; Phase 1 is the Exploration of Existing Support offered to adolescents with SEMH Needs. Phase 2 is conducting the intervention and evaluating how effective the tool was in supporting adolescents with SEMH needs.

Phase 1 – Exploration of Existing Support

To have better knowledge on existing support offered to young people with SEMH needs and if there are currently any adolescents peer support interventions/programmes being ran in the UK; five Educational Psychologists (EP) from five different London boroughs will be sent a questionnaire. One EPS from any borough in North, South, East, West and Central London will be chosen. The aim of the questions asked will be to gather information on whether alternative support outside of CAMHS is offered by schools or the LA.

Participants and Procedure

Participants of this study will be recruited using purposive sampling. This type of sampling is a non-probability sampling method used within qualitative research to fulfil the specific needs in a project (Robson, 2011). Six (6) young people who are identified as having SEMH needs will be chosen to take part in this study. This number of participants was thought to be optimal as it gives a chance for each person's voice to be heard without feeling and for the conversation to be easily observed and reviewed by the researcher (Michele Estwick).

 Young people in the age group ranging from 12 – 17 years old living in the United Kingdom will be invited to take part in the study. An information sheet and infographic will be sent to secondary school SENCos detailing the study and criteria that is to be met for the young person to be referred or for them to volunteer. Once participants have been identified, an initial interview will be held with each of them to explain the purpose of the study, describe the process, discuss confidentiality and to obtain consent from them. During this pre interview, participants will be asked to complete the Moods and Feelings Questionnaire (MFQ) (Angold & Costello, 1987). This is to gather how they have been feeling before starting the intervention. Any participants under the age of 16 parents will be informed and asked to complete a consent form as well. For individuals ages 16-17, it will be carefully considered if parental consent is appropriate. Participants, Parent/Carer have the right to withdraw their consent from the study at any time.

Before and after every session, participants will be asked to do a rating scale on their mood and overall feelings. (See Appendix)

Phase 2 – The Intervention and Evaluation of the Intervention
The Platform

The platform that will be used for the peer support intervention will be an online chatroom. The chatroom will be hosted on the Wire - Secure Messenger platform and will be called 'MOOD! A peer support chatroom for adolescents'. This platform was chosen and deemed the most appropriate for this study because it has end-to-end encryption and is GDPR-compliant. Other reasons that this platform was selected was because it does not need to collect too much identifiable information from the young person. Participants will share their email address with the researcher (Michele Estwick), who will also the moderator of the groups. From there, a link to the chatroom will be sent to their email address and they will have the power to create their own profile and username. There will be one group with a total of 5 participants and the intervention will take place once a week and will go on for 6-7 weeks. Each session will last 30-45 minutes, and the messages shared in that time will be cleared automatically as well as by the facilitator at the end of each session. The chats will be captured and stored on an encrypted storage drive by the researcher to be analysed later.

Peer Support Intervention
The intervention used for this study will be an adaptation of 'The Reflecting Teams Approach' (Andersen, 1987). This approach is often used in the practice of family therapy as a way for the lead therapist to work more collaboratively with families. This approach has been adapted to provide professionals with a process that allows them to bring an issue to a group of their peers for reflection. The time and space provided allows persons involved to consider different perspectives and new ideas for complex and challenging situations. This is done with the help of group thinking, support and positive feedback. An instructional video explaining how to use the online chatroom and the process and phases of approach will be recorded and circulated to the participants before the first session. At the start of the session, the moderator (Michele Estwick) will do a mental health check in and reiterate the importance of confidentiality. The role of the moderator will be defined and explained as the professional that will keep the participants on track. During the session, a participant will present an issue, a feeling or challenge that they recently faced and would like to discuss. Another participant will be chosen as the chair to manage the process, and another will be a scribe who will take notes of the key learning points to share with the team at the end of the session. An observation guide will be used in the sessions by the moderator. The guide serves two key purposes: i) it reminds the observer of the important points and ii) it can be used as a tool to reflect on the relationship and contribution to the observed at any point.

At the end of the intervention there will be a post interview with each participant to discuss their views and experience of participating. They will also be asked to complete the Mood and Feelings Questionnaire (MFQ) to compare how they felt before starting the intervention and after completing the intervention. The data collected for this research project will be analysed using thematic analysis and quantitative analysis in order to measure the effectiveness of the tool.

Section 3 – research Participants (tick all that apply)

☐ Early years/pre-school
☐ Ages 5-11
☒ Ages 12-16
☒ Young people aged 17-18
☒ Adults please specify below
☐ Unknown – specify below
☐ No participants

The research participants will be young people in the age group ranging from 12-17 years old living in the United Kingdom will be invited to take part in this study. A total of five qualified Educational Psychologists will also be sent questionnaires to gather information on the support/alternative support offered to young people in the schools or by their local authorities.

Note: Ensure that you check the guidelines carefully as research with some participants will require ethical approval from a different ethics committee such as the National Research Ethics Service (NRES) or Social Care Research Ethics Committee (SCREC).

Section 4 - Security-sensitive material (only complete if applicable)

Security sensitive research includes commissioned by the military; commissioned under an EU security call;   involves the acquisition of security clearances; concerns terrorist or extreme groups.

   a. Will your project consider or encounter security-sensitive material?
      Yes* ☐ No ☒
   b. Will you be visiting websites associated with extreme or terrorist organisations?
      Yes* ☐ No ☒
   c. Will you be storing or transmitting any materials that could be interpreted as promoting or endorsing terrorist acts?
      Yes* ☐ No ☒

** Give further details in **Section 8 Ethical Issues***

Section 5 – Systematic reviews of research (only complete if applicable)

   a. Will you be collecting any new data from participants?
      Yes* ☒ No ☐
   b. Will you be analysing any secondary data?
      Yes* ☒ No ☐

** Give further details in **Section 8 Ethical Issues***

If your methods do not involve engagement with participants (e.g., systematic review,

literature review) **and** *if you have answered **No** to both questions, please go to **Section 8 Attachments.***

Section 6 - Secondary data analysis (only complete if applicable)

a. Name of dataset/s: `Enter text`
b. Owner of dataset/s: `Enter text`
c. Are the data in the public domain?

Yes ☐ No ☐
If no, *do you have the owner's permission/license?*
Yes ☐ No* ☐

d. Are the data special category personal data (i.e. personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation)?

Yes* ☐ No ☐

e. Will you be conducting analysis within the remit it was originally collected for?

Yes ☐ No* ☐

f. **If no**, was consent gained from participants for subsequent/future analysis?

Yes ☐ No* ☐

g. **If no,** was data collected prior to ethics approval process?

Yes ☐ No* ☐

***** *Give further details in **Section 8 Ethical Issues***

*If secondary analysis is only method used **and** no answers with asterisks are ticked, go to **Section 9 Attachments**.*

Section 7 – Data Storage and Security

Please ensure that you include all hard and electronic data when completing this section.

a. Data subjects - Who will the data be collected from?
    Participants-
    Questionnaires: Qualified Educational Psychologists
    Intervention: Young People ranging from the ages 12-17 years old
b. What data will be collected? Please provide details of the type of personal data to be collected.
    Participants of the questionnaire will remain anonymous and young people who are participants of the intervention will have their name and demographics will be collected. Demographics such as Age, Gender, Year Group, and email address.
    Is the data anonymised? Yes ☒ No* ☐

Do you plan to anonymise the data?　　　　　Yes* ⊠ No ☐
Do you plan to use individual level data?　Yes* ⊠ No ☐
Do you plan to pseudonymise the data?　Yes* ⊠ No ☐
*Give further details in **Section 8 Ethical Issues**

c. **Disclosure –** Who will the results of your project be disclosed to?
   The results of my research will be shared with my supervisors, Dr. Maria Kambouri, Dr. Melernie Meheux and the marking committee of the Educational Psychology (Professional Educational, Child and Adolescent Psychology) DEdPsy programme. The final written thesis will also be presented to and accessible by academics.

   Disclosure – Will personal data be disclosed as part of your project?
   No Personal data such as names and email addresses will only be accessed by the researcher, Michele Estwick.

d. Data storage – Please provide details on how and where the data will be stored i.e., UCL network, encrypted USB stick**, encrypted laptop** etc. All the data collected for this research will be stored on an encrypted laptop, encrypted USB storage, and encrypted external hard drive storage.

   ** *Advanced Encryption Standard 256-bit encryption which has been made a security standard within the NHS*

e. **Data Safe Haven (Identifiable Data Handling Solution)** – Will the personal identifiable data collected and processed as part of this research be stored in the UCL Data Safe Haven (mainly used by SLMS divisions, institutes, and departments)?
   Yes ☐ No ⊠

f. How long will the data and records be kept for and in what format?
   The data and records will be retained for 10 years in accordance with UCL Research Data Policy.

   Will personal data be processed or be sent outside the European Economic Area? (If yes, please confirm that there are adequate levels of protections in compliance with GDPR and state what these arrangements are)
   No

   Will data be archived for use by other researchers? (If yes, please provide details.)
   No

g. If personal data is used as part of your project, describe what measures you have in place to ensure that the data is only used for the research purpose e.g., pseudonymisation and short retention period of data'.

Questionnaires- The identity of the Educational Psychologist and the borough of where they work will remain anonymous.

Intervention – For the young people who will be part of the intervention, their name, age, gender and year group and email address will only be known by the researcher, Michele Estwick and kept on an encrypted external storage device. This personal information is so a profile can be created for them on the platform and so they can be identified by the researcher for observation purposes during the intervention. Each participant will have a pseudonym on the chatroom and will remain anonymous to the other participants.

*Give further details in **Section 8 Ethical Issues**

Section 8 – Ethical Issues

Please state clearly the ethical issues which may arise in the course of this research and how will they be addressed.

All issues that may apply should be addressed. Some examples are given below, further information can be found in the guidelines. *Minimum 150 words required*.

- Methods
- Sampling
- Recruitment
- Gatekeepers
- Informed consent
- Potentially vulnerable participants
- Safeguarding/child protection
- Sensitive topics
- International research
- Risks to participants and/or researchers
- Confidentiality/Anonymity
- Disclosures/limits to confidentiality
- Data storage and security both during and after the research (including transfer, sharing, encryption, protection)
- Reporting
- Dissemination and use of findings

For Phase 1 of the study:
 an information sheet about the study will be sent to Educational Psychologists explaining the purpose of the study and asking them to be a part of the study. Before they can complete the online questionnaire, they will be asked to give their consent. This prompt will explain that their identity will remain anonymous, and that the EPS/Borough name will not be included in the study.

For Phase 2 of the study:
Participants will be young people in the age group ranging from 12 – 17 years old living in the United Kingdom. An information sheet and infographic will be sent to secondary

school SENCos in the borough that the researcher currently works in detailing the study and criteria that is to be met for the young person to be referred.

The information sheet/infographic will also be shared with the parents of potential participants. Once participants are identified, a short interview will be held with each of them to explain the purpose of the study, describe the process, discuss the importance of confidentiality and to obtain consent from them. Any participants under the age of 16, parents will be informed and asked to complete a consent form as well. For individuals ages 16-17, it will be carefully considered if parental consent is appropriate. Participants, Parent/Carer have the right to withdraw their consent from the study at any time.

Participants will share their email address with the researcher (Michele Estwick), who will also be the moderator of the groups. Each participant's information will be pseudonymised and only the researcher will have access to the key which will be kept on a password protected document on an encrypted external storage device. A link to the chatroom will be sent to each participant's email address and they will have the power to create their own profile and username, allowing them to remain anonymous. Each session will last 30-45 minutes, and the messages shared in that time will be cleared automatically as well as by the moderator at the end of each session. The chats will be captured and stored on an encrypted storage drive by the researcher to be analysed later.

There will also be a disclaimer to let participants know that their identities will remain hidden as they will be allowed to answer anonymously, and they have the option to withdraw their consent before the end of the study date.

Before every session, participants will be reminded of the sensitive nature of the topics that may be brought up by others and discussed and how they can be potential triggers.

Safeguarding

If at any point any participants share information that puts them or others in danger, their parents will be contacted and notified of this. To minimise any uncomfortable feelings and concerns around the sensitive nature of some of the information that might be shared in the sessions, there will be a debrief after each session and a document will be shared that will include links for organisations such as MIND, Samaritans or advising them to contact their local mental health charities or organisations.

- SENCos will suggest students who meet the criteria. SENCos will meet with the researcher and explain the situation of the child and state the reasons they think that the young person suggested would be suitable.

- Before every session there will be a check in as well as a reminder of what the space is for and to be mindful of others by the researcher (Michele Estwick).

- Participants will have the ability to exit the group if they feel triggered by some of the information shared or not attend if they are not in the mental space to be present on the day of the session. While this may have an impact on the research findings, it is also the nature of the research field and must be taken

into consideration as safeguarding of the participants is the most important. As this is a pilot study, information will be gathered on how to properly manage these situations in the future.

- Any participants who reveal and/or comment any vulnerable information will be reported to the Designated Safeguarding Lead (DSL) of their school and the resolution of the situation will follow the relevant school's safeguarding protocol.

- Opportunity for one to one with the researcher (Michele Estwick) to talk about what may be on their minds.

The results of this study will be written in a doctoral thesis and will be shared with my supervisors, the marking committee of the Educational Psychology (Professional Educational, Child and Adolescent Psychology) DEdPsy programme. The final written thesis will also be presented to EPs and EPs in training and accessible by academics. This research will also advise how this information can be further help mental health professionals and practitioners and schools think of more modern, relatable ways to improve the support given to adolescents with SEMH needs.

All the data collected for this research will be stored on an encrypted laptop, encrypted USB storage, and encrypted external hard drive storage.

Please confirm that the processing of the data is not likely to cause substantial damage or distress to an individual

Yes ☒

Section 9 – Attachments.

Please attach your information sheets and consent forms to your ethics application before requesting a Data Protection number from the UCL Data Protection office. Note that they will be unable to issue you the Data Protection number until all such documentation is received.

    a. Information sheets, consent forms and other materials to be used to inform potential participants about the research (List attachments below)

       Yes ☒ No ☐

       Thesis Outline PDF (Full Information Sheet)
       Thesis Outline PDF for Participant Recruitment to be sent to SENCos
       Consent Forms for Participants- Educational Psychologists and Young People
       Debrief Statement
       Observation Checklist
       Questionnaire for EPs
       Mood and Feelings Questionnaire (MFQ)
       Screenshot of the Chatroom Interface

Thesis Outline PDF (Information Sheet)

MOOD

AN ONLINE PEER SUPPORT CHATROOM FOR ADOLESCENTS

Doctoral Research Information Document

"Mood." – the development and evaluation of a digital peer support intervention for adolescents with social, emotional, and mental health (SEMH) needs.

Researcher:

Michele Estwick

Trainee Educational Psychologist

Research Supervisors:

Dr. Maria Kambouri & Dr. Melernie Meheux

University:

IOE – UCL's Faculty of Education and Society

UCL
IOE – Faculty
of Education
and Society

Who is conducting the study?

My name is Michele Estwick, and I am a 3rd Year Trainee Educational Psychologist from the Institute of Education at University College London. I am currently on the Educational Psychology (Professional Educational, Child and Adolescent Psychology) DEdPsy programme. I will be completing this study for my thesis as part of research for my doctorate. This research is supervised by Maria Kambouri and Melernie Meheux and has been reviewed and approved by the Psychology and Human Development Department Ethics Committee at UCL.

This document will try and answer any questions you might have about the project, but please feel free to contact me if there is anything else you would like to know.

What is the research about?

This study will explore adolescent peer support groups, focusing on their communication and interactions, their willingness to share with their peers who may be experiencing the same feelings as them and the support they offer to each other using digital platforms. The following research questions will be used to address the research aims:

RQ1a: What existing support programmes and interventions are offered to adolescents with SEMH

needs in Educational Psychology Services (EPS) in London?

RQ1b: How do adolescents perceive peer-to-peer support services?

RQ2: How effective can an intervention delivered through a digital platform be in providing mental

health support?

This intervention will be done on an online chatroom called "MOOD: A peer support chatroom for adolescents". This chatroom was created and will be moderated by myself, the researcher.

What will it involve?

Once you have read this information sheet, you will be asked to provide consent, if you are willing to participate.

Educational Psychologists Participants:

To have better knowledge on existing support offered to young people with SEMH needs and if there are currently any adolescents peer support interventions/programmes being ran in the UK.

A link to a short online questionnaire will be sent to you. The aim of the questions asked will be to gather information on whether there is existing alternative support outside of CAMHS offered by schools or the Local Authority.

Adolescent Participants:

Participants are to be young people in the age group ranging from 12 – 17 years old living in the United Kingdom who are diagnosed with or who currently present with social, emotional, and mental health (SEMH) needs.

Once participants are identified, a short interview will be held with each of them to explain the purpose of the study, describe the process, discuss the importance of confidentiality and to obtain consent from them.

2

For any participants under the age of 16, their parents will be informed and asked to complete a consent form. For individuals ages 16-17, it will be carefully considered if parental consent is appropriate. Participants, Parents/Carers have the right to withdraw their consent from the study at any time.

The platform that will be used for the peer support intervention will be an online chatroom. The chatroom will be hosted on the Wire - Secure Messenger platform which has end-to-end encryption and is GDPR-compliant.

Participants will share their email address with the researcher (Michele Estwick), who will also be the moderator of the group. From there, a link to the chatroom will be sent to their email address and they will have the power to create their own profile and username allowing them to be anonymous on the platform. The researcher however will know their identity. There will be one group with a total of 6 participants and the intervention will take place once a week running for 6-7 weeks. Each session will last 30-45 minutes following a Reflective Team approach and the messages shared in that time will be cleared automatically as well as by the moderator at the end of each session.

Research Process and Data Collection

The information collected from the interviews, scales and chatroom will be kept confidential. The participants identity will be anonymised and pseudonymised and kept on an encrypted USB drive, that only the researcher will have access to. If participants feel uncomfortable to answer specific questions or do not want to participate in the intervention once it has started, they can choose not to. They are entitled to withdraw from the study at any point. It is important that all responses are kept confidential, and their information will be used for research purposes only. The results of the study will be written in a research thesis.

Data Protection Privacy Notice: The data controller for this project will be University College London (UCL). The UCL Data Protection Office provides oversight of UCL activities involving the processing of personal data and can be contacted at data-protection@ucl.ac.uk. UCL's Data Protection Officer can also be contacted at data-protection@ucl.ac.uk. Further information on how UCL uses participant information can be found here: www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice

How can you get involved?

If you have any questions regarding the research, please contact my email ▓▓▓▓▓▓▓▓▓▓▓▓ or call/ message me via WhatsApp at ▓▓▓▓▓▓▓ for more information.

I will be happy to discuss the study in more detail via email, phone or through a video conference meeting. If you would like to be involved, please complete the following consent form attached.

Thank you for taking time to read about this research, I hope you will consider participating in this study.

3

Thesis Outline PDF for Participant Recruitment to be sent to SENCos

MOOD

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Doctoral Research Information Document

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Michele Estwick

Trainee Educational Psychologist

Research Supervisors:

Dr. Maria Kambouri & Dr. Melernie Meheux

University:

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UCL
IOE – Faculty
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and Society

WHO IS CONDUCTING THE STUDY?

My name is Michele Estwick, and I am a 3rd Year Trainee Educational Psychologist from the Institute of Education at University College London. I am currently on the Educational Psychology (Professional Educational, Child and Adolescent Psychology) DEdPsy programme. I will be completing this study for my thesis as part of research for my doctorate. This research is supervised by Dr. Maria Kambouri and Dr. Melernie Meheux and has been reviewed and approved by the Psychology and Human Development Department Ethics Committee at UCL.

This document will try and answer any questions you might have about the project, but please feel free to contact me if there is anything else you would like to know.

WHAT IS THE RESEARCH ABOUT?

This study will explore adolescent peer support groups, focusing on their communication and interactions, their willingness to share with their peers who may be experiencing the same feelings as them and the support they offer to each other using digital platforms. The following research questions will be used to address the research aims:

RQ1a: What existing support programmes and interventions are offered to adolescents with SEMH needs in Educational Psychology Services (EPS) in London?

RQ1b: How do adolescents perceive peer-to-peer support services?

RQ2: How effective can an intervention delivered through a digital platform be in providing mental health support?

This intervention will be done on an online chatroom called "MOOD: A peer support chatroom for adolescents". This chatroom was created and will be moderated by myself, the researcher.

MORE ON MOOD:

This research explores the use of digital peer support platforms for adolescents with social, emotional, and mental health (SEMH) needs.

MOOD is an *anonymous* online chatroom designed to facilitate peer support among adolescents with SEMH needs. It will be facilitated by the researcher Michele Estwick who is a 3rd Year Trainee Educational Psychologist at UCL IOE.

PARTICIPANT CRITERIA AND INTERVENTION PLAN

Age: Young person must be between the ages of 11-17 years old. *

1

Gender: Young person can be of any gender they identify with.
SEMH Need: Young person with diagnosis or undiagnosed SEMH needs.

An SEMH need can be young people who are experiencing low moods, experiencing anxious feelings, showing signs of EBSA, presenting challenging behaviours, struggling with social skills, difficulties with focus and attention, etc.

Participants will be asked to sign a consent form. If under 16 years old, their parents will be asked to sign a consent form as well.

INTERVENTION:
The intervention is an online chatroom that will be run during school time. *The school is asked to provide the young person with a <u>private room and computer/tablet with internet access</u> so they can access the chatroom.*

The platform that will be used for the peer support intervention will be an online chatroom. The chatroom will be hosted on the Wire - Secure Messenger platform which has end-to-end encryption and is GDPR-compliant.

Details Needed from Participants:
For the participant to access the chatroom, their name and an email address will be needed to set up their profile. Participants will be able to choose their username and only the facilitator/researcher (Michele Estwick) will know the identity of each participant for data analysis purposes.

Duration:
The intervention will run for 6-7 weeks. It will take place once a week and each session will last for about 30-40 minutes. **The start date for the intervention is scheduled for the week first week in the Spring Term, and will be every Thursday at 2:00 p.m.**

Pre-Intervention:
Each participant will have a pre-intervention 30-minute session with the researcher, Michele Estwick. In this session they will be given more information about the project and how the chatroom works. They will also be asked to complete the Mood and Feelings Questionnaire. This questionnaire is being used to measure the effectiveness of the intervention. In this session, participants will set up their chatroom profile with the help of the researcher, Michele Estwick.

Post-Intervention:
Each participant will have a post-intervention 30-minute session where they will be asked about their experience. They will also be asked to complete the Mood and Feeling Questionnaire.

2

SAFEGUARDING

If at any point any participants share information that puts them or others in danger, their parents will be contacted and notified of this. To minimise any uncomfortable feelings and concerns around the sensitive nature of some of the information that might be shared in the sessions, there will be a debrief after each session and a document will be shared that will include links for organisations such as MIND, Samaritans or advising them to contact their local mental health charities or organisations.

- SENCos will suggest students who meet the criteria. SENCos will meet with the researcher and explain the situation of the child and state the reasons they think that the young person suggested would be suitable.

- Before every session there will be a check in as well as a reminder of what the space is for and to be mindful of others by the researcher (Michele Estwick).

- Participants will have the ability to exit the group if they feel triggered by some of the information shared or not attend if they are not in the mental space to be present on the day of the session. While this may have an impact on the research findings, it is also the nature of the research field and must be taken into consideration as safeguarding of the participants is the most important. As this is a pilot study, information will be gathered on how to properly manage these situations in the future.

- Any participants who reveal and comment any vulnerable information will be flagged with parents/relevant professionals.

- Opportunity for one to one with the researcher (Michele Estwick) to talk about what may be on their minds.

The results of this study will be written in a doctoral thesis and will be shared with my supervisors, the marking committee of the Educational Psychology (Professional Educational, Child and Adolescent Psychology) DEdPsy programme. The final written thesis will also be presented to EPs and EPs in training and be accessible by academics. This research will also advise how this information can be further help mental health professionals and practitioners and schools think of more modern, relatable ways to improve the support given to adolescents with SEMH needs.

If you have any questions, please feel free to contact me at

█████████████████████

3

Consent Form for Chatroom Intervention

I confirm that I understand the purpose of this study on exploring the use of digital peer support platforms for adolescents with social, emotional, and mental health (SEMH) needs and it has been explained to me by Trainee Educational Psychologist, Michele Estwick. ☐

I had the opportunity to ask the researcher any questions that I may have about the study. ☐

I have been advised on the sensitive nature of some of the intervention. ☐

I understand that the study has been reviewed and approved by the Psychology and Human Development Department Ethics Committee at UCL. ☐

I understand that my identity will remain anonymous and confirm that I give my consent to take part in the study. ☐

Age: _____
Year Group: _____

Gender:

Male ☐   Female ☐   Gender Neutral ☐   Non-binary ☐   Transgender ☐
If not listed, please specify: _____
Participant Name (PLEASE PRINT): _____
Participant Signature: _____
Parent/Carer Signature: _____
Date: ___/___/2023

Name of researcher: Michele Estwick

 Date: ___/___/2023

Consent Form for EP Questionnaire

I confirm that I understand the purpose of this study on exploring the use of digital peer support platforms for adolescents with social, emotional, and mental health (SEMH) needs and it has been explained to me by Trainee Educational Psychologist, Michele Estwick. ☐

I had the opportunity to ask the researcher any questions that I may have about the study. ☐

I understand that the study has been reviewed and approved by the Psychology and Human Development Department Ethics Committee at UCL. ☐

I understand that my identity will remain anonymous and confirm that I give my consent to take part in the study. ☐

Participant Name (PLEASE PRINT): _____

Participant Signature: _____

Date: ___/___/2023

Name of researcher: Michele Estwick

███████████████████████

 Date: ___/___/2024

Draft Observation Checklist (To be used for every session)

Observer Name: _____

Participants	Contribution to Discussion	General Reactions	Expressions Commonly used
Unique ID: 1			
Unique ID: 2			
Unique ID: 3			
Unique ID: 4			
Unique ID: 5			

General Observations:

☐ Seeking sympathy   ☐ Summarizing
☐ Special pleading   ☐ Encouraging others
☐ Attracting attention   ☐ Gatekeeping
☐ Withdrawing   ☐ Standard-setting
☐ Currying favour   ☐ Following
☐ Horsing around   ☐ Mediating
☐ Being aggressive   ☐ Relieving tension
☐ Blocking   ☐ Self-confessing
☐ Competing   ☐ Forming own subgroup
☐ Initiating activity   ☐ Seeking information
☐ Seeking opinion   ☐ Giving information
☐ Giving opinion   ☐ Elaborating
☐ Coordinating   ☐ Accomplishing task

Definition of Behaviours

Task-oriented behaviour

Initiating activity:	Proposing actions or solutions: suggesting new ideas.
Seeking information:	Asking for clarification, getting new data or information, or requesting it, finding ways to enlighten the group regarding the problem at hand.
Seeking opinion:	Looking for expression of feeling about something from other members, seeking their opinion about issues at hand.
Giving information:	Stating or offering facts, data, etc. which can help clarify the problems or task at hand.
Giving opinion:	Stating one's opinion or belief on the problem or task at hand, especially its value to oneself.
Elaborating:	Clarifying, giving examples, trying to add information already at hand.
Coordinating:	Trying to pull ideas and suggestions together, forming or drawing together activities of various subgroups or members.
Accomplishing task:	Actually undertaking task or work which has been agreed upon and planned by the group.
Summarizing:	Pulling together related ideas or suggestions, summing up what has been taking place in order to advance the group's thinking or to conclude appropriately.

Group-maintenance behaviour

Encouraging others:	Being friendly, warm, responsive to others, praising others and their ideas, agreeing with and accepting contributions of others.
Gatekeeping:	Trying to make it possible for another member to make a contribution to the group.
Standard-setting:	Expressing standards for the group to use in choosing its goals or procedures, or in evaluating its decisions, reminding group members to avoid making decisions which conflict with group standards.
Following:	Going along with the decisions of the group, thoughtfully accepting the ideas of others, serving as audience during group discussions.
Mediating:	Harmonizing, conciliating differences in points of view, making compromise solutions.
Relieving tensions:	Seeking to expel negative feelings by joking, putting a tense situation in a wider perspective or context, clowning if necessary.

Self-oriented behaviour

Seeking sympathy:	Trying to induce other group members to be sympathetic to one's problems or constraints or misfortunes.
Special pleading:	Introducing or supporting activities or suggestions related to one's favourite ideas, concerns, or philosophies.
Attracting attention:	Attempting to call attention to oneself by loud or excessive talking, extreme ideas, unusual behaviour.
Withdrawing:	Acting indifferently, or being passive, resorting to excessive formality, daydreaming, whispering to others, wandering to other topics.
Currying favour:	Trying to get special attention or favours from leaders, and other members of the group.
Horsing around:	Disrupting the work of the group when everybody is serious by attracting the attention of others for no purpose, joking, clowning, laughing loudly.
Being aggressive:	Showing hostility towards the group or someone in the group, deflating the age, status, experience of others.
Blocking:	Interfering with the progress of the group by preventing others from expressing themselves, arguing too much, rejecting ideas without consideration.
Self-confessing:	Using the group as a sounding board to express personal or non-group-oriented feelings or points of view.
Competing, politicking:	Competing with others to express the best ideas, talking the most, playing the most roles, or seeking to gain favour with leader or group members.
Forming own subgroup:	Keeping secrets from the whole group, forming cliques, holding side conversations while the rest of the group tries to solve the problems at

This observation checklist is inspired by and is an adapted version of the group dynamics observation sheet featured in *Rural Women in Micro-Enterprise Development - A Training Manual and Programme for Extension Workers (ILO, 1996, 416 p.): Module 4. Group dynamics, planning and management: Session 1. Building a strong group: Group dynamics.* (n.d.). https://www.nzdl.org/cgi-bin/library?e=d-00000-00---off-0cdl--00-0----0-10-0---0---0direct-10---4-------0-0l--11-en-50---20-about---00-0-1-00-0-0-11-1-0utfZz-8-00-0-0-11-10-0utfZz-8
10&cl=CL1.82&d=HASH01a1c804b3c140ec1363f5b7.14.2.2&gt=1

Debrief Statement

Thank you for participating in this study exploring the use of digital peer support platforms for adolescents with social, emotional, and mental health (SEMH) needs. If you have any further questions or concerns, please feel free to contact ██████████████████████████, or call or WhatsApp me at ████████████ for more information.

If at any point you feel distressed by participating in this study (for example, the questions asked about their wellbeing have been of a sensitive nature and you'd like to discuss further) , we encourage you to reach out to your Designated Safeguard Lead (DSL) or organisations such as MIND https://www.mind.org.uk/ or Samaritans https://www.samaritans.org/ or contact your local mental health charities and organisations.

Questionnaire for EPs

(These questions will be sent to EPs on Microsoft Forms and the responses will be only accessed by the researcher)

1) What EPS are you apart of? * (Name of Borough or E.g., "South London")
   Please note the name of the borough will NOT be listed in the final report. It will be presented as "EPs working in a South London Borough reported that...."

2) Are you aware of any specifically designed programmes/interventions currently in place outside of those offered by CAMHS to support young people (ages 11-17) with SEMH Needs?

   If yes, please explain further:

3) Does your EPS offer specifically designed programmes/interventions (online or face to face) to support young people (ages 11-17) with SEMH Needs?

   If yes, please explain further and note if they have been effective:

4) Are you aware of any peer-to-peer support programmes/interventions (online or face to face) offered to young people (ages 11-17) in the borough you work in?

Screenshot of the Chatroom Interface
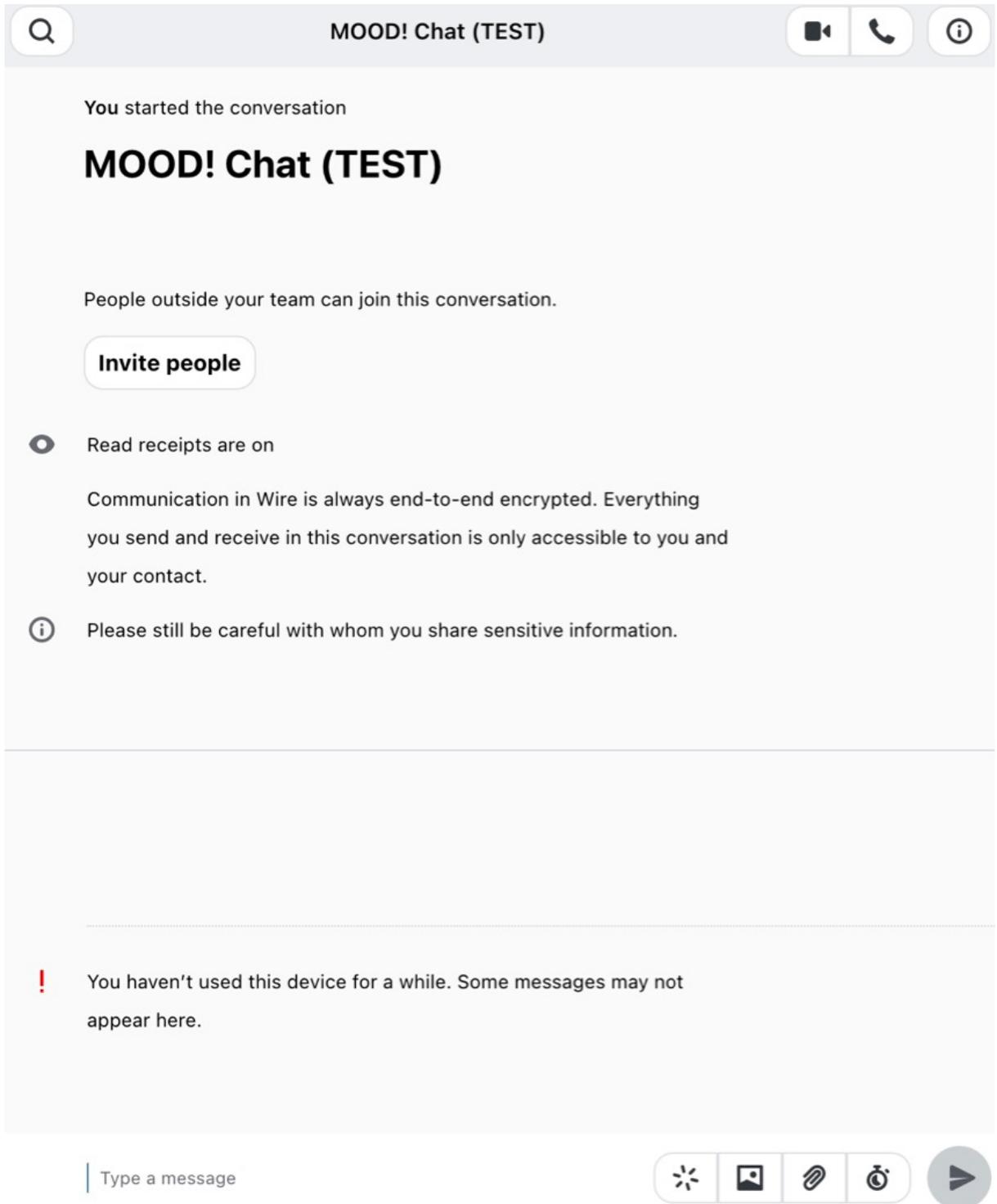
Moods and Feelings Questionnaire (MFQ)

MOOD AND FEELINGS QUESTIONNAIRE: Long Version

This form is about how you might have been feeling or acting **recently**.

For each question, please check (✔) how you have been feeling or acting **_in the past two weeks_**.

If a sentence was not true about you, check NOT TRUE.
If a sentence was only sometimes true, check SOMETIMES.
If a sentence was true about you most of the time, check TRUE.

Score the MFQ as follows:
NOT TRUE = 0
SOMETIMES = 1
TRUE = 2

To code, please use a checkmark (✓) for each statement.	NOT TRUE	SOME TIMES	TRUE
1. I felt miserable or unhappy.			
2. I didn't enjoy anything at all.			
3. I was less hungry than usual.			
4. I ate more than usual.			
5. I felt so tired I just sat around and did nothing.			
6. I was moving and walking more slowly than usual.			
7. I was very restless.			
8. I felt I was no good anymore.			
9. I blamed myself for things that weren't my fault.			
10. It was hard for me to make up my mind.			
11. I felt grumpy and cross with my parents.			
12. I felt like talking less than usual.			
13. I was talking more slowly than usual.			
14. I cried a lot.			

Child Self-Report

15. I thought there was nothing good for me in the future.			
16. I thought that life wasn't worth living.			
17. I thought about death or dying.			
18. I thought my family would be better off without me.			
19. I thought about killing myself.			
20. I didn't want to see my friends.			
21. I found it hard to think properly or concentrate.			
22. I thought bad things would happen to me.			
23. I hated myself.			
24. I felt I was a bad person.			
25. I thought I looked ugly.			
26. I worried about aches and pains.			
27. I felt lonely.			
28. I thought nobody really loved me.			
29. I didn't have any fun in school.			
30. I thought I could never be as good as other kids.			
31. I did everything wrong.			
32. I didn't sleep as well as I usually sleep.			
33. I slept a lot more than usual.			

b. Approval letter from external Research Ethics Committee   Yes ☐

c. The proposal ('case for support') for the project   Yes ☐

d. Full risk assessment Yes ☐

Section 10 – Declaration

I confirm that to the best of my knowledge the information in this form is correct and that this is a full description of the ethical issues that may arise in the course of this project.

I have discussed the ethical issues relating to my research with my supervisor.
Yes ☒ No ☐

I have attended the appropriate ethics training provided by my course.
Yes ☒ No ☐

I confirm that to the best of my knowledge:

The above information is correct and that this is a full description of the ethics issues that may arise in the course of this project.
Name   Michele Estwick
Date   07/10/2023

Please submit your completed ethics forms to your supervisor for review.

Notes and references

Professional code of ethics
You should read and understand relevant ethics guidelines, for example:
British Psychological Society (2018) *Code of Ethics and Conduct*
Or
British Educational Research Association (2018) *Ethical Guidelines*
Or
British Sociological Association (2017) *Statement of Ethical Practice*
Please see the respective websites for these or later versions; direct links to the latest versions are available on the Institute of Education Research Ethics website.

Disclosure and Barring Service checks
If you are planning to carry out research in regulated Education environments such as Schools, or if your research will bring you into contact with children and young people (under the age of 18), you will need to have a Disclosure and Barring Service (DBS) CHECK, before you start. The DBS was previously known as the Criminal Records Bureau (CRB). If you do not already hold a current DBS check, and have not registered with the DBS update service, you will need to obtain one through at IOE.

Ensure that you apply for the DBS check in plenty of time as will take around 4 weeks, though can take longer depending on the circumstances.

Further references

Robson, Colin (2011). *Real world research: a resource for social scientists and practitioner researchers* (3rd edition). Oxford: Blackwell.
This text has a helpful section on ethical considerations.

Alderson, P. and Morrow, V. (2011) *The Ethics of Research with Children and Young People: A Practical Handbook*. London: Sage.
This text has useful suggestions if you are conducting research with children and young people.

Wiles, R. (2013) What are Qualitative Research Ethics? Bloomsbury.
A useful and short text covering areas including informed consent, approaches to research ethics including examples of ethical dilemmas.

Departmental Use

If a project raises particularly challenging ethics issues, or a more detailed review would be appropriate, the supervisor must refer the application to the Research Development Administrator via email so that it can be submitted to the IOE Research Ethics Committee for consideration. A departmental research ethics coordinator or representative can advise you, either to support your review process, or help decide whether an application should be referred to the REC. If unsure please refer to the guidelines explaining when to refer the ethics application to the IOE Research Ethics Committee, posted on the committee's website.

Student name: Michele Estwick
Student department: Psychology and Human Development
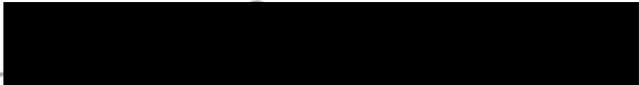Course: DEdPsy Doctorate in Professional Educational, Child and Adolescent Psychology
Project Title: "Mood" – A case study exploring the use of digital peer support platforms for adolescents with social, emotional, and mental health (SEMH) needs.

Reviewer 1
Supervisor/first reviewer name: Maria Kambouri
Do you foresee any ethical difficulties with this research?
no

Supervisor/first reviewer signature:
Date: 3.11.23

Reviewer 2
Second reviewer name: Melernie Meheux
Do you foresee any ethical difficulties with this research?
        No
Second reviewer signature:
Date: 11.23

Decision on behalf of reviewers
Approved ☐

Approved subject to the following additional measures ☐
Not approved for the reasons given below ☐
Referred to the REC for review ☐

Points to be noted by other reviewers and in report to REC:

Comments from reviewers for the applicant:

Once it is approved by both reviewers, students should submit their ethics application form to the Centre for Doctoral Education team: IOE.CDE@ucl.ac.uk

Appendix L: Ethics Approval Email

20230420 Email confirm Z6364106 2023 04 94

FP   on behalf of   Finance.Data Protection <data-protection@ucl.ac.uk>   Thursday 20 April 2023 at 9:47 AM

To: Estwick, Michele

Doctoral Research E...
1.2 MB

Download · Preview

Hi,

Thank you for your application to register with the Data Protection Office. Please consider, adapt, update, and return for our records, the following amendment/additions to the identified document below.

Participant information sheet
(Data Protection Privacy notice)

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

This 'local' privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found in our 'general' privacy notice:

For participants in health and care research studies, click here.

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the 'local' and 'general' privacy notices.

The lawful basis that will be used to process your personal data is: 'Public task'.

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

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

With this action in mind, I am pleased to confirm that this project is now registered under, reference No **Z6364106/2023/04/94 health research** in line with UCL's Data Protection Policy.

You may quote this reference on your Ethics Application Form, or any other related forms.

You should make arrangements as early as possible for the secure long-term storage of your data, taking into account any specific requirements of your department or funder. UCL staff and PhD students can use the UCL Research Data Repository while undergraduate and Masters students may want to ask their supervisors about the Open Education Repository. The Research Data Management team can be contacted at lib-researchsupport@ucl.ac.uk.

UCL staff can contact the Records Office records.office@ucl.ac.uk to arrange for the long-term secure storage of their research records.

For data protection enquiries, please contact the data protection team at data-protection@ucl.ac.uk

For ethics enquiries, please contact the ethics team at ethics@ucl.ac.uk.

Appendix M: Coded Extract from Online Questionnaire

Does your EPS offer specifically designed programmes/interventions (online or face to face) to support young people (ages 11-17) with SEMH Needs? If yes, please explain further and note if they have been effective:

8	anonymous	Your Choice - EPs are clinical supervisors for the interventionists running the programme. My Futures- EPs provide consultation to the mentors working directly with young people. Psycho-Educational programmes for ADHD awareness run as a 6 week 1;1 programme by an assisstant EP and supervised by an EP. Dialectical Behavioural Therapy (DBT) groups run by assistant EPs in specialist SEMH settings and supervised by EPs. Cognitive Behavioural Therapy (CBT) offered as part of our traded menu of service.
9	anonymous	EPs are WAMHs worker in secondary schools one day per week, EPs are linked to SEMH ARPs (attached to two of our mainstream schools)
10	anonymous	We train ELSAs to deliver early intervention programmes for SEMH and this has been effective over the last 7 years. We regularly receive positive feedback from young people as part of our pupil surveys and positive feedback from schools and parents about the impact of ELSA and improved outcomes for children and young people. We deliver Tree of Life interventions in schools and these are always positively evaluated by the young people themselves as well as school staff who see the difference that the interventions make on young people's confidence, self-esteem, motivation in school, inclusion and academic behaviours and outcomes.
11	anonymous	No

Codes in Extract :

EPS offering training

Working in other roles

No specifically designed programmes

Measuring effectiveness