

An exploration of adolescents' experiences of mental health

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This project is dedicated to my late grandfather, Harry Brierley whose love, care and work ethic live on within me.

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Declaration of word count

The word count (exclusive of appendices and list of references) is 32, 232 words

Declaration of own work

I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

Signed

Daniella Alexandra
October 2016

Abstract

Within the UK there are an increasing number of young people who have been identified as having mental health difficulties. However, given the limited amount of qualitative literature in this area, it is unclear as to what young people's experiences of mental health are.

This interview study involved eleven young people from three different secondary schools who had been identified as having mental health difficulties and who were subsequently referred to a school counsellor. Participants were asked about their understanding of why they were referred to a school counsellor, the challenges they faced in their lives and their experiences of support that they had been given.

Data collected was analysed using thematic analysis and six themes were found which included "sources of distress", "feeling unsupported", "feelings of distress", "habitual strategies for coping with distress", "gaining support" and "further support the participants would like".

The key findings of the study revealed that the participants faced multiple and prolonged challenges at home and at school which included adverse family circumstances, hostile peer interactions and societal pressures relating to appearance and behaviour. Participants felt largely unsupported in dealing with these challenging contexts. They developed a range of unhealthy coping strategies which were interpreted by adults as indicators of mental health difficulties.

The association with mental health difficulties helped to obscure the challenges that the participants faced in their lives and the underlying reasons for their distress.

The findings suggest serious shortcomings in the support that is commonly made available to young people in relation to their mental well-being.

The research provides recommendations for schools and educational psychologists in order to support the well-being of young people.

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Chapter 1: Introduction

This chapter outlines the national picture in relation to young people and mental health. The implications of the medical model of mental health are discussed. In addition, a psycho-social model of mental health is outlined. Furthermore, two differing perspectives in developmental psychology are discussed in relation to mental health. Finally, the aims and research questions of the study are presented.

1.0 Adolescents and mental health, the current situation

Since the end of the second world war, there have been significant increases in the number of adolescents within the United Kingdom (UK) who have been identified as having mental health difficulties (Hagell, Coleman, & Brooks, 2013). The most recent survey conducted by the Office for National Statistics in 2004 found 1 in 10 young people under the age of 16 to have a diagnosable mental illness (Green, McGinnity, Meltzer, Ford, & Goodman, 2004).

It is understood that difficulties associated with anxiety and depression are the most prevalent types of mental illness found amongst young people and in the last 25 years, rates have increased by 70% (Halliwell, Main, & Richardson 2007). Additionally, between 1 in 12 and 1 in 15 children are deliberately self-harming (Hagell et al., 2013; YoungMinds, 2015a).

These figures are a cause for concern as it is believed that mental health difficulties can have a significant impact upon the lives of young people affecting their academic achievement, self-esteem and personal relationships (Zins, Bloodworth, Weissberg, & Walberg, 2004).

The National Institute of Clinical Excellence (NICE) recommends the use of the International Catalogue of Diseases, Version 10 (ICD – 10) (World Health Organization, 2010) to identify the behaviour of a young person that may be indicative of a mental illness (NICE, 2005). The ICD – 10 (World Health Organization, 2010), lists the behavioural indicators which are associated with specific illnesses.

Although the ICD-10 (World Health Organization, 2010) details mental health disorders that are specifically applicable to young people such as conduct disorder and particular types of anxiety such as separation anxiety disorder and sibling rivalry disorder there are no differential criteria for young people for other conditions such as depression and obsessive compulsive disorder (World Health Organization, 2010). It is therefore assumed that adults and young people are generally susceptible to the same mental health disorders.

However, adolescence is currently seen as a distinct part of human development. The World Health Organization defines adolescence as a critical period in human development which takes place between 10 – 19 years of age and which is demarcated by physical and sexual maturation and the acquisition of skills needed to carry out adult roles and responsibilities in society (World Health Organization, 2016).

It is also seen as distinct from adulthood in that is believed to be demarcated by unique social and cultural markers which often revolve around peer groups with shared values, language, rituals and music (Cicchetti & Schneider-Rosen, 1986; Emde, Harmon, & Good, 1986; Nelson & Nelson, 2010).

The development of identity is further thought to be central to adolescence and this period is seen as a time wherein it is common for people to break away from the values of their family and experiment with alternative ways of living and relating to others (Erikson, 1968). Additionally there are significant biological changes that occur during adolescence including the maturation of the reproductive systems and the brain, which involves synaptic pruning and the development of the pre-frontal cortex (Keating, 2004).

The biological, cultural and social differences suggest that adolescents may differ from adults in the ways in which they experience and exhibit mental health difficulties. However, there is paucity of research relating to the qualitative experiences of young people who have been identified as having mental health difficulties.

The research in this area has predominantly focused on the opinions of parents and carers and the efficacy of particular therapeutic interventions (Sburlati, Schniering, Lyneham &, Rapee, 2011). Thus, it is arguably unclear as to what is meant when a young person is thought to be experiencing mental health difficulties.

1.1 What is mental health?

Whilst it is currently regularly publicised that the number of young people experiencing mental health difficulties is rapidly increasing (Bedell, 2016; Offord, 2016, Sanghani, 2016) there appears little debate as to what mental health difficulties are comprised of and what causes such “difficulties”. Additionally there appears a limited acknowledgement and awareness that there are differing models of mental health.

The Mental Health Foundation (2016) advises that good mental health encompasses being able to cope with life, engage in employment and positive relationships and reach one’s potential. Whereas the National Health Service (NHS) (NHS inform, 2016a) advises that mental well-being involves factors such as life satisfaction, optimism, self-esteem, mastery and having a sense of belonging.

In relation to mental illnesses, the NHS (NHS inform, 2016a) advises that mental illness ‘involves a diagnosable condition that significantly interferes with an individual’s cognitive, emotional or social abilities.....’ (NHS inform 2016a).

Both organisations provide detailed information on their websites about a range of diagnostic categories of illness such as anxiety, depression and eating disorders and associated behavioural indicators.

1.1.1 The medical model of mental health

The information provided by these organisations; the focus on individuals and the belief that particular behaviours are indicative of specific mental illnesses is reflective of the medical model of mental health that is currently dominant within the UK (Kinderman, 2014). In accordance with this model, medical health professionals use manuals such as the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM –V) (American Psychiatric Association, 2013) and the ICD – 10 (World Health Organization, 2010) to determine whether a person has a mental illness. Thus there is an assumption that a person's distress can be assessed, classified and diagnosed (Kinderman, 2014).

Whilst categories of mental illness are presented as objective facts, ideas relating to mental well-being and illness can alternatively be understood as products which are socially and historically situated (Parker, Georgaca, Harper, McLaughlin, and Stowell-Smith, 2006) and which represent the ideas of powerful groups who privilege particular ideas (Foucault, 1977; Parker et al., 2006).

The use of diagnostic frameworks such as the ICD-10 (World Health Organization, 2010) and the DSM-V (American Psychiatric Association, 2013) have been criticised for their links to the pharmaceutical industry (NHS Choices, 2013) as the diagnostic categories contained within them appear to map a little too closely to the effects of particular psychiatric medication (Whoriskey, 2012).

Representing a major industrial sector within the UK and making a substantial contribution to the UK economy (Association of British Pharmaceutical Industry, 2016) there seem to be considerable financial gains for the pharmaceutical industry in the use of diagnostic frameworks such as the DSM-V (American Psychiatric Association, 2013).

There appears therefore to be significant vested financial interests in the medical model of mental health wherein mental health difficulties are seen as requiring specialist interventions and in many cases medication. These interests may underlie the significant increases in the number of young people being prescribed with psychotropic medication for mental illnesses (Wong, Murray, Camilleri-Novak & Stephens, 2004).

However, further tensions within the medical model can be found. For example, Stolorow (2016) highlights that the current dominant model of mental health is underpinned by Cartesian, dualist ontological assumptions about the body and mind. According to this view, the mind is seen as an entity that is distinct and separate from the material world and from society.

The locus of psychopathology is thus relegated to the individual and people's thoughts and emotional experiences are seen as separate from the social contexts in which they live. The medical model therefore represents a within-person perspective of mental health.

The focus on the individual has political and implications as attention is directed away from social structures and relations involving unequal distributions of resources and power which can cause distress (Burman, 2008; Hare-Mustin & Marecek, 1997). Given the links between mental distress, poverty and discrimination (The Centre for Social Justice, 2011) there also appear to be vested interests for those who hold political power in the current medical model.

There are, however, a growing number of mental health practitioners critiquing the medical model and diagnostic frameworks. Timimi (2014) and Kinderman (2014) highlight that the use of diagnostic frameworks can decontextualise the behaviour of people as their mental distress is attributed to faulty thinking patterns or underlying neurochemical imbalances rather than challenging social circumstances. It has also been argued that the use of diagnostic frameworks has led to an increase in people's "natural and normal" responses to distressing life circumstances being interpreted as though they are representative of an underlying psychopathology (British Psychological Society, 2011b, p. 16). Kinderman (2014) thus believes that diagnosing and classifying people's distress is not only problematic but that it can be a demeaning and de-humanising experience.

Kinderman (2013) also takes issue with the validity and reliability of the diagnostic constructs within the DSM-V (American Psychiatric Association, 2013). He argues that psychiatric diagnoses are “worryingly unreliable” (Kinderman, 2013, para. 5) and that clinicians often disagree about the nature of a young person’s difficulties. Timimi (2004) additionally questions the constructs used in diagnostic frameworks. He highlights that in the case of depression, psychiatric comorbidity is so high that almost all young people that have been diagnosed can be diagnosed with at least one other condition.

There are also philosophical problems with the use of diagnostic labels in which labels are confused with explanations and with diagnostic categories of mental health being asserted but with evidence being found post-hoc to support them (Parker et al., 2006).

1.1.2 A psycho-social model of mental health

In contradistinction to the medical model, Kinderman (2014) posits a psycho-social model of mental health. Kinderman (2014) believes that “social issues have profound and understandable impacts on people....” (Kinderman, 2014, p. 103). He argues that mental distress is both a psychological and a social issue that can arise from issues such as poverty, unemployment, discrimination and challenging experiences in early childhood such as abuse and neglect (Kinderman, 2014). Thus, according to this model, people’s behaviour and emotional responses are seen as products of their experiences, relationships and social contexts rather than as isolated phenomena.

With a focus on mental well-being in addition to mental distress, Kinderman (2014) argues that mental well-being encompasses factors such as physical and financial security, adequate housing, caring relationships, access to sports, arts and culture and democratic political appreciation. He further cites having meaning and purpose in life as the two most important aspects of mental well-being.

In relation to support systems and interventions, Kinderman (2014) argues that people experiencing distress need to have their concerns heard and acknowledged in caring and empathic therapeutic relationships. He further asserts that practitioners should work with clients to co-construct formulations that detail the nature, causes and potential solutions of the clients' distress. In addition, he believes that mental health services should be comprised of multi-agency, community-based teams so that positive social changes can be effected in the lives of people to alleviate their distress. Thus, interventions might involve personal therapy in addition to help with housing, employment and engagement in sport and cultural activities.

1.2 Theories of child development and their implications

Assumptions that are made about young people and their mental health are not only related to models of mental health but also to conceptions of childhood and adolescence. Burman (2008) and Kessen (1979) have highlighted that conceptions of childhood have changed throughout history as "childhood" is a social construct which is historically situated.

Current conceptions of childhood are reflected in theories and practices derived from developmental psychology; the branch of psychology dedicated to the study of the development of children (Burman, 2008).

The birth of developmental psychology brought with it the establishment of developmental norms and narratives by mapping out age appropriate developmental milestones and behaviour (Billington, 2000). Consequently, young people came under increased scrutiny as their cognitive, social and emotional development were increasingly measured against such norms (Burman, 2008).

Within recent years, there has arguably been an increase in the scrutiny of young people's behaviour with an expanding number and type of behaviours which are being categorised as problematic, requiring specialist interventions and psychiatric medication (Hill, 2013). Billington (2000) and Burman (2008) argue that this pathologising culture has in part been fuelled through dominant ideas within developmental psychology that has demarcated the differences between the "normal" and "abnormal" child and which has been used as a way of enforcing systems of control and order over young people. They further argue that such systems reflect the power differential that currently exists between adults and young people in society.

A historical tenet of dominant theories within developmental psychology is that the development of young people is isolable from society and atomisable in that it has constituent parts that can be analysed and measured (Burman, 2008; Kessen, 1979).

The individualist foci of the medical model of mental health and the dominant ideas in developmental psychology thus seem to complement each other. Consequently, many of the tools used to identify and label behaviour deemed to be problematic, focuses on individuals as though their behaviour can be measured and understood in isolation from the social contexts within their lives.

Bronfenbrenner's eco-systemic model (1994, p.39-40) does however pose an alternative view to the individualist foci within dominant discourses of developmental psychology. Bronfenbrenner (1994) argues that human development is based on a reciprocal relationship between a person and the relationships and social contexts within their life (Bronfenbrenner & Morris, 1998, p.996).

He identifies five environmental systems; the "Microsystem", "Mesosystem", "Exosystem", "Macrosystem" and "Chronosystem" within which a person interacts (Bronfenbrenner, 1994). The "Microsystem" refers to contexts which immediately affect a child's development such as the family and school. The "Mesosystem" involves the relationships between microsystems e.g. between parents and teachers. The "Exosystem" involves links between a setting in which the child does not have an active role. Thus it acknowledges the impact of factors upon the child such as the working patterns of the parent. The "Macrosystem" describes the cultural setting of the child including their socio-economic status and ethnicity. Lastly, the "Chronosystem" details the patterns and impact of events and transitions over a person's life (Bronfenbrenner, 1994).

Rather than seeing the development of young people as being measurable by so called objective standards and milestones, Bronfenbrenner (1994) believes human development to be historically and socially situated; influenced by social structures and systems which are underpinned by dominant values in society relating to characteristics such as age, gender, ethnicity and (Tudge, Mokrova, Hatfield and Karnik, 2009).

Bronfenbrenner's ecological system (1994) provides a framework for understanding the context of a person's emotional well-being and behaviour. It also provides a potential framework for identifying organisational structures and societal systems that have a detrimental impact upon the well-being of people. Bronfenbrenner's eco-systemic model thus arguably complements Kinderman's psycho-social model of mental health (Kinderman, 2014) which connects a person's life experiences and contexts to their emotional behaviour.

1.3 Aims and research questions of present study

In order to contribute to a greater understanding relating to young people and mental health, this study explored young peoples' experiences of mental health; the sources of stress in their lives, the issues and challenges that are significant to them and their coping strategies. In addition, it sought to elicit young peoples' ideas in relation to support, what they have found helpful and their ideas in relation to how support can be improved.

The aim of the current project was to explore the lived experiences of young people attending secondary school who had been identified as having mental health difficulties. It sought to illuminate the challenges which they faced within the different contexts of their lives and the coping strategies which they typically used.

The study is built on a previous study conducted by the researcher on the experiences of young people who had been identified as having depression. The key findings revealed that all of the participants in the study had experienced challenging life events for which they had received minimal support. The participants found it difficult to cope with some of the thoughts and emotions that they experienced in response to these events. They also developed unhealthy coping strategies which involved self-harm, binge eating and suppressing their emotions.

The researcher argued that rather than being indicative of a mental illness their behaviour could be understood as a response to the challenging circumstances which they faced and of the limited support that they received. It was therefore argued that caution was needed when using diagnostic labels with young people as they can mask the challenging social contexts that they face.

The study was limited by its small sample size of three participants who attended the same school. Furthermore, it only focused on young people who had been identified with depression.

Building on from this, the current study sought to explore the experiences of a greater number of young people who had been identified as having mental health difficulties and who attended different schools. Rather than focusing on young people who had been identified as having one particular mental illness, an attempt was made to recruit participants who had been identified as having a range of mental health difficulties.

The researcher's conception of mental health is akin to the psycho-social model outlined by Kinderman (2014) which was hitherto discussed. Mental health is understood as being inseparable from a person's life experiences. Further, elements of mental distress are understood as being part of the human condition rather than being representative of a pathology or illness.

The researcher has also drawn upon the eco-systemic model of Bronfenbrenner (Bronfenbrenner 1979; Bronfenbrenner, 1994). As a result, the social and emotional development of the participants is understood as being socially and historically situated and a result of their interactions in the various contexts and relationships that are embedded in their lives. In addition, it is understood that a person's development, interactions and their engagement in society is influenced by factors such as their gender, age, ethnicity and socio-economic circumstances.

As a result of Bronfenbrenner's influence, the researcher sought to capture the challenges faced by the participants in the differing contexts of their lives.

Drawing upon her previous work, the researcher sought to explore participants' experiences through one to one interviews. Having worked as a teacher, the researcher felt confident in her ability to engage with participants and build a positive rapport with them within an interview setting. The researcher also felt that her training in person-centered counselling techniques would enable her to create an empathic and supportive environment in which participants felt comfortable to share their experiences.

The research questions of the study are listed as follows:

Primary research questions

1. What difficulties and challenges have participants experienced in their lives?
2. How have these difficulties impacted upon their life in and outside of school?
3. What coping strategies have they used?

Secondary research questions

1. What support have they found to be helpful?
2. How do they think support can be improved?

It is hoped that the findings will be of use to schools and professionals who work with young people contributing to debate about what constitutes mental health difficulties in adolescents and how young people experiencing distress can best be supported.

Chapter 2: Literature Review

This chapter seeks to give an overview of the literature relating to issues surrounding adolescents and mental health. These issues include difficulties associated with receiving a diagnosis, accessing support and the experiences of young people who have been identified as having mental health difficulties.

2.0 Details of literature search

The review is based on the search results undertaken using educational, medical and psychological databases including Academic Search Complete, British Education Index, Medline, PsycARTICLES, PsycEXTRA PsycINFO. When searching for articles about the support offered to young people, articles relating to support systems outside of the UK were excluded. This decision was made as each country has a unique support system related to its economy, administrative structure and social values. The focus of this study related to support offered within the UK.

However, when searching for articles relating to adolescents' experiences of mental health the search included all articles written in English. This decision was made as there is such a paucity of qualitative research which explores the experiences of young people. It was therefore felt that a wider search needed to be carried out in order to capture the literature that exists in this area.

Within the UK, the term adolescence in the mental health sector is used to define a stage of development that takes place between the ages of 13 and 18 (NICE, 2005).

Therefore, literature that related to young people within this age bracket was selected when reviewing articles. The terms “adolescence”, “young people”, “teenagers” and “mental health” were used to search for literature as these terms are frequently used interchangeably within the UK to describe people in this age bracket.

Some articles which used the term “children” were also included in the review as the term in these instances referred to both adolescents and children younger than 13.

2.1 The impact of a diagnosis

Much has been written about the affect of mental health diagnoses and the use of terms associated with mental health disorders. For some, a diagnosis can provide relief in knowing that their behaviour can be understood. A diagnosis can also offer a gateway to resources and specialist support (Healthtalk.org, 2015). However, for others a diagnosis can arouse feelings of shame and can result in people feeling stigmatised (Breggin, 2011; Healthtalk, 2013; Parry, 2011; Rose & Thornicroft, 2010).

In their study, Wisdom and Green (2013) interviewed adolescents about their feelings of receiving a diagnosis of depression. Using a grounded theory methodology, they identified three common responses to a diagnosis of depression. They named these responses “Labelers”, “Medicalisers” and “Identity Infusers” (para. 18).

“Labelers” they argue, experience relief after receiving a diagnosis as their distress has been given a name.

This group tends to see depression as temporary and they are motivated to receiving information and engage with interventions to reduce their symptoms.

“Medicalisers” tend to view depression as though it is a tangible object and they feel the need to take medication until the symptoms of depression have gone.

“Identity Infusers” see depression as an element of their personality and they believe the diagnosis confirms a part of their identity. This group reports more severe symptoms and are more pessimistic about their recovery.

In light of their findings, Wisdom and Green (2013) believe that a young person’s attitude towards their diagnosis can influence how receptive they might be to interventions and how likely they might be to seek help. The study is however limited to exploring the impact of a diagnosis of depression. Future studies could therefore explore the impact of other mental health diagnoses and investigate whether Wisdom and Green’s (2013) categories of response can be extrapolated to other categories of mental illness.

While the research of Wisdom and Green (2013) highlights the impact that a diagnosis of a mental illness can have on young people, it is questionable as to whether mental health diagnoses are generally desirable or necessary. As aforementioned, a diagnosis of a mental illness can obscure the social and contextual challenges faced by a person.

Within the UK, there is a deeply entrenched stigma surrounding mental health difficulties (British Psychological Society, 2014; Byrne, 1997 Huxley, 1993). Many of these ideas involve stereotypes of people e.g. that they are violent, dangerous and unwell as a result of an organic, intrinsic disposition or illness (Mental Health Foundation, 2015). Dominant discourses on mental health within the UK also focus on mental illness rather than mental well-being. Because of this, support services and funding are targeted at those experiencing difficulties rather than on the promotion and maintenance of good mental health.

Additionally, there appears to be an evolving culture within the UK that is focused on the attainment of happiness and of publically displaying values deemed to be currently associated with happiness such as success, wealth and attractiveness. Such displays are increasingly taking place via digital means such as social media. The consequence of this culture is that a number of emotional responses seem to be becoming gradually more socially unacceptable e.g. feelings of sadness, anger, grief (Harris, 2007). It is argued that as a result, a growing number of young people are feeling under pressure to be and to look happy and are subsequently suppressing feelings of distress or discontent (Grinspan, 2015).

Such a culture appears to be contributing to the maintenance of the stigma around mental health which can make it difficult for people to seek support when they are experiencing emotional difficulties.

There are a growing number of people who also believe that something is wrong with them when they feel that their lives are failing to match up to many of the images and lifestyles that they see in the media and online (Ali, 2015). Within this culture, the posed threat of a diagnosis may therefore deter young people from coming forward to access support as they may wish to avoid the stigma that a diagnostic label can bring.

2.2 Accessing support

Within the UK, there is at present a wide discrepancy between young people meeting the clinical criteria for mental health disorders and those accessing therapeutic interventions (Prior, 2012). The Child and Adolescent Mental Health Services (CAMHS) have historically provided specialist mental health support to young people. Within recent years this service has seen a dramatic rise in the number of referrals with some local CAMHS' services reporting increases of between 20% and 70% (YoungMinds, 2015b).

However, two thirds of CAMHS' services across the country have had their budgets reduced, resulting in a scarcity of resources and many young people in urgent need of support are being placed on long waiting lists or are not able to access support services (YoungMinds, 2015b). The Department of Health estimates that 40% of young people with mental health difficulties are not receiving support (Green, et al., 2004).

Thus, despite their being an increased awareness within the UK of mental health difficulties amongst young people, Naylor, Cowie, Walters, Talamelli, and Dawkins (2009) argue that many are unable to access support due to budget cuts and a scarcity in the provision of resources.

There is also a huge variation between geographical areas in the type of support that is offered to young people. This lack of co-ordination and structure in mental health support services appears to have had a negative impact on young people as the results of a recent survey indicate that many young people feel let down by their experiences of mental health support (MindFull, 2013).

However, Raviv, Sills, Raviv, and Wilansky (2000) assert that at a time when young people are seeking to become more independent, autonomous and self-reliant many do not want to seek the help of adults as this is perceived as becoming more reliant on them.

Thus in an attempt to hold on to values associated with adolescence, many may experience inner conflict about asking for help. Additionally, Biddle, Donovan, Sharp, and Gunnell (2007) argue that young people may not want to access treatment as they may fear a risk of developing an identity associated with illness which they feel would negatively affect their peer relationships.

Naylor et al. (2009) further believe that the stigma in society surrounding mental health issues can deter young people from seeking help. They argue that from an early age, children learn that psychiatric problems are personal failures.

As a result, many young people do not want to disclose their need for support for fear of experiencing shame and humiliation from their peers or families.

A study conducted in Canada by Bowers, Manion, Papadopoulos, and Gauvreau (2013) set out to measure the perceptions of school students on the prevalence and impact of stigma in accessing support for mental health difficulties. Their study involved an online questionnaire and included pupils with and without mental health difficulties. The results of the study revealed that participants perceived stigma surrounding mental health to be the biggest barrier to accessing support. Participants with mental health difficulties additionally felt it difficult to know from where they could get support. In light of these results, the authors argue for the need for student's views to be taken into account when developing mental health policies and practices.

Given the magnitude of the effects of stigma relating to mental health; influencing whether or not young people seek support, it would seem necessary to further explore how young people experience this stigma and what they understand by the term in order that effective policies can be developed to mitigate its effects.

2.3 Support in schools

Within recent years, the government has increased the onus on schools to identify and support young people who may be experiencing mental health difficulties (Department of Education, 2016).

Currently the most prevalent type of support available to young people is via referral to a school counsellor. 61% – 85% of secondary schools provide young people with access to individual therapeutic support (Cooper, 2013). However, Spratt, Shucksmith, Philip, and Watson (2006) highlight that funding for posts is often limited resulting in a variable provision of counselling services across schools. Thus the amount of support available to young people appears to be inequitable across the country (Polat & Jenkins, 2005).

Additionally, the study of Spratt, Shucksmith, Philip, and Watson (2010) revealed that teachers often have a significant role in identifying such pupils and referring them for therapeutic support. However, many teachers have received little or no training to enable them to recognise behaviour that might be indicative of mental health difficulties. Furthermore, teachers are more likely to identify pupils that present with externalised difficulties that involve challenging classroom behaviour. As a consequence, pupils with more internalised difficulties are likely to be overlooked at school. There are, therefore, difficulties in identifying young people with mental health problems and indeed in determining what behaviour is representative of a mental illness.

The increasing presence of counsellors in schools appears to have evoked mixed responses from school staff. One study shows that teachers value counselling services in schools believing them to have a positive impact upon pupils' capacity to study and concentrate in class (Cooper, 2013). On the other hand, a study by Phillips & Smith (2011) highlights concerns amongst some school staff that believe that providing pupils with counsellors indulges them, providing them with a vehicle to avoid working in lessons.

Polat and Jenkins (2005) further highlight problems associated with the lack of knowledge that local authorities and schools have of mental health and therapeutic interventions. Of the 39 local authorities that took part in their study, one fifth were not aware of relevant professional bodies or qualifications for counsellors and therapists. Due to the lack of knowledge within schools concerning the different therapeutic modalities and the qualifications needed for therapists, the appropriateness of staff employed and the interventions that they offer therefore seems debatable.

Additionally, the study of Polat and Jenkins (2005) has revealed that many local authorities are having difficulties evaluating the effectiveness of the school counselling services due to issues relating to respondent subjectivity, reliability and confidentiality. The tendency to rely on specialist practitioners to provide mental health support suggests that the dominant model of mental health in schools is a deficit one, related to the medical model (Friedli, 2009) wherein support is only offered when a young person is deemed to be experiencing mental health difficulties. However, an alternative approach might incorporate more systemic interventions that support and promote the maintenance of mental well-being for all pupils (Friedli, 2009).

The reliance on specialist practitioners in schools also seems to be at odds with the new Special Educational Needs Code of Practice which emphasises the importance of multi-agency working (Department for Education and Department of Health, 2015).

If a school employs a counsellor registered with the British Association for Counselling and Psychotherapy (BACP) they are obliged to keep the majority of information discussed in therapy sessions confidential (British Association for Counselling and Psychotherapy, 2015). However, this obligation may preclude pertinent information from being shared with teaching staff about the challenges faced by a young person and their mental well-being. With a lack of information about the pupil, teachers may be unable to adequately or appropriately support a pupil within the school day.

Spratt et al.(2010) highlight other difficulties in providing specialist mental health support for young people at school. They point out that in medical settings, where young people would have traditionally accessed therapeutic support, the notion of Gillick competency is used to determine the level at which young people can participate in decision making relating to their care.

When a young person under the age of 16 years old is Gillick competent, they are able to consent to medical treatment as long they are deemed by a professional working with them to have the intelligence and understanding to appreciate what the treatment involves. Therefore, parental consent is not required (British Medical Association, 2001).

However, within schools, parents are deemed to be legally responsible for young people with schools acting in loco parentis. As such, the emphasis is often on parents and school staff for consent and referrals in relation to access to specialist support services.

Given that many young people seek high levels of confidentiality for support, this referral structure can be seen to be problematic; particularly if the young person's concerns are related to school or indeed their parents (Polat & Jenkins, 2005). It would therefore appear that support currently being provided to young people in schools can result in their disempowerment (Spratt et al., 2010).

Offering therapeutic support in schools thus appears complex. There are issues relating to how pupils are referred for support and the knowledge base of head teachers and local authorities in employing appropriately trained staff.

There are also problems relating to the suitability of therapeutic interventions that are offered and of the type of culture that these interventions promote.

Additionally, there are issues relating to confidentiality and whether they enhance or restrict multi-agency working and a shared sense of responsibility for difficulties a young person might be experiencing.

2.4 Views of young people

2.4.1 What is mental health?

There are many terms used to refer to mental health difficulties such as mental illness, mental disorders and emotionally disturbed. However as Fox, Buchanan-Barrow, and Barrett (2007) highlight, there is little research that has explored the significance and meaning of these terms to young people. Thus when they are used between professionals, with parents and with young people, a common understanding is assumed. However, it is questionable as to whether this assumption can be taken for granted.

In their study, Fox et al. (2007) conducted a series of focus groups designed to explore the understanding that children between the ages of 5 and 11 have of terminology used in relation to mental illness. Three focus groups explored specific terms and diagnostic labels including “crazy”, “mad”, “mentally ill”, “depression” and “eating disorders” (p. 11). In the other focus groups, children were then questioned about the causes, consequences and treatability of such terms.

The results of the study suggest that children have a broad understanding of mental health difficulties and this extends and becomes more accurate as they get older. While younger children tended to provide medical explanations for mental health difficulties, older children showed a greater awareness that mental health difficulties can be caused by “internal and external agents” (Fox et al., 2007, p. 16). Younger children also tended to expect shorter recovery times than older children.

Fox et al. (2007) believe that younger children are more likely to have a medicalised view of mental illness as they tend to make associations with their own experiences of common physical illnesses. Older children they argue have been able to develop a more sophisticated appreciation of mental illness with an appreciation of social and biological factors.

While the findings of study of Fox et al. (2007) are useful in highlighting how the perceptions of mental illness of children tend to evolve with age, the study can be seen to have limitations. Within the focus groups, children were given choice cards after being presented with each vignette.

The cards related to the causes, consequences and curability of specific mental illnesses and participants were asked to accept or reject the terms that were given to them on the cards. The fact that the children were given a set of options to choose from arguably limited the views they were able to express to the researchers. Therefore the study did not appear to fully explore the perspectives of the participants.

Additionally, the participants were given a list of terms relating to mental illness to explore. Given the use of slang that many young people use, it could have been more illuminating to allow the participants an opportunity to thought -shower the terms they were aware of and to explore the participants' understanding of these terms. In order to explore more fully the views of young people in relation to mental health, future studies could therefore utilise more open activities and questions when eliciting the views of young people in this area.

The study of Coombes, Appleton, Allen, and Yerrell, (2013) sought to elicit the views of young people of secondary school age through focus groups in relation to emotional health and well-being. The findings of the study revealed that the participants felt that not all aspects of mental health were addressed in the school curriculum and that the quality of lessons in this area depended greatly upon the enthusiasm of the teachers delivering them. Participants were also concerned about confidentiality when talking to teachers about mental health and they preferred to talk to their peers about these issues.

The study further highlighted that many of the participants associated the term “mental illness” with derogatory terms such as “mental”, “psycho”, “nuts” and “loony” (p.25). This perception of mental health is harmful as it can prevent those experiencing difficulties from seeking help. It also promotes the view that people with difficulties are markedly different from the rest of the population.

Coombes et al. (2013) argue that negative associations of mental health communicated by the participants may reflect a traditional, deficit model of mental health indicating negative ways of being. The negative associations surrounding mental health may also stem from the idea that mental health is seen as distinct from physical health. Thus while it is generally accepted that the maintenance of good physical health necessitates considerations such as a balanced diet and regular exercise, it is still widely believed that mental health is primarily related to problems affecting an unfortunate few.

If schools are to improve access to therapeutic support it would seem necessary to provide information about what mental health involves. Careful consideration also needs to be given to the type of interventions that are offered and the perspectives of mental health that they promote.

2.4.2 Experiences of mental health

Wisdom and Green (2013) interviewed young people aged between 14 and 17 years old in order to explore their experiences of depression.

Some of the participants were taking related medication or were engaging in psychotherapy.

The data from the interviews revealed that many of the participants remembered a time before they became depressed and they expressed a desire to return to these times. In addition, participants expressed a mixture of optimism and pessimism with regard to the future. They were able to visualise an end to their distress once current stressors had been overcome. However, they also felt that their stress would increase over time as their workload at high school and college increased.

The participants also reported feelings of frustration at the way that young people are often portrayed in the media as having 'the time of their lives'. They felt that these messages made them feel under pressure to be happy which increased their levels of distress. When describing their depression, participants used phrases such as "being in a fog" and "having a cloud over them" (para, 26). In addition, participants talked about their feelings of helplessness and of not wanting to do anything.

The study provides an interesting insight into how a group of young people made sense of their depression. However, the study appears limited given that the majority of participants were Caucasian.

Within the UK, there are increasing concerns that the mental health needs of young people from black and minority ethnic groups are being overlooked as a result of institutional racism and a failure of children's services to provide culturally sensitive interventions. There is also a lack of data on the ethnicity of young people with mental health difficulties who are accessing support (Malek, 2011; Mind, 2013). Building on the work of Wisdom and Green (2009), future studies could therefore explore young people's experiences of a wider range of mental health difficulties and participants with a variety of ethnic backgrounds could be recruited.

The study of McCann, Lubman, and Clark (2012) also focuses on young people with depression however, they seek to elicit participants' views on their families and the ways in which they responded to their mental health needs. McCann et al. (2012) found two overarching themes within the data, "Being supported" (p. 456) and "Being unsupportive" (p.457). Participants felt that it was important for their families to accept that they had depression; to provide them with emotional space and understanding. However, participants recognised that it was often difficult for family members to find the right balance between showing concern and being overly concerned; the latter resulting in further stress.

With regard to "Being Unsupportive" (p.457), participants felt that a lack of communication, family conflict and criticism affected their ability to cope with depression.

In light of these findings, the authors argue for the need for more inclusive therapeutic interventions which include support for family members so that an understanding of the young people's difficulties can be enhanced and more effective communication between family members developed (McCann, et al., 2012).

The findings of the study of McCann et al. (2012) can be seen to have implications for schools. Within the UK, the majority of emotional support offered is in the form of short-term therapeutic work with a school counsellor. The focus within this therapeutic work is on the young person. However, there are many young people who live in difficult home environments and who experience unhealthy and challenging family dynamics. More effective therapeutic support would therefore engage family members as well as the young person in order to effect change across the family system. This support would also promote a more contextual appreciation of mental health rather than the medical model which promotes within-person perspectives of mental health.

The study of Hill and Dallos (2011) focused on the stories of six adolescents who had been self-harming. The findings of the study reveal that most of the participants had experienced challenging life events but that they had not been given the opportunity to talk about them nor were they supported in coming to terms with them. Indeed, participants did not feel that the adults in the lives listened to them or acknowledged their difficulties.

Several of the participants who had expressed anger and aggression had been punished for doing so by the adults in their lives. Thus the adults appeared to be responding to immediate surface behaviours rather than exploring what might be underlying such responses. Unable to find ways of expressing their anger in ways deemed socially acceptable, the participants appear to have turned feelings of anger in on themselves in their acts of self-harming. Hill and Dallos (2011) also felt that the participants were using self-harm as an alternative way of communicating their emotions and that they found talking about them difficult.

The findings of this study also appear to have implications for adults and organisations supporting young people such as schools. They suggest that structures need to be put in place that enable young people to be heard and for them to receive support and acknowledgement for difficulties they have experienced.

The findings further suggest that it would be beneficial for adults to think about the underlying causes of challenging behaviour and what a young person is trying to communicate rather than focusing on the behaviour that is initially presented.

2.5 Summary

There appear to be deficiencies in the mental health support services that are currently offered to young people. With the primary focus on mental illness rather than well-being, it appears that the majority of support on offer is for young people who are already experiencing high levels of distress.

However, the research shows that the stigma surrounding mental health can prevent young people from accepting and asking for help. However in spite of this stigma, there are many young people who are unable to access support due to budget cuts and a discrepancy between geographical areas and the support which is offered.

Furthermore, there appear to be difficulties in the way that mental health specialists such as counsellors are commonly being used which appears to preclude multi-agency working. The medical model appears to have dominated the sphere of mental health relating to young people. This dominance has arguably led to a lack of questioning and analysis of the social contexts surrounding young people that may be causing emotional distress.

Many young people feel let down by their experiences of mental health support services (MindFull, 2013). However, given the lack of qualitative research in this area, it is unclear as to what young people are seeking support for. There appears therefore, a pressing need for qualitative research which deepens society's understanding of the experiences of young people and the challenges which they face. Until the voices of young people are heard, there will arguably be many shortcomings in the content, delivery and accessibility of therapeutic interventions.

Chapter 3: Methodology

The following chapter outlines the methodology and epistemological positioning of the research project. It also includes a rationale for the research design and an explanation as to why a social constructionist methodology was chosen over two alternative qualitative methods. Additionally, information is provided on the recruitment of the participants, procedural details about the interviews and how ethical considerations have been addressed.

3.0 Social constructionism

This thesis is positioned from a social constructionist perspective. Social constructionism is an umbrella term that captures a range of post-modern views regarding knowledge and truth. It is a response to the ideas of logical positivism which posits that knowledge of the world can be obtained objectively; free from the constraints of subjective interpretations and biases.

Social constructionists argue that knowledge is historically and culturally specific and that it is perspectival, existing between people (Brinkman & Kvale, 2015). Thus knowledge is seen as fluctuating, negotiable and contextual rather than a static, immovable feature of reality (Burr, 2003).

Within social constructionism, knowledge is created through language and social interactions. Such interactions lead to the development of discourses and constructs in language which people use to make sense of their experiences. Such constructs invite particular kinds of actions and behaviours wherein their usage sustains specific patterns of social action (Gergen, 2009).

The development of social constructs are also linked to power relations between people. Thus dominant social constructs in a given society are the product of powerful groups that reflect their interests and serve to protect their privileged societal position (Burr, 2003; Foucault, 1977).

In accordance with this perspective, the experiences of the participants are viewed as the result of the cultural contexts of their lives and their relationships with others (Gergen, 1991). In the present study, the data collected from the interviews is seen as a product of the context in which the interviews took place involving the dynamic that developed between myself and the participants, the specific questions asked, the location of the interviews and my interpretation of the data (Gergen, 1991). The data is thus seen as a co-construction, created by both myself and the participants.

3.1 Participant recruitment

I recruited participants from three different secondary schools in an inner London local authority. These schools were identified through liaison with the Educational Psychology Service in the area, who signposted me to schools that employ a school counsellor. I initially sent a letter to the Special Educational Needs Coordinators (SENCO) at the schools detailing information about the study, inviting them to participate (see Appendix A).

After schools agreed to participate, pupils aged between 12 and 16 who had been referred by an adult to their school counsellor were informed about the study by the school SENCO so that they could decide whether they wanted to volunteer to take part.

Pupils agreed to participate by initially giving their verbal consent to the school SENCO. The school SENCOs contacted the pupils' parents providing them with information about the study and requesting their written consent (see Appendix B). After written consent had been obtained, I organised interview dates with the SENCOs.

3.2 Data collection

Interviews took place in the participants' schools. I requested the use of a room in a quiet part of the school that would be free from disturbances. I allocated up to one hour for each interview.

Interviews were recorded using a Digital Voice Recorder.

3.3 The local context

Information about the local context has been provided to enable the reader to gain an appreciation of the setting of the participants' lives. Participants were recruited from three different secondary schools in an inner London borough. Information about the population of the borough taken from the 2011 census reveals the information detailed below (Office for National Statistics, 2011).

The population of the borough is 307,000. 71% of the population is of white ethnicity and this includes people who defined themselves as Irish and Eastern European. Many other ethnic groups are represented in this community including those of Asian, African and Caribbean descent.

The schools which participated in the study included an academy for girls, a co-educational catholic school and a co-educational academy. The most current available data for each school which was compiled in 2014, is listed below.

Academy for girls.

1,774 pupils

47% eligible for free school meals (National average, 29%)

8.3% pupils classified as SEN (National average, 7.3%)

In 2014, 65% of pupils attained GCSE grades A* - C

The school counselling service is provided by an external organisation.

Co-educational catholic school.

445 pupils

45% eligible for free school meals

14.4% pupils classified as SEN

In 2014, 47% of pupils attained GCSE grades A* - C

The school counselling service is provided by a self-employed, Person Centered counsellor who provides one to one counselling sessions for pupils. The counsellor attends the school two days per week.

Co-educational academy.

449 pupils

67% eligible for free school meals

15% pupils classified as SEN

In 2014, 62% of pupils attained GCSE grades A* - C

The school employs two child psychotherapists who work at the school on a full-time basis. One of the psychotherapists also acts as the Child Protection Officer of the school. In addition to one to one therapeutic work with pupils she conducts home visits so that she can meet and talk with the families of specific pupils.

3.4 Participants

The data from this research project is based upon the interviews of eleven participants aged between 12 – 16 years old. There were eight female participants and 3 male. Details of individual participants are listed as follows:

Participant name	Age	Ethnicity	School
Erin	14	White British	Co-educational Academy
Ray	12	British Asian	Co-educational Academy
Anya	16	White European	Co-educational catholic school
Caroline	13	British Asian	Co-educational catholic school
Charlie	16	Black Caribbean	Co-educational catholic school
Jim	14	Black British	Co-educational catholic school
Nina	15	White British	Co-educational catholic school
Yousef	14	South American/African/British	Co-educational catholic school
Alison	13	Mixed	Academy for girls
Saima	14	African/Asian	Academy for girls
Zante	12	Mixed	Academy for girls

3.5 Ethical considerations

I followed the Code of Human Research Ethics (British Psychological Society, 2011a) when designing this project and when interacting with the participants.

I acknowledge that being aged 16 and under, the participants are regarded as a vulnerable population. I therefore placed great importance on gaining the informed consent of the participants and of their parents/legal guardians.

At the start of the interviews, I talked with the pupils about the purpose of the study and what the interviews would involve. I answered any questions that they had. I also advised participants that data from the interviews would be used within my doctoral thesis but that pseudonyms would be used to protect their identity.

3.5.1 Regard for the participants' welfare and rights.

I acknowledge that interviewing people about the challenges in their lives can evoke powerful and distressing feelings. I also acknowledge the power differential that can exist between adults and young people. In an attempt to address this, I made the decision to recruit young people that had already begun to engage in therapy as I hoped that having had prior opportunities to reflect on their difficulties, they might be able to discuss them in an interview with greater ease.

At the start of the interview I informed the participants that they had the right to not answer any question and to terminate the interview at any point. I did this in order to devolve power to the participants within the interview process.

I also discussed with them that I would need to inform the Child Protection Officer at their school, if I felt they were at risk of harm or there was a risk that they may harm someone else. Participants were then asked to read and sign an information form to show that they understood the remit of the study (see Appendix C).

At the end of the interviews, I de-briefed participants providing them with the opportunity to talk further about any feelings or issues that were aroused.

I did this to ensure that the participants left the interview room in a safe emotional state, able to return to their school day. I also gave the participants an information sheet detailing organisations that they could contact if they wanted to talk to someone about issues raised within the interview further (see Appendix D). They were additionally informed that they could talk with their school counsellor about the interview and the research project.

I endeavoured to ensure that the interviews were a positive experience for the participants. Interviews can provide an opportunity for individuals' experiences to be acknowledged as they can offer a platform for people to vocalise in detail what they are experiencing (Finlay, 2011). In addition, a person can develop new insights into their experiences through the process of talking about them and answering questions about them (Brinkmann & Kvale, 2015). I therefore conducted the interviews with curiosity and sensitivity in order to empower the participants and facilitate an understanding of their experiences for both the researcher and the participants.

3.5.2 Safeguarding issues

Several of the participants disclosed information about self-harming and contexts in which they had experienced harm. Roy talked about how he had tried to kill his father and how he banged his head against the wall when experiencing distress. At the end of the interview, I talked with Roy of how I needed to discuss this disclosure with the school Child Protection Officer. The Child Protection Officer confirmed that she knew about Roy's behaviour and his home situation.

Nina talked about sexual bullying that she had previously experienced and that she had not discussed this with her mother. Within the interview she talked about how this had taken place at a school she had previously attended. After the interview she confirmed that this was not something that she was currently experiencing.

Within the interviews Nina, Alison, Caroline and Anya talked about self-harming that they had previously engaged in. They all advised that this was something that they no longer did and that they had been able to talk about self-harming with the school counsellor. Before conducting the interviews with these participants, the SENCO advised that she was aware of the severity of their difficulties.

3.6 Myself, the researcher as a participant

As this research is underpinned by a social constructionist epistemology, it is acknowledged that the project has been influenced by my own personal perspectives.

In order to be transparent to the reader about how my perspectives may have influenced the data, I have outlined below my motivations for undertaking the project, my experience of working with young people and my knowledge and involvement in the mental health arena.

I first became interested in mental health and adolescents through my experiences as a teacher. One particular pupil that I worked with had been diagnosed with depression. His self-esteem and mood states were having a profound effect on his life, adversely affecting his ability to engage in lessons and build positive relationships with others.

Despite working closely with his family in thinking how he could be supported at school, I felt unable to fully understand his behaviour and make a meaningful connection with him. Because of this, the strategies that were put in place to support him within lessons seemed to have little impact. At the time, I had a very within-person understanding of mental health and I felt that working with a young person with a mental health diagnosis was beyond my expertise as a teacher.

My relationship with this pupil had a lasting impact, motivating me to learn more about mental health and young people and of how they can be supported at school. I therefore completed courses in counselling skills and I was given an additional responsibility at the school of providing counselling sessions to pupils.

Following on from this, I completed a course in Counselling Psychology. The course deepened my understanding of the most common mental illnesses currently found in British society.

Additionally, I learnt about the three currently dominant therapeutic frameworks namely; Cognitive Behavioural Therapy, Person Centered Therapy and Psychodynamic Theory.

The course extended my language and conceptual understanding relating to mental health. In addition, it provided me with an understanding of the different ways in which mental health can be perceived. I thus began to appreciate the divergent perspectives in relation to the origin and maintenance of mental health difficulties.

As a trainee Educational Psychologist, my current views on mental health have been greatly influenced by my training course which promotes social constructionist perspectives and a holistic and functional understanding of the behaviour of young people. I feel I have therefore moved away from a 'within person' perspective of mental health and I am now more curious and appreciative of the context and influences upon a young person's life.

I drew upon my previous experience as a teacher when structuring this research project. My teacher training enabled me to develop effective communication skills for working with young people. Having worked with adolescents for ten years I thus felt confident in my ability to build positive relationships with young people in an interview setting.

My decision to collect data from one to one interviews was also based upon my training and experience in person-centered counseling techniques.

I have previously utilised Roger's core conditions (Rogers, 1957) from person-centered counselling when working with young people who have been experiencing distress. Rogers developed the core conditions to enable therapists to interact with clients in empathic, congruent and empowering ways (Rogers, 1957). I felt that drawing upon the core conditions would help me to provide a non-judgemental and accepting space to enable participants to feel comfortable about talking of the challenges that they had faced in their lives.

I am passionate about improving the lives of young people so that they can flourish socially, emotionally and academically. I believe that young people occupy a disadvantaged position in society in relation to adults and I therefore believe in the importance of ensuring that the views of young people are heard.

In choosing a qualitative study it has been my aim to contribute to the debates on mental health by providing a platform which illuminates the experiences of young people. I hope that there will be many other studies which explore the experiences of young people in this area in order that the societal understanding of the needs of young people can be furthered and support services can be improved.

3.7 Development of interview questions

I developed a semi-structured interview schedule as it was felt that this would permit a less formal dynamic between myself and the participants, allowing me to respond more flexibly to what the participants chose to talk about.

Questions in the schedule were included to elicit the participants' views of the challenges that they face within the different contexts of their lives and between different groups of people including school staff, peers and family members. In selecting these contexts, the researcher was informed by the eco-systemic model of (Bronfenbrenner, 1979) which outlines the differing arenas and relationships that can impact upon the development of a young person.

3.8 Pilot study

A pilot study was conducted with two participants in order to assess the effectiveness and clarity of the questions in the interview schedule. I also used the pilot study in order to evaluate and reflect upon my interviewing technique.

In both interviews, I began by asking the participants background information about their interests in order to build a rapport and establish attunement principles. I felt that this went well and helped to relax the participants.

However, during the first interview, I then asked the participant what they believed were the biggest challenges for them at school. The participant appeared a little confused in response to this question and she began to talk about her school work. There was a considerable time before the participant started talking about the experiences which lead up to her being referred to a school counsellor and the difficulties they had been experiencing. I thus decided that this was a vague and ineffective question to use at the start of the interview.

With the second participant, I asked her at the start of the interview to discuss why she had been referred to a school counsellor.

This I felt set the context for the interview straight away and from here I was able to ask more pertinent and relevant questions which related to her experiences. I felt that these questions made sense to the participant.

With the first participant, the interview felt like a formal question and answer session. This formality I felt was exacerbated by the fact that I regularly referred to the semi-structured interview schedule. I felt that this style of interview created a barrier between myself and the participant and I did not feel able to fully appreciate or engage with what they were talking about.

Within the second interview, I therefore tried to establish a more informal approach that resembled an in-depth conversation than an interview. I also made a conscious effort to refer minimally to the interview schedule. As a result, I felt that the rapport with my second participant was better and that she seemed more willing than the first participant to share detailed information about her experiences.

Within both interviews, I tried not to take for granted phrases and labels which the participants used. I questioned them further about what they meant by specific terms. This strategy I felt led to a deeper understanding of the participants' perspectives. I also regularly summarised what they had said in order to check that my understanding was correct and to provide the participants with space and time to think and reflect.

However, there were times when I summarised using my own words instead of theirs and I felt that this may have led participants to particular answers or may have suggested ideas that were mine and not theirs. In subsequent interviews, I was therefore mindful of only using the participants' words and phrases when summarising.

When the participants appeared to struggle for words to describe their experiences I also on occasion appeared to have jumped in too quickly with suggestions of words and phrases. I felt that this behaviour was the result of my own nervousness and my desire to minimise any discomfort the participants may experience in the interview. By using my own words I felt that I was unduly influencing the data and that I needed to give more time and space for the participants to find the words which they felt encapsulated their experiences.

To summarise my reflections of the pilot interviews, I felt it important to spend the first few minutes building a rapport with the participants. I then concluded that the first question asked should invite the participant to provide an overview of the difficulties they have experienced. Subsequent questions and prompts to deepen the discussion would then make sense to the participant as they will have provided the background context to their experiences.

Throughout the interviews, I also believed it was important to summarise what the participants have said in order that I could check my understanding. In addition, I felt it was important to use the participant's words when paraphrasing and to be mindful that my techniques were not overly influencing the data.

3.9 Rationale for using thematic analysis

Whereas quantitative research methods are generally used to test causal relationships to measure the effect of particular phenomena, qualitative research is seen as more appropriate for exploring people's perspectives and experiences. A qualitative method was therefore chosen for this study in the hope of generating rich, detailed data that reflected the experiences of young people who had been identified as having mental health difficulties.

I chose to analyse the data using the method of Thematic Analysis as described by Braun and Clarke (2006). Thematic Analysis is a method of analysing data in order that patterns and themes can be identified. One of its benefits lies in its flexibility in that it is not tied to any particular theory or epistemological orientation (Braun & Clarke, 2006). Thematic Analysis can therefore accommodate a social constructionist perspective and can be used to explore people's experiences

An alternative qualitative method is Narrative Analysis. While this method is also used to explore the experiences of people it involves more of a micro-analysis of the language used by the participants. However, within a Social Constructionist Thematic Analysis more emphasis is placed on the co-construction of data between the researcher and participant and on what is said rather than how it is said by the participant.

Additionally, the focus of Narrative Analysis is on identifying one overarching narrative from each interview. However, in Thematic Analysis each transcript is disaggregated so that a plurality of themes can be identified at different points of the data (Shaw, 2011).

It was therefore felt that Thematic Analysis would enable me to identify and explore themes and patterns across the different contexts of the participants' lives e.g. at home with family members, at school with school staff, with their peer groups; thus enabling a more holistic picture of their experiences.

Interpretative Phenomenological Analysis (IPA) also enables a focus on the lived experiences of people although this type of methodology is generally used with a highly defined, homogenous sample wherein the experience of a particular phenomenon can be explored within a specific community of people (Smith & Osborn, 2003).

However, I recruited participants that had been referred to a school counsellor and who had been identified as having mental health difficulties. Mental health is an umbrella term to describe a range of difficulties such as anxiety, depression and schizophrenia. In addition, both male and female school pupils were given the option of volunteering for the study. IPA was therefore seen as an unsuitable methodology given the lack of homogeneity between participants and the fact that the study was not focusing on one particular phenomenon.

3.10 Data analysis

The participants' responses were transcribed verbatim. Commas and full stops were used to make the text more accessible to the reader. Multiple dots were also used where participants did not finish sentences. In addition, the names of people and places were omitted in order to protect the identity of the participants. Pseudonyms were also used throughout the study for the same reason.

After the interviews were transcribed, the data was analysed using Thematic Analysis. I followed the phases outlined by Braun and Clarke (2006) when generating codes and themes. Throughout the process of analysing the data I drew upon my experiences within counselling psychology and education in the identification of meaningful aspects of the data and the construction of themes. In addition I was mindful of the current cultural contexts of adolescents and dominant discourses surrounding young people in education and relating to mental health. Therefore, rather than codes and themes emerging from the data, I acknowledge that they are the result of the co-creational process to which both I and the participants contributed. Thus my interpretations are understood as being inextricably intertwined with the research findings (Finlay, 2011; Pidgeon & Henwood, 1997).

3.10.1 Familiarisation with data

When transcribing the interviews I started to become immersed in the data. The interviews were then read on numerous occasions in order to develop familiarisation.

3.10.2 Generating initial codes

I looked at each transcript separately when generating initial codes, working through the transcripts line by line and commenting on and describing features of the data which stood out to me and which I thought could be coded in a meaningful way.

I reviewed these codes on several occasions modifying them to provide more clarity in their ability to capture meaning within the data. In addition, I shared the codes of two transcripts with two of my colleagues who provided feedback on the clarity of the codes and whether they felt I had captured all meaningful parts of the data. They suggested that in a few instances, I might think about coding smaller sections of data as they felt that some of the extracts coded were large and arguably contained more than one code. I made further amendments to the codes in light of their comments.

The codes for one of the interviews can be found in Appendix G.

3.10.3 Searching for themes

When all of the transcripts had been coded I used Microsoft Word to display all of the codes before combining ones which appeared to reflect an overarching theme.

3.10.4 Reviewing themes

Themes were revised by discarding, merging, splitting themes and re-naming them in order to enhance clarity for the reader. I was guided by the comments and feedback from my two academic supervisors.

I re-visited the transcripts throughout the process of coding and constructing themes in order to check that revised themes retained a meaningful link to the data.

As an example of one of the revisions made, I initially created the theme “Referral to a school counsellor” displayed below. However in discussions with my supervisors and through re-visiting the codes and transcripts, I re-named the theme “Gaining Support” and the theme was split into sub-themes and categories in order to encapsulate a broader range of participants’ experiences within the data which related to support.

Original theme

Theme	Sub-theme
Referral to school counsellor	<ul style="list-style-type: none"> Referral routes Lacking information about the work of school counsellors

Revised theme

Theme	Sub-theme	Sub-theme categories
Gaining support	<ul style="list-style-type: none"> Referral route to school counsellor 	<ul style="list-style-type: none"> Referral by school staff Referral through parent Referral through friend
	<ul style="list-style-type: none"> What participants have found helpful 	<ul style="list-style-type: none"> From a school counsellor From peers From school staff Engaging in sport
	<ul style="list-style-type: none"> Further support participants would like 	

3.10.5 Defining and naming themes

I revised the names of the themes in order to remove ambiguity and to enhance clarity about the content of the themes. For example the theme “Coping strategies” was changed to “Habitual strategies for coping with distress” in order to reflect that such strategies represented default strategies that the participants used when dealing with the challenges that they faced in their lives.

I also paid close attention to the order in which the themes were presented in order to reflect the sequence of events that the participants talked about.

Chapter 4: Description of findings

The findings from the thematic analysis are presented in this chapter. Themes are listed within a table format. In addition, each theme is discussed in detail and illustrative quotes from participants are provided.

4.0 Table format detailing themes from Thematic Analysis

Six themes were generated after conducting a Thematic Analysis. The themes, associated sub-themes and categories within sub-themes are detailed in the thematic map below.

Thematic Map: Theme 1 Sources of Distress

Theme	Sub-themes	Sub-theme categories
Sources of distress	Family	<ul style="list-style-type: none"> • Adverse family experiences • Immersed in parents' difficulties
	Peers	<ul style="list-style-type: none"> • Experience of hostile peer interactions
	Feeling under pressure to conform	<ul style="list-style-type: none"> • With peers • With gender stereotypes • With lifestyles marketed to young people • As a pupil
	Negotiating home and school environments	
	Transitions	<ul style="list-style-type: none"> • Within education • From childhood to adulthood
	Trying to make sense of the actions of others	

Theme 2: Feeling unsupported

Theme	Sub-themes
Feeling unsupported	<ul style="list-style-type: none"> • By family members
	<ul style="list-style-type: none"> • At school

Thematic Map: Theme 3 Feelings of distress

Theme	Sub-themes
Feelings of distress	<ul style="list-style-type: none"> • Ruminating on feelings and thoughts • Feeling overwhelmed by feelings and thoughts • Dissociating from feelings and thoughts • Belief that something is wrong with them • Fear of being judged by others

Thematic Map: Theme 4 Habitual strategies for coping with distress

Theme	Sub-themes
Habitual strategies for coping with distress	<ul style="list-style-type: none"> • Emotionally avoidant behaviour with others • Needing to vent emotions • Self-harming

Thematic Map: Theme 5 Gaining support

Theme	Sub-themes	Sub-theme categories
Gaining support	<ul style="list-style-type: none"> Referral route to school counsellor 	<ul style="list-style-type: none"> Referral by school staff Referral through parent Referral through friend
	<ul style="list-style-type: none"> What participants have found helpful 	<ul style="list-style-type: none"> Support from a school counsellor Support from peers Support from school staff Engaging in sport

Thematic map: Theme 6: Further support the participants would like

Theme
Further support the participants would like

4.1 Theme 1: Sources of distress

All of the participants talked of having to face numerous challenges in the different contexts of their lives; at home, at school, with teachers, with peers and in society at large. They appear as though psychologically pulled in different directions as a result of the complexity of the challenges and as a result of the tensions and contradictions between them.

Participants felt largely unsupported in negotiating these social contexts. As a result of their legal status as minors, they also appeared to have a limited ability to make changes to their environments, challenge the behaviour of others and garner support.

4.1.1 Theme 1: Sources of distress, Sub-theme: Family, Sub-theme category: Adverse family experiences

Some of the participants talked about challenging family circumstances that they had experienced. Many of these circumstances involve multiple and prolonged difficulties that participants have had to face for several years and will continue to face as they move forward into adulthood. These events have been life changing for several of the participants.

Erin: *In the last couple of years I've had a lot happen, my granddad died. So that was quite hard and then my mum and step dad broke up. And then he, he committed suicide.*

And my mum's got erm a mental health erm thing, bi-polar BPD I think she's got.

Roy: *Erm, when I was younger when I lived with my mum and my dad erm there was like kind of a forced relationship between my mum and my dad. My dad, it wasn't really forced, but my mum was too scared to like, move away or go for help cos my dad used to like, my dad used to beat her up.*

A lot, and like nearly like, once every week and he used to, he used to smash all my stuff, my mum's stuff up and like erm, I've when I was eight erm, my mum, my mum and dad split up and I moved to my granddad's.

Saima: *I guess I have, throughout my whole life I had to really grow up quickly because I have been through loads of refuges, staying at other people's houses, staying at my family's houses. Mostly because my mum is a single parent and her family, because of the, you know, the Indian culture of honour and stuff like that no-one wanted to know her so she was by herself most of the time and then she had three husbands.*

The first one was an arranged marriage where she got taken out of her GCSEs to be taken to India to get married. She then got a divorce and because of that her family disowned her.

Caroline: *I guess my worries stem a lot from my mum, because my mum's got a brain tumour basically, and she is turning blind so it's like, we don't have a time span until when she's going to be officially blind. Like there's no diagnosis for it we just know she's going to go blind so she can go blind tomorrow or two years down the line.*

And it's the part of not knowing and its she has to spend, we try make her spend everyday with her sight and to like, to experience the world with her sight but obviously it's kinda, it kinda annoys you a lot because you don't know when it's going to happen and she's gradually going blind but there's no actual set date or anything.

I don't know it's just, I've got to kind of take on the carer role even though my mum's the older, my mum's the mum I kinda feel like I have to be the mum in a sense.

Jim: *Yeah, err unfortunately in 2010 my mother died.*

I was going into nine years old and so she struggled a year with cancer and then obviously with the death I was still nine.

Difficult, cos I knew at the time probably that this was, probably sort of twelve months I would see her so I had to make the most of it which I did and so yeah it was difficult, difficult.

And err and I don't really see my sisters and brothers a lot now than what I used to and my dad is also most of the time struggling financially.

4.1.2 Theme 1: Sources of distress, Sub-theme: Family, Sub-theme category: Immersed in parents' difficulties

For some of the participants, their parents appear to have been struggling with challenging circumstances which seem to have diminished their ability to cope with daily life and provide care and attention to their families.

As a result, some of the participants have had to modify their behaviour and prioritise the needs of their primary carers over their own. It seems that the participants felt as though there was an absence of someone caring for them and looking after their interests. Their lives appear to be engulfed by their parents' difficulties which have negatively impacted upon their lives.

Erin's and Caroline's circumstances meant that they had to take on a carer's role, looking after their parents' and their family home.

Erin: *I became aware of them when I was quite little as I could notice changes in my mum.*

Erm, and a couple of years ago she told me what she had and she sat down and explained it to me properly everyday until I understood it properly. And like, up to this day now, she will talk to me about if she thinks her medication is not working or whatever so that I understand.

I understand that it's where her brain can't function properly And that to stop cos in certain cases you can really harm yourself and hurt others around you if you don't take your medication so if she hasn't taken her medication that's why she will tell me so that I know how to act sort of thing around her.

I have to, like me and S [Erin's sister, name omitted] can't argue whatsoever because she's got broken personality disorder her moods will go from, she can be laughing to killing someone, that's like how far it can go in a couple of seconds.

It's just like normal day things like going out for example when I go out I have to do things for my mum and S and then because they don't do anything for themselves it just gets stressful cos then I can't go out and do my own thing like if I am going out with friends I might have to go and do something for my mum instead so I don't really have a social life.

Caroline: *I don't know who I can depend on for everything and it's just I kind of have to, I don't know it's just of course I depend on my mum but it's always very, like it's like walking on egg shells because there are some things I can tell her, there's somethings I can't, some things that like make her stress levels go up and then can probably further increase like when she's going like this, it's very.....*

Roy talked as if he felt powerless at home; caught in the middle of an abusive relationship that exists between his mother and father. As though acting to defend his mother's honour and exert some control over the situation he attempts to take matters into his own hands through violence towards his father.

Roy: *Yeah, then he tries to convince me and he said it was mum, it wasn't my mum and that he never done nothing. When I was like really young before he used to tell me, he used to tell me my mum used to be a prostitute and my mum used to be a stripper and stuff like that.*

He kept on telling me she was an alcoholic she's got problems that's why we, they argue so much.

Yeah, and he was causing trouble like when he slags off my mum and stuff. It's the one thing that gets me really mad.

He was getting too comfortable with my mum and I didn't want them to move back together.

And then one day I just got so mad and I tried to kill my dad and I tried to stab him and it's not the first time or the last time, I've done it three times now.

Yeah, I ripped up my whole bed and ripped up my mattress and threw my whole bed at my dad and I threw my chair at my dad and erm I broke his nose once but that was an accident though.

Saima knows intricate details about the difficulties her mother has experienced throughout her life and this topic is the dominant one throughout her interview. She appears to experience the world through the lens of her mother's problems. She indicates that she has not been able to rely on her mother for emotional support.

Saima: *My dad came from Morocco initially it was just you know, "love at first sight" but then she found out it was more of a "passport job".*

And most of the time he wouldn't even be there for my mum he would go to Morocco. And she was stuck with four kids.

But I think because erm, of the court case and because she was by herself at the first time, she didn't have anyone supporting her and the majority of people at the mosque, where she was employed, erm they didn't want to know, they didn't want to talk to her and because of the Asian culture, all about "honour" they don't want to look bad in front of their community and their family.

Erm, so because of that we have had to grow up really quickly we couldn't be, you know, "Mummy's little girl" because she had to get through stuff. It wasn't like you know 'Come over for a cuddle'. She was just like to us 'You need to get on with it you know I can't be like that mum'.

4.1.3 Theme 1: Sources of distress, Sub-theme: Peers, Sub-theme category: Experience of hostile peer interactions

Many of the participants talked about challenging interactions with school peers involving discrimination, sexual aggression and bullying. School life for some of the participants seems to be dominated by complex and hostile peer interactions which they are left to negotiate. Participants talked as though there is an absence of compassion and understanding amongst peers in this environment.

Anya: *Basically, OK I guess I can open up about stuff like that, it's my sexuality. Just because I identify as gay I didn't, I didn't erm, I don't know nasty comments about that.*

Especially now it's legalised in the U.S, I hear everything like 'Ooh you're are a relation, you are this, and I hate you and I hope you die in hell' and something like that [smiling, laughing]. So it doesn't really boost my confidence as a human being.

And they have also made fun of me in the class many times for being with a partner, or they yell things. 'Eww you lesbian, eugh, how dare you, look what you did you kissed someone in public, eugh'. That's what I get a lot.

Zante: *Because I was being bullied in school, err because I don't actually know why. I think it's because how I looked.*

So, I was like, walking and people just started saying mean things to me. Yeah, and then I was upset.

I started dropping in my levels but there were still like, strong yeah. I started getting a bit angry.

Yousef: *Oh they just call me like 'Indian, Pakistani' and stuff but I don't really mind it that much it's just pissed me off because like they think that they, cos they think I am from that background like, I've got nothing against that background yeah, but it's cos I'm from [place name omitted] and [place name omitted] and they try to say that....*

Erin appeared to have been targeted by her peers in the light of her challenging family circumstances that include the suicide of her step-father.

Erin: *Erm I was on this website called ASK fm.*

And I had like an account on it and people started saying really nasty things about my stepdad and my real dad and mum and just stuff like that and just saying things about me as well like, how I need to kill myself because like nobody loves me and stuff like that and nobody cares about me and about my stepdad how it was probably my fault as I am just like a bitch basically.

Anya and Nina also talked about the sexually aggressive behaviour of boys towards girls that they had experienced.

Anya: *No that happens on a daily basis, I'm just saying. Not just at me but I mean to other girls as well but I think other girls just like it. Oh they normally touch girls' parts. They say some stuff it sounds quite nasty. I don't want to sound rude or anything but they say 'I want to put my thing in your mouth' or 'I want to stick my thing in your somewhere, somewhere. In your netherlands and yeah.*

Nina: *Erm, just like a lot of people tell me about how they've been like made to do things they don't want to or, you know just people touching them when they don't want them to and it's like, no that's not right you should stand, stand for that, you know.*

Nina talked of how she was regularly sexually assaulted by male peers from school. She appears as though ashamed and confused about how she was treated by her peers.

Nina: *Like I was erm, I haven't really told my mum about this, I was sexually bullied.*

Like, people were just constantly like doing stuff and it was like 'I don't want to do this, go away, we're in school, [whispering] like go away'.

Erm, yeah erm like the most mild thing that would happen obviously people called me like 'ho' and stuff.

And like, it kind of, it got worse like, people like pushed me on walls and like touched me up and stuff and, yeah so it was just like that.

4.1.4 Theme 1: Sources of distress, Sub-theme: Feeling under pressure to conform

Adolescence is seen as a time of life when people are experimenting with different values and identities. However, several of the participants talked about the hostility they have experienced amongst peers when their values and preferences do not mirror prevailing trends in society. They appear as though immersed in a culture of fear around difference and diversity and participants have consequently found it challenging to explore and experiment with different identities and ways of being.

4.1.5 Theme 1: Sources of distress, Sub-theme: Feeling under pressure to conform, Sub-theme category: With peers

Nina and Caroline experienced social consequences as a result of not conforming to values amongst dominant peer groups at school. Nina believes that there is a hostile attitude at school towards those that stand out from the crowd and that doing so makes one a target for bullying.

Nina: *Well there is people realising that you don't have to all be the same and it's like, people target people who aren't the same.*

Cos I don't listen to pop music a lot and people come up to me and they're like 'You're a Satanist, you're a Satanist' and I'm like, I didn't know this [laughing]. And it's like as soon as someone listens to something different or dresses differently they're targeted.

Caroline felt that she has been ostracised by the majority of her peers as a result of challenging the values and behaviours of a dominant group of peers in her year group.

Caroline: *But they were the wrong crowd because even though they are not like technically bad it's just I don't agree with some of the things they do. Like, they, I don't know it's just entertainment to them to see someone cry. It's all this and it's just I feel like that's not me and I couldn't bite my tongue anymore about it.*

So I was just like, what you're doing isn't right and all this but obviously I didn't get through to them and it kind of backfired on me.

I don't..... it's just really petty things like they were start rumours and everything, they would try basically even to this day. They still do it but, they will just try turn everyone against me because I turned against them.

4.1.6 Theme 1: Sources of distress, Sub-theme: Feeling under pressure to conform, Sub-theme category: Gender stereotypes

Several of the participants also talked of being immersed in a culture relating to gender stereotypes. For girls there appears to be a pressure to conform to particular forms of appearance. It seems as though they are encouraged to believe that their value as a person is related to their appearance and the extent to which it conforms to current trends around femininity and attractiveness.

Nina suggests that there is an expectation for girls to prioritise their appearance over other aspects of their lives.

Nina: *I don't know, people kind of expect you to [pause] I don't know erm, kind of wear make-up everyday and have your hair immaculate everyday just and just look perfect and it's kind of, I don't think that perfect exists really so it's kind of like, how, what?*

Charlie feels that there is an element of competitiveness between girls at school in an attempt to be seen as the most attractive. By engaging in this competition, Charlie believes that girls are prioritising their appearance over their education.

Charlie: *Trying to be better than the other girl, coming to school with makeup, false eyelashes, false nails and then they're getting in trouble and they're crying about it and they will literally sacrifice the way they look, they won't sacrifice it but they will sacrifice it for school though.*

They prefer to look nice instead of being in school like, it's not necessary, you can do that at the weekend if you want to.

Alison talked of the contradictory and unrealistic messages given to women in relation to their appearance and the ideals that they are pressurised to aspire to.

Alison: *In society generally, I think it's just you're supposed to be one thing and you're also supposed to be the opposite and then.... Erm so, one it's like you have to be skinny and then the next day it's like you have to have a big butt or you have to be different and unique but why are you wearing that because that's not what we wear or things like that.*

Nina indicates that the sexual bullying she experienced is a result of her failing to conform to stereotypical expectations for women around their sexuality and sexual conduct.

Nina: *Because at the time I kind of felt like it was my fault like I was, I had, I had, I had a lot of boyfriends in a..... Yeah, I went out with a lot of boys. People were like you know, spreading rumours about me and people were like, 'Oh so she's like that then'.*

Charlie believes that there is also pressure for boys to conform to stereotypes surrounding masculinity. As a result she believes boys will present as aggressive in front of their peers, hiding feelings of vulnerability or compassion at school.

Charlie: *Cos boys they're more, they try to be tough and act like they're all bad and that and then you actually see their true colours when they're not in school.*

That's why half the time boys are the ones getting kicked out of school. Cos they can't be themselves, they're afraid to talk to other people cos they think other people are going to judge them because of the way they are.

4.1.7 Theme 1: Sources of distress, sub-theme: Feeling under pressure to conform, Sub-theme category: With lifestyles marketed to young people

A few of the participants feel that there are expectations for them to conform to a dominant culture in relation to lifestyles, images and brands that are marketed to young people. Conforming to this culture involves changing their behaviour, appearance and owning specific material goods in accordance with marketed trends.

Saima and Charlie link the behaviour of girls aspiring to particular forms of appearance as associated with images that are marketed to them through reality television shows and adverts. They intimate that these beauty ideals are unrealistic and unobtainable.

Saima: *Erm, it could come from family, from other siblings and you wanting to be like them but mostly social media, mostly you know, like the Kardashians you know, they're one of the biggest people in the social media industry who are always looking glamorous 24/7.*

And I just think the whole, you know like, if you see something again and again and again you start thinking about it. So if you see, one brand of mascara over and over again on Instagram, on Facebook, people are tweeting about it then when you go into Superdrug for example you're like 'Oh maybe I should pick that up, that's new, that's the latest thing, maybe I should just get it'.

Charlie: *Yeah, they're trying to look like people on TV. But people on TV are technically not really real like if you see them walking on the road you wouldn't notice from the TV show because they look so different.*

Charlie also talked about a consumer culture that exists amongst her peers wherein wearing particular brands is seen as desirable.

Charlie: *They're just too materialistic, I don't care about name brand stuff and all that and then people are like oh you're weird. I don't care. Once I get an education and do what I need to do here then I can go and do what I want to do. You care about oh getting the new latest phone or a new type of shoes that came out. I don't care [whisper].*

4.1.8 Theme 1: Sources of distress, sub-theme: Feeling under pressure to conform, Sub-theme category: As a pupil

Some of the participants appear to feel a pressure to conform to particular ways of being at school. They intimate that they feel stifled in this environment unable to express their values and individuality.

Charlie: *Yeah, cos like even the school wants everyone to be the same but if we was supposed to be the same we would have been all made the same, so yeah.*

Outside of school, it's different cos you can be who you are. Because you can even see it in basic things like the way they dress, you can know that person is different from that person because of how they dress but in school everyone is in the same uniform so you don't really see who they really are. You ask them a question, who are they and they'll be like sit down and they'll don't have no truth.

Caroline: *Somewhat yeah and somewhat no because I have, I guess I'm a very opinionated person so, I know who I want to be but then there's the whole pressure of everyone else around you telling you that you can't challenge teachers, you can't, you have to do this, you have to..... It kind of annoys me, me being told what to do.*

4.1.9 Theme 1: Sources of distress, Sub-theme: Negotiating home and school environments

A few of the participants talked about stark differences in their home and school lives and of how these different contexts can evoke completely different feelings as a result of the different relationships, challenges and expectations within them.

A couple of the participants, such as Jim also talked about how going to school gives them a sense of respite from difficulties they are experiencing at home.

Jim: *Erm, a place where I can go and learn more stuff every day, maybe err to go and associate with other people, err to go to go to maybe be away from home sometimes, things like that.*

Caroline experiences difficulties in her home and school life as such, she sees home as a respite from school and school as a way of escaping difficulties at home. She struggles to cope with the different challenges that she faces in these two environments.

Caroline: *I think, because I go to school to get away from home because all of the responsibility at home. When I go home, to get away from school cos of everything that's going on in school, so I guess I do take it out on teachers because I can't have the normal teenage arguments with my mum, I can't have arguments with students in my year group because then they will take it personally. So I do try and take it out on teachers, I guess that.*

Charlie believes that many of her peers behave differently in their home and school environments as there are different behavioural expectations. As such she believes that some peers may use the school environments to express themselves in ways that are not accepted at home by their parents.

Charlie: *Cos outside you can do whatever you want and at home you can't cos your parents, sometimes you have parents that don't associate with that kind of behaviour and when they come to school things that they couldn't do at home they let out in school because school can't really do anything except put you in detention or something.*

4.1.10 Theme 1: Sources of distress, Sub-theme: Transitions, Sub-theme category: Education

Several of the participants indicate feelings of anxiety around key transitions times in their educational career such as the move from primary to secondary school and the idea of transitioning from secondary school to Further Education settings.

These transitions represent significant milestones in a young person's life and involve multiple challenges such as building new social networks, learning new behavioural expectations and being able to cope with more challenging academic work.

Zante indicates feelings of powerlessness in her new secondary school having to negotiate new friendship groups. She laments the loss of security associated with previously established social networks.

Zante: *Cos that's like scary jumping from primary school to secondary school cos your friends might not be in the same class or you might not be able to like..... You might be scared of the other pupils and they might feel overpowered over you.*

Yeah so I wanted to go there, because my friends were there and I would have had someone to talk to and stuff.

Caroline talks as though feeling socially out of her depth after moving to secondary school and she appears to seek security by developing a relationship with peers who share a common experience with her.

Caroline: *Yeah, bec.... in Year 7 I was very naïve I was, I just started secondary, thought it would be like primary school and everyone would be friends, there would be no groups, and all of this but then it changed a lot like, cos many of us had older siblings so we were all very much in the same boat we were very much starting up trouble and everything.*

Some participants also appeared anxious about their future, thus rather than focusing on their current experiences in secondary school they appear to be pre-occupied with GCSE results, their employment prospects and gaining access to Higher Education.

Caroline: *University fees are going to rise so much and I don't know if I'm going to be able to go university so, it doesn't worry me a lot but I, I can't do anything about it cos I am 13 and I'm tryna understand it as that future is so far off for me so I have so much time for it but I guess I like to plan ahead but I don't like trial and error.*

Saima: *Because I know that these teachers are gonna be writing my reports at the end of the year. That will then affect my GCSEs and what groups I get put into. If I act stupid, in for example, my favourite class Drama, erm then I will be put in a low set GCSE class which will mean that if I do want to take Drama as an acting career they'll look at my GCSEs and you know all my A 'levels or you know it all impacts and they will see that you know, 'Oh she was put in a low set for her GCSE groups so why should we take her? Maybe we should just employ someone better than her'.*

4.1.11 Theme 1: Sources of distress, sub-theme: Transitions, Sub-theme category: Childhood to adulthood

Some of the participants talked of the challenges they face, being in a transitional period between child and adulthood. There is a desire for greater independence, however, there appears to be a tension for them in asserting their voice, pushing social boundaries and meeting the behavioural expectations of adults around them.

Caroline: *Because I need to find that balance and I guess I am very cheeky when it comes to teachers and everything so I like to challenge teachers. I like to do all this and I guess I think I'm older beyond my years and I need to act my age I guess so, I just need to find that balance between being mature but being a teenager as well I guess. So I'm very, I think, I don't know I just worry about things quite a lot.*

Saima: *Erm, [pause] I would say in primary school I didn't, it wasn't that bad it's when I became, when I came to secondary school I think mostly because of me growing up, hormones and all that stuff that erm, that I started letting it out and I started being more feisty with my mum and that you know, I started saying what I wanted to.*

Saima wants to become more independent from her family by going out and spending time with friends. She attributes her mother's resistance to this as the reason why she had experienced emotional difficulties.

Saima: *Because my mum's not the type of parent to let me go out whenever I want, you know. She's like the type of person to ask questions about everything and with me it's just like if it doesn't come easy then I don't get it at all. If, if, if she has to ask lots of questions then there is no point going, you know. So, erm I think that's mostly why Year 7 it became harder.*

Caroline demarcates a shift between the innocence of primary school and the cultural shift at secondary school where she is confronted with more adult themes such as drugs and alcohol. There is a sense that Caroline struggles to negotiate this shift.

Caroline: *Erm, I guess I somewhat fell into the wrong crowd I guess. So, in primary school I was a very good student, I didn't get in trouble whatsoever. But in Year 7, I had an older brother who was in Year 11 and obviously I got really comfortable and started messing around and I guess it got to a point where I was kind of surrounded by alcohol and drugs and I didn't want to do any of that.*

4.1.12 Theme 1: Sources of distress, Sub-theme: Trying to make sense of the actions of others

Several of the participants talked about adults around them making decisions that have impacted on their lives. However, these decisions were not discussed with the participants and information was often found out indirectly. They were therefore left with unresolved questions. There is a sense of the participants' feelings of powerlessness as they try to make sense of the actions of others.

Anya had been identified by school staff as having serious mental health difficulties. She had talked, prior to the interview, about wanting more support. Her discharge from CAMHS was not discussed with her, which seems to have exacerbated her feelings of distress.

Anya: *They only concern they only wanted to discharge me. So I found that a bit stressing. Why do you want to discharge me for? Yeah, I don't know why.*

After being involved in a fight, Charlie understood that she was to be excluded. School staff appeared not to have included her in discussions about this and she is left puzzled as to why the exclusion was not followed through.

Charlie: *So that person carried on but they took it a bit too far and I kind of lashed out and it ended up in a big fight and then SLTs had to be called in more than one, there was like five different teachers actually trying to separate and it weren't working and then I was supposed to be permanently excluded but they didn't, I don't know why.*

Roy was left alone to try and make sense of events when he went home to find the police arresting his father. There is a sense of frustration that he felt when he tried to find out what had happened.

Roy: *So then I was at school erm, I went to school one day and I felt sick so my dad took me back home and then erm, as I got home the police came and they arrested my dad. And then a woman was standing there with me and like and she wouldn't say anything to me and she wouldn't say what was going on.*

Alison was also left alone to try and make sense of the behaviour of her grandfather. She felt worried about him but she had received all of the information about recent events, indirectly.

Alison: *It wasn't as much his behaviour because he is in [place name omitted]. It was just the stuff I was hearing so my nan was, she erm she was erm, she was like constantly looking after him and he would do things like not tell us where he was for like, a few hours and people would worry and then I would just hear all this secondhand and it would make me worry about not only my granddad but my nan too. Erm yeah, it just made me sad.*

4.2 Theme 2: Feeling unsupported

Participants did not feel adequately supported by the adults in their lives both at home and at school. They seem to feel that they are alone as they negotiate challenging contexts and make sense of and manage resultant thoughts and feelings.

4.2.1 Theme 2: Feeling unsupported, Sub-theme categories: By family members

Many of the participants perceive a lack of care and concern about their well-being from their primary carers. They feel that their views and concerns are not acknowledged or taken seriously within their families.

Anya does not believe her needs are a priority for her mother and she indicates that her mother is disingenuous with school staff by presenting herself to them as a caring mother.

Anya: *Oh she's actually the head of the SENCO in our school, and my parents and everything they've called her in numerous times to tell her your daughter is here and she wants to talk to you. You could have the kind of relationship with her, talk more about your problems. My mum was like, in front of them, you can talk to me you can open up to me and stuff and when I go home, nothing she just goes back to her normal life, with her boyfriend and her iPad and she won't really care, [whispers] she won't really care.*

Nina talked of how her request to keep her difficulties from her siblings was ignored by her mother. She also talked of how her coping strategy of self-harming is not taken seriously by her siblings and is a subject of ridicule.

Nina: *No, I still don't think I would have told any of my family if I had the choice [laughs] obviously I didn't like erm, the SENCO obviously told my mum and then I kind of told my mum not to tell my siblings and she told of my siblings so it was kind of like, she betrayed me [laughs]. My sisters have always kind of taken the mickey out of people and made jokes about people who have self-harmed and she is like 'Whoever does that is weak, like I've got a chronic illness and I don't do that'.*

Roy feels that there is no one in his family that appreciates his perspective of his family's situation. He talked as though his family is a battleground and that no-one is on his side.

Roy: *I don't really get on, its quite annoying cos I don't really get on well with mum either and I definitely don't get on with my dad but I get in trouble a lot with my mum but I don't really have much family, I have a lot of family but my family always take my mum's side as it's like everyone against me.*

For Caroline, she feels under pressure to hold the family together and to provide the care for everyone else. She does not feel that anyone is looking out for her interests.

Caroline: *I have to make sure the kids are doing homework, I have to make sure there's food. Like, it's my mum likes doing the domestic chores and everything, my mum loves it cos that's her way of dealing with what's she going through. But it's [pause] to actually emotionally hold up that family unit. And I haven't like, I have emotional, like I don't know I have to hold them up and I have to hold myself up and it gets tiring a lot.*

Saima feels that she has not been able to turn to her mother for emotional support or talk to her intimately. She compared her family life to that of her friends and feels that her family is different and inferior to theirs.

Saima: *I think initially at the time, it didn't mean that much because I thought that's just how it was growing up you know, I didn't see other people and think 'Oh you know, I want that'. I think now because we are not so much of a cuddly family. I, it does get to me sometimes, that you know my friends say 'Oh yeah I was talking to my mum about my problems'. And I'm just like, why can I never talk to my mum?*

As her mother struggled with stress, Saima and her brother were told to go the library everyday, after school to keep out of her way. They were left to care for themselves at the library and there is a sense that she feels abandoned by her mother, having to ask permission to return to her home.

Saima: *Erm, so in Year 5 she started the court case and the majority of the time I wouldn't say we weren't allowed in the house but it was better if me and my brother weren't allowed in the house because we would fight a lot.*

Or we would have to be not in the house because me and my brother would just constantly fight and she couldn't handle it.

So we would go to the library every day, we would go, we would come home, eat something then we would leave straight after.

In a way, it was like really upsetting. Like there was times where I would be messaging my sister on Facebook saying 'Can I come home now, can I come home now?'

4.2.2 Theme 2: Feeling unsupported, Sub-theme: At school

Several of the participants also felt emotionally unsupported from school staff and they experienced a lack of consistency in the attitude of school staff towards their well-being. There is a sense that participants feel that their welfare is not a priority at school. They feel they are alone in dealing with feelings of distress and challenging contexts.

Charlie: *Well teachers it's like, it's not really easy to talk to them because they don't, they don't really listen like they listen but they're not actually listening cos the only thing they are listening to is, I don't know I actually find it useless talking to certain teachers.*

For Anya, who experienced homophobic bullying from peers, she also experienced inconsistent responses from school staff.

Anya: *It depends on the teacher. Like some of them don't care, some of them do something about it, so yeah.*

Several participants also believe that teachers have a lack of awareness of the difficulties that pupils face both in and outside of school; lacking a holistic appreciation of pupils' lives. As such they believe that teachers are ill placed to adequately support pupils.

Charlie: *They're kids that have so many problems and no-one realises and they think they are fine and all that, that actually need to be dealt with cos like, yeah.*

Jim: *Err, in a way, yeah, because you can have family problems, someone close to you could have died the day before and you could have came into school no-one would have knew, so.....*

They would because they haven't known maybe but if they see you in a bad state they wouldn't really ask you questions they wouldn't really ask you 'Oh what's wrong' they'll just be like 'Oh can you get on with the work please' you know, kind of you know, quick and rush an' way which is not how to go about things.

Nina talked about the teachers' lack of awareness of a sexually hostile culture which she believes many girls have experienced at school. She indicates that school staff are 'out of touch' with the difficulties that young people face at school.

Nina: *Yeah, cos they don't really kind of talk about that, sort of bullying they just talk about people making fun of you or hitting you and stuff and it's like there other ways of being bullied.*

Anya feels that she has been actively discriminated by teachers as her sexuality is at odds with the catholic values of the school. She therefore feels unsupported in dealing with the homophobic bullying she is subjected to by peers at school.

Anya: *OKyou should have known, you applied to catholic school, you will obviously have some problems with that. But I thought that teachers would be open about it.*

They didn't let me be with my best friend, in a retreat where we went. They were like, 'No..... you won't sit next to your best friend because I think you are being too touchy and stuff' and what? And they let others girls that say some stuff about [mimics/mocks other girls] and they won't let me next to my best friend. Just because they know I'm gay.

4.3 Theme 3: Feelings of distress

Several of the participants talked about their struggle to manage and make sense of a range of powerful emotions and thoughts that negatively impact upon their daily life affecting their ability to focus at school and develop positive relationships with others.

4.3.1 Theme 3: Feelings of distress, Sub-theme: Ruminating on feelings and thoughts

Some of the participants, talked of how they dwell on the difficulties they are experiencing in their lives. As a result, respite from distressing feelings appears difficult to achieve and their distress is therefore prolonged.

Zante talked of how she continues to think about the bullying she had experienced.

She appears to focus on the hurtful things that were said to her by peers who bullied her.

Zante: *Well I think, I don't know really, I do my work but I keep on thinking about it in my head.*

Anya, talked as though she compulsively focuses on negative thoughts and feelings and that she is unable to stop herself from doing this. As a result of this focus, Anya's problems appear to expand and feel more unmanageable to her. She seems to feel guilty about dwelling on her difficulties leading to a vicious cycle of negative thoughts.

Anya: *Mmm well, I know that I still know that I am kind of exaggerating about my problems in my head. I know how big the problem is but I don't know, I keep on expanding it.*

4.3.2 Theme 3: Feelings of distress, Sub-theme: Feeling overwhelmed by feelings and thoughts

Several of the participants talked about the negative thoughts and feelings they experience and they seem to find it difficult to exert control over them. As a consequence, their feelings appear to significantly impact upon the quality of their lives.

Alison talked about an accumulative effect of feelings of sadness and of the negative impact this had on her ability to focus at school.

Alison: *No, I started feeling sad and then it kind of developed into more, more sadness and pressure and stress as well. So then it all, like, built up.*

It's just even more sadness and like you're disappointed in yourself and you're just more stressed and I just started thinking about the next day and being stressed and I don't even know what I was feeling stressed about I just remember feeling stressed.

It was, it made me like, not focused and it was harder to concentrate and get through lessons because of all the sadness and stuff.

Anya talked of how she found some of her feelings unmanageable and that she was unable to self-soothe or find respite from these feelings.

Anya: *Oh right yeah things happened in the past so I mentioned it was sexual harassment it was well after that I started seeing the world way more difficult, I couldn't cope with this and I'd just go on crying or cut or whatever.*

Caroline feels emotionally unstable as a result of the intensity of her feelings. She talked about how seemingly minor events in the day can trigger powerful feelings impacting upon the relationships with her peers and her ability to focus at school.

Caroline: *I think, I don't know because sometimes my friends can be like woah, calm down and all this but they are not like, there's not an actual diagnosis for anything. I don't think that actually is any problem it's just I'm very heightened with emotions, it's just I'm, I have an art form, there's no steady for me I guess, cos even the tiniest thing can tip me off or I can be really hyper for the rest of the day and annoy everyone else.*

Caroline also talked about fluctuating from intense emotions to feelings to numbness.

Caroline: *I'm just very angry and sometimes I'm just angry about the whole situation but sometimes I'm just very empty and I just don't feel anything, I'm very emotionless but then I, but when I am emotionless it's more nearing towards Depression.*

When Roy experiences emotional distress he tries desperately to escape from these feelings but to no avail. He appears at their mercy.

Roy: *When I'm having my like, I don't really, I call it like a fit or spastic or spasm I will like twitch a lot I will have a fit like and throw myself into a wall, I'll throw something in me and smack my head across the wall and put a pillow under my head and like rap myself into the covers and like try and get it out and like scream my head off.*

4.3.3 Theme 3: Feelings of distress, Sub-theme: Dissociating from feelings and thoughts

Left to cope with and make sense of a highly stressful home environment Roy appears to have dissociated himself from his ensuing feelings of distress attributing them to a character that he feels periodically takes over his mind. He likens this character to a 'cancer' that is growing inside him and a 'devil' that appears to have malicious intentions. He talks as though he feels powerless in the face of this character.

Roy: *Nah, there is this thing in my head.*

It doesn't speak to me but it like tells me to do something stupid, like if I keep building my anger up and up and up then it will like take I've got to get out so it will try to get away with it but will keep on growing. It's like an err, I'm trying to think what...something you destroy but it just keeps on growing you just got to keep on....

Erm, it's like with me it's not a very nice thing to say it's like I've got something inside me it's like I can call it cancer it's like, imagine I've mental problems as well, I will smash my head against the wall like constantly, I will hide underneath the bed like trying to get it out erm I'm just trying to think.

It doesn't speak to me but it like tells me to do something stupid, like if I...When I'm angry and the devil is not around, but it's there like watching over me, guiding it's like, it's like imagine there is two parts anger can go from the good side, no there's two paths there's an angry path and a good path. The anger, will all store up, this for normal people the anger should always go into the anger part so it's just left there. And a normal person can just let it out whenever you want. But this like devil thing or whatever it is it takes it in the other direction and guides it into the good path. So it's taking over both sides.

4.3.4 Theme 3: Feelings of distress, Sub-theme: Belief that there is something wrong with them

With limited opportunities to share their experiences and talk about their feelings, many of the participants believe that they are different from others and that there is something inextricably wrong with them in the type and intensity of feelings that they experience.

Alison talked of how depression runs in her family and of how she does not feel normal. There is a sense that she sees her family as being different as a result of the depression that several family members have experienced.

Alison: *I don't know whether it was specific events just, I don't know, I was just like, sad and like, erm depression runs in my family so I just felt like I don't know I just feel really sad and not just not, very I didn't feel normal.*

Anya believes there is something wrong with her as despite having received support, she wants more. There is a sense that she believes her feelings are more powerful than those experienced by others and that she is inconsolable.

Anya: *I feel like no, I feel like I've had enough for my age and my problems because I don't think my problems are anything special so I think I've had enough support but I just crave more, I need more, that's not enough, I need to talk to someone.*

Caroline believes that she experiences emotions more intensively than others and she is therefore different to them.

Caroline: *But it's just, I don't know its I'm more somewhat, I experience emotions harder than everyone else does.*

Furthermore, Caroline talked about her mood as though it is something infectious and that she might somehow infect those around her.

Caroline: *But just not trying to show it because it's not like, I wanna anyone else to catch my bad mood. I don't want anyone else to feel I am something they have to deal with.*

4.3.5 Theme 3: Feelings of distress, Sub-theme: Fear of being judged by others

Most of the participants are reticent about sharing their experiences with others as they fear how their experiences will be received and whether they will become the subject of gossip amongst their peers. Their feelings and experiences thus appear as a secret which they guard from others.

Anya: *Like look around the varying problems and basically I would like erm, confidentiality so you know, students are assured that you know what nothing is going to be known?, no-one's going to be able to gossip of anything like that, yeah.*

Alison: *Erm, that everything would change, that everyone would treat me differently or I don't know, that they wouldn't like trust me that much because they thought I was different.*

Charlie: *Some people can be afraid to say something cos they don't know how that person's gonna react or see it as something so yeah.*

4.4 Theme 4: Habitual strategies for coping with distress

Many of the participants appear to have a limited knowledge of emotion regulation and of strategies that can be used to enhance mental well-being. Several had developed unhealthy, habitual coping strategies that resulted in further exacerbating their feelings of distress.

4.4.1 Theme 4: Habitual strategies for coping with distress, Sub-theme: Emotionally avoidant behaviour with others

Several of the participants talked of how they suppressed their feelings in front of others. It appears as though they did not know how to share or express their feelings in ways that felt safe and manageable for them. In addition, some of the participants felt that sharing their feelings would make them appear vulnerable to others.

Erin talked about how she could not initially talk about the deaths in her family with anyone. There is a sense that she isolated herself at home as a way of avoiding interactions with others and revealing her experiences and associated feelings.

Erin: *I wouldn't participate in any of the work. I wouldn't speak to anybody. Because I didn't want anyone to know. Erm, I didn't do anything actually I just sat at home all day everyday.*

Alison also talked of how she could not share her feelings with others.

Alison: *It was like I couldn't talk to anyone I felt like even if someone asked me about it I'd maybe tell them like half of what was going on I couldn't tell anyone what was fully happening and like, you know, I have days like, most days I just have to cover it up and put on a smile but some days I couldn't and then people would notice but I just you know, say I was not feeling very, like, well that day or I would say I was feeling sad but I wouldn't, you know go into detail and stuff.*

Caroline feels unable to share her feelings with people at home or at school and believes that she needs to present a strong exterior as a way of protecting herself.

Caroline: *I just wanna be a teenager I guess without all of these problems and without having to put on that mentality when I walk through the school gates that I have to put on a straight face I can't be upset, I can't be happy I have to be very blank about everything because I can't let people, I don't know I just can't let people see that I have probably am having moments of weakness and it's just I have to be strong at home, I have to be strong at school.*

When Yousef experiences anger he is unable to share this with his peers and so he suppresses his feelings for fear of damaging his friendships.

Yousef: *But if I am angry about something like kind of really angry about it but I'm trying to keep quiet because I know like it was one of them ones where if I try, if I do speak I know I will end the friendship because of what I said so that's why I stay silent sometimes.*

Saima also talked of how she feels unable to share her anger with peers at school. She feels she can only express these feelings when alone.

Saima: *I would never let it out in school. It's mostly to my mum and maybe to my siblings. Not so much my siblings and mostly to my mum but I never take it out in school. It's just one of those things where you have to be a different person in school. You can't show them that you're an angry person inside. At first I think I would cry a lot that if someone would say something really small and mean to me, I would get really upset and I would just cry about it. You know I would go to the bathroom and I would just cry.*

4.4.2 Theme 4: Habitual strategies for coping with distress, Sub-theme: Needing to vent emotions

As a result of repressing their feelings with others, several of the participants talk about an accumulative build-up of emotions that 'explode' uncontrollably, affecting their relationships with others.

Charlie talked of how she feels emotionally stifled at school and that as a result, feelings can build up.

Charlie: *They don't get it. They expect us to be all calm and stuff but they want us to bottle all our feelings inside us and then it's gonna to go boom and explode in a big incident.*

Yeah, cos last time I was angry at school, I accidentally broke all the hinges off the door and that weren't actually deliberate but it just happened anyway.

Erin: *Because I wouldn't talk to anybody, my feelings would just come out and then they would come out in aggression instead of talking to someone about it and finding different ways and different strategies to get rid of them in a calmer way. I would end up hitting my sister.*

Saima: *I think the way I would cope with it even not necessarily a good way, I would bottle it all in and then if my mum were to do one thing to me, I would let everything out. And that's the way I dealt with it, I would, I, you know like if you have a problem you might cry for a little while, with me I will just go crazy, I'd be screaming, I'd be crying, I'd be yelling, I'd be shouting, I'd be slamming doors.*

Roy: *Erm, I kind of know, it's something that triggers that I will have it all built up in the head and then even though like the littlest thing in my head will just trigger the whole thing.*

4.4.3 Theme 4: Habitual strategies for coping with distress, Sub-theme: Self-harming

Some of the participants talked about how they used self-harming in the form of cutting themselves as way of coping with difficult feelings enabling them to gain temporary respite from them. It seems that several of the participants use physical pain as a way of detracting from the emotional pain they have experienced. The act of self-harming thus provides them with a mechanism for re-focusing their attention away from their feelings of distress.

Anya appears elated when talking about the release from difficult emotional feelings she experiences when self-harming.

Anya: *Yet I won't tell anyone and it's kind of killing me and I have to kill it in a way and physical pain is better than erm emotional, so that's why I did it.*

It doesn't hurt, it doesn't hurt. It's just some of the times I even joke that I might do it, like burn myself for example and just be like 'wooooooh, brilliant' [smiling, looking relieved].

*I feel OK. I feel like, phew, relief
Yeah, something's get out of my head, less problems for me.*

Alison also intimates the mental relief she experiences when cutting herself.

Alison: *I don't really like have any thoughts it was just kind of blank.
A release kind of.*

However, Alison talked about this release being short-lived. She appears as though she has feelings of guilt at resorting to self-harm.

Alison: *It's just even more sadness and like you're disappointed in yourself and you're just more stressed and I just started thinking about the next day and being stressed and I don't even know what I was feeling stressed about I just remember feeling stressed.*

For some of the participants, the extent and time they spent self-harming was relative to the emotional distress they were experiencing. Self-harming appeared to give them a sense of control over their lives. This was pain that they appeared in control of and that has an element of predictability which they appear to find reassuring.

Anya: *Yeah I know that there is somewhere in the middle that I can balance these two kind of pain, physical and emotional.*

It depends like, it might take me like an hour and then when I, when I do it I go back to my room and be like, aaah that wasn't not enough and then I'll go back in and do it again. Some of the times it just takes three minutes.

Nina: *I just feel like when I'm in that mind-set it's like I need to have more pain. I mean usually it's quite relieving in a quite a sick sense [laughing]. It's quite relieving, yeah.*

Caroline: *Just scratching or cutting, but that really made sure that I can cause my own pain and no one else can cause me pain. I think I maybe turned on physical pain more than emotional pain.*

For Nina, self-harming also appears to be an expression of self-loathing and an internalisation of hostile interactions from peers that she had experienced.

Nina: *I used to write like, OK one time I wrote 'fat', erm I wrote 'ugly' I once wrote like 'I wish for death' or something' like I wrote a sentence erm just things that people used to say to me like 'ho' and just stuff like that.*

When Nina talked about cutting 'deeper' she also appears as though wanting to punish herself.

Nina: *Mainly why can't I go deeper or just something like that. Yeah and it's like kind of deserve it like, 'You deserve this' and it's like yeah just stuff like that.*

4.5 Theme 5: Gaining support

Some of the participants talked about their experience of gaining support and of how they benefitted from it. However, there appeared to be barriers to gaining access to support such as a fear of being negatively judged by their peers and a seemingly lack of clarity around about what support was available to them and how they could access it.

4.5.1 Theme 5: Gaining support, Sub-theme: Referral route to a school counsellor

Within the three different schools from which the participants were recruited, there did not appear to be clear referral routes to a school counsellor. It seemed to be only by chance that many of the participants were able to access to therapeutic support from a school counsellor.

4.5.2 Theme 5: Gaining support, Sub-theme category: Referral by school staff

Some of the participants' difficulties were recognised by school staff and they were then referred to the school counsellor.

Nina: *Erm, I started seeing a school counsellor because I was self-harming. Erm a teacher suggested it.*

Roy: Erm it was was Miss [name removed]
Yeah cos she saw that I was kind of struggling so yeah.

4.5.3 Theme 5: Gaining support, Sub-theme category: Referral through parent

Other participants talked about how seeing a school counsellor was suggested to them by a parent.

Alison: *Umm I just started seeing the school counsellor because I just felt like, you know you can talk to your friends, you can talk to your mum but like, there is no-one who, you just don't really know and you just tell everything to and erm I had problems like with self-harm so I just thought it would be OK to talk to someone about it and my mum said maybe I should so I just thought I would give it a go.*

Yousef: *Well it was about cos of my mum like she said that 'Oh erm because like you get angry really easily you should refer yourself to a counsellor' and then the GP said it as well that I should go to a counsellor and that you can go if you want and yeah.*

Saima wanted to self-refer however she felt that the referral would be taken more seriously if it came from her mother.

Saima: *I asked my mum if I could get a counsellor. Erm I knew it was easier to get a counsellor if your parent had asked for it erm so I asked my mum.*

4.5.4 Theme 5: Gaining support, Sub-theme category: Referral through a friend

Nina talked about how she was invited to see the school counsellor after a friend had told the counsellor about her self-harming.

Nina: *Erm, actually the way that the school found out was my friend told me. [Laughing] I was like 'Yeah, great' but it was OK but erm she told like her counsellor and then he came to come and see me and so it was like yeah 'Ok, Ok.'*

4.5.5 Theme 5: Gaining support, Sub-theme: Support participants found helpful, Sub-theme category: Support from a school counsellor

Charlie found the support from a school counsellor helpful as it enabled her to engage differently with her emotions.

Charlie: *Well I got help for my anger cos after they came and talk to me about the fight and all that they sent me to, they signed me up me for to work with a lady from Connections to deal with my anger and what triggers it and like how my long my fuse is and what lights it and all that. Yeah I find it more easy to handle my anger now.*

Roy found the support helpful as it provided him with a mechanism to make sense of events that had been happening in his life.

Roy: *I've like, imagine a massive puzzle. Say there is like a million different pieces, I've kind of like, learnt to put a least a hundred of the pieces together which is actually really, really good. Like a hundred.*

Jim found a space for reflection and taking stock of his life in his sessions with the school counsellor.

Jim: *Yeah, help very useful cos I get things off my chest you know I can, I can say to them my problems, my sort of, err what I've got, what I've been given and yeah I can you know, I can like talk to someone that understands me and not just talk to someone that doesn't really care. So school counsellor has helped me a lot in a lot of ways and a lot of good ways so, yeah.*

Several of the participants valued talking to the school counsellor as what they said was kept confidential which gave them a sense of security making them feel more able to express their feelings. In addition, they valued being in a relationship which they felt was non-judgemental helping them to feel more relaxed about expressing themselves.

Caroline: *Yeah cos I get to vent and I get to release my feelings without hurting anybody or having them judge me because it is all confidential and I can say what I want and I cannot like I can be sure that no-one will, like I won't get in trouble for things I say.*

Saima: *I think it was really good because it was just one lesson where I just got to be myself in, cos in school you have to be a certain person you have to be like, you can't be yourself in a way, like if you want to say something you can't because it might be rude or offensive. But I'm not saying I want to say rude or offensive stuff but I felt like in counseling, I could just be myself and I could just say whatever want to whoever I want and I know she wouldn't judge me or she wouldn't ask questions.*

Nina and Yousef found that their difficulties reduced after seeing the school counsellor as they were able to develop different interpretations of their experiences and wider perspectives around their daily life.

Nina: *It's not that I've wanted to stop it's just that I've been able to talk to people more, now so I kind of have someone to go and talk to and I'll look at it from like someone else's point of view. Whichfor a minute and then you'll see that it's actually in the face of it, you realise that it's not that bad, you know. And it's like, Ok that's true.*

Yousef: *It's in a way that, like counselling like helps me in two ways they can give you advice about what to do and what relieves me as well. It's like what makes me step out my anger is that I could tell someone about my, my problems and then I know that no-one will know about it besides them and then it will just take away my anger. It just sorts it out a lot.*

4.5.6 Theme 5: Gaining support, Sub-theme: What participants found helpful, Sub-theme category: Support from peers

Some of the participants also found it helpful to receive support from their peers; for their difficulties to be accepted and acknowledged by them.

Alison indicates that she experienced a greater closeness to peers that acknowledged her difficulties and provided her with support.

Alison: *Yeah, I felt that not all of them but you found out who your real friends were because the ones that were supportive were the ones that like, stuck with you and some people that you weren't as close with noticed more and really like, tried to help you and like, now I am closer with those people.*

Anya also talked about benefitting from the support of her peers in a club outside of school.

Anya: About my sexuality from school?
No, I go to a club you know, a group actually that I am in for gay people that's where I get the support from.

4.5.7 Theme 5: Gaining support, Sub-theme: What participants found helpful, Sub-theme category: Support from school staff

Some of the participants valued the support they have received from school staff who showed compassion and care for them. The participants felt that there was someone looking after their well-being at school as a result of the actions of particular teachers.

Alison: *I don't know, erm teachers all know my name, so [laughs]. They all like '.....are you OK now' and like yeah I'm good. Yeah, sometimes I'm, yeah I'm good [laughs] but it's like, no it's kind of helped because now I don't just sit in class and be upset I can go and talk to someone, I don't have to wait until I go home and do that when I can just talk to someone.*

Caroline: *Yeah, by kind of noticing before I even noticed that I didn't want to behave like this, I wasn't trying to misbehave, I wasn't trying to make people laugh, I was just it was just, it was just me and my bad moods really and I am pretty much in a bad mood every other day so it's I'm happy with the fact that someone else noticed that before me Yeah, yeah and she was probably the first person that actually realised that I wasn't OK I guess, even before I realised that I wasn't OK I guess she realised before me.*

4.5.8 Theme 5: Gaining support, Sub-theme: What participants have found helpful, Sub-theme category: Engaging in sport

Jim found his love of playing football helped him cope after his mother died.

Playing football appears to be meaningful in Jim's life; he experiences success in this area and confidence and it forms part of his future aspirations to be a professional football player. He had thus far not been able to experience success at school.

Jim: *And also I am not really a smart kid like I'm not like, I don't know a lot of things, I don't do a lot of things.*

Erm I'm not really that type of kid that likes school like probably many others, but yeah I heavily rely on my football to you know, get me out of the dark.

Yousef has also found sport therapeutic. He experiences as a sense of success in rugby and he uses the sport as an outlet for his anger.

Yousef: *But if, if I'm outside of school and I am with my friends and they start to get me angry I don't really like, get that angry because if it's like in a public place I would either talk to them or just leave it and play rugby and take it out there.*

You can get as aggressive as much as you want in rugby like, that's that is one of the reasons why I like it.

4.6 Theme 6: Further support participants would like

Many of the participants valued seeing the school counsellor however they felt that pupils should be offered more sessions and have the opportunity to see them more frequently.

Yousef: But they should be like, at least twice a week, they should be at least twice a week because the sessions are really good.

Some of the participants felt that support should be extended beyond the school day and that social clubs and activities would be helpful during the holidays and at weekends.

Zante: *I would like, do the same thing here but I would get more staff, and also I would like put a club for the summer holidays and half term for people and then take those people out on trips and I would like help boost them, boost their confidence and stuff.*

Saima: *Erm, [pause] I would probably make more days or maybe weekends where you could come to the school with your friends because parents don't like sending their students, their kids to places where they don't know.*

Charlie: *And like, but the only problem is like having a counsellor in school it's like on the weekends you have no-one to talk because it's always someone in school and appointments and all that stuff so like then you're like stuck in two days of weekend.*

Some of the participants felt that a psycho-education programme would be useful to help educate them in areas such as mental health and issues that adolescents are likely to be affected by.

Caroline: *So it's just a matter of being educated cos people, cos students just like in life I guess, we have to learn things on our own but mental illness is something that is very tricky to understand and we're not educated on it. So like, we wouldn't know we have a problem until we're educated so, yeah that's it.*

Charlie: *I would make a few programmes for like kids, cos that like there is all different problems that people don't even know about. Like, there would be a programme for kids that have anger problems, there are kids that have problems at home or something that's going on they don't speak to anyone about and they just come to school and bottle it in and one day it just goes boom and they get in trouble need to be dealt with cos like, yeah.*

Nina: *I like talks. I like people coming in and talk. I'd be like, I'd get like professionals to come in and talk to like pupils and have assemblies about it like, this isn't a joke, like if you know anyone that you need to help them, you can't make jokes about like suicide.*

Roy also thought that it would be useful for the arts to be used therapeutically so that young people could express their feelings through various media.

Roy: *Counselling, I'd provide a lot of music stuff because a lot of young people want to get into music now especially young people in gangs if you could imagine like there is two paths there is music and they want to go up this one instead of the gang path cos a lot of people are doing music. At least they could rap about it instead of actually doing it. More, like trips and stuff and you see when people come in and do like workshops like drama.*

Erin and Anya feel that it would be helpful if teachers had a greater awareness of the difficulties that pupils face in their lives.

Erin: *I would talk to the parents and see what's happened in the past and that and if I felt like that they needed support I would get someone to talk to them but in their own choice so if they wanted to not force them into it.*

Anya: *Oh well I would probably kick away all the bullies [Laughs] no o.k. I can't do that. But I would, I would actually ask for teachers to be more observant about what's going on in the class.*

Charlie talked of strategies she used at her previous school and she feels the need for acceptable outlets for anger in her current school.

Charlie: *Well I don't think that fighting it's not like a good thing, but I think they need to find something for kids that do have a problem with holding their anger in and let it out at school. What you going to do just send them home? That it ain't going to help. Like in my old school me and a few other kids we came up with a solution and went to the head teacher about it and they agreed with it.*

That we had to we like, we brought like a target board and like anything that could break like old plates and cups and stuff they would be in a box and you could throw them at the target to let the anger out. It worked very well.

Chapter 5: Key findings and discussion

This chapter includes a discussion of the findings in relation to the research questions and to the literature review in Chapter 2. The challenges faced by the participants are discussed. In addition, the researcher's concluding thoughts are provided.

5.0 The challenges faced by participants

Through the use of interviews, the researcher sought to elicit the participants' views on the challenges that they faced in the different contexts of their lives. A key finding of this study is that the majority of the participants had faced very challenging circumstances involving multiple and prolonged difficulties. Furthermore, participants did not feel that they were adequately supported by the adults in their lives.

5.1 Challenges at home

Some of the participants talked about home environments which presented them with acute challenges. Caroline and Erin acted as carers for their mothers; such care involved practical work around the home in addition to providing emotional support for the well-being of others.

Thus after a day at school they faced further work at home where they encountered stressful situations. For example Erin had to provide care for her mother who had a diagnosis of Bi-polar Disorder and Borderline Personality Disorder. She indicated that her mother's behaviour could be very erratic.

The circumstances they faced at home meant that both Erin and Caroline had to prioritise the needs of others in their family over their own. Whilst they maintained their family homes and provided care for others they experienced an absence of someone who was looking after their interests and who was providing them with practical and emotional care.

Much has been written about the impact that caring for parents can have on the health of young people (Barnados, 2016; British Broadcasting Corporation, 2013a; The Children's Society, 2013) affecting their mental well-being, school results and relationships with their peers. Thus the impact on Erin and Caroline's lives of being carers should not be underestimated.

For other participants such as Ray, home life appeared unpredictable and at times dangerous given the violence his father had demonstrated against his mother. Thus for Ray, home life appeared frightening involving high levels of uncertainty and challenges relating to his physical and emotional safety. Ray felt an absence of someone who saw things from his perspective and who represented his needs at home.

For Saima, home life had involved living in refuges, family poverty and discrimination that her mother had faced by the local Muslim community. As a result of her mother's apparent emotional incapacity to cope with difficulties in her life, Saima would often have to vacate her home after school in order to give her mother 'space'. Thus Saima, it seems was largely left on her own at home to cope emotionally with challenging life circumstances.

Within the UK it is seen as a parent's duty to protect and maintain their children and to act in their best interests (UNICEF, 1989; Gov.UK). Further, it is widely held that acting within a young person's best interests as a parent means providing a home life which enables them to feel safe, adequately supported and cared for. It is thought that the absence of such an environment can be detrimental to a young person's feelings of self-worth and mental well-being affecting their ability to build positive relationships and engage at school (Bomber, 2012; Bowlby, 2005; Gerhardt, 2004).

The experience of some of the participants however was of a home life that did not appear to reflect these values. Rather than predictability, security and safety several of the participants experienced high levels of unpredictability, insecurity and in some instances an apparent lack of care. As a consequence, the participants felt alone in making sense of the circumstances they faced and coping with feelings and thoughts that ensued.

5.2 Challenges with peer groups at school

For some of the participants the school context and their relationships with peers provided them with the most challenging experiences. Several of the participants talked about aggressive interactions which they were subjected to by their peers. For example, Nina and Anya talked about the prevalence of a sexualised culture that they experienced at school wherein it is commonplace for boys to make sexual comments about girls' bodies and to sexually touch them without their consent. Nina had been sexually harassed by boys at school she had previously attended, on numerous occasions.

Yousef had been subjected to racist taunts and Anya had regularly experienced homophobia from her peers at school. Caroline had experienced social ostracisation as a result of refusing to conform to the behaviour and values of a dominant peer group in her year group. Nina had also been taunted by her peers as a result of listening to music that was not deemed to reflect mainstream music trends.

Several of the participants also talked about a pressure that they felt to conform to gender stereotypes. Charlie for example talked of how she felt that many boys at her school felt the need to present as being 'tough' without revealing signs of vulnerability or needing support. Such behaviour appears to be representative of stereotypes related to hyper-masculinity.

Other participants talked about the pressure on girls to concern themselves with beauty and their appearance and to mimic portrayals of women and beauty promoted in the media. Alison talked about how such ideals were often unattainable and contradictory; for example girls were expected to be both slim and curvaceous in order to be seen as attractive.

In addition to these pressures, some of the participants also alluded to a materialistic culture involving a pressure to own particular brands or specific consumer goods such as the latest phone.

Such pressures are arguably reflective of the values that have been promoted through the commercialisation of childhood which has involved the expansion of capitalist markets, products and lifestyles that have been marketed and targeted at young people (Williams, 2016; Timimi, 2006).

Thus the pressure to conform to gender stereotyping which several of the participants talked about can be seen as a consequence of the growth of the commercial markets which are specifically targeted at either men or women (Sweet, 2012). In an attempt to brand products as suitable for either men or women, many companies have relied on gender stereotyped imagery resulting in the promotion and entrenchment of gender stereotypes within society (Onuwurah, 2014).

For girls, this commercialisation has resulted in an increased pressure to aspire to particular forms of appearance. However, many of the images targeted at girls have been criticised for being highly sexual and for promoting images of women that are thought to be unhealthily thin. (American Psychological Association, 2010; Department for Education, 2011).

The relentless promotion of these images has also contributed to an increasing number of girls who are excessively worried about their appearance and who are developing unhealthy ways of trying to conform to images marketed at them (Williams, 2016).

The prevalence of stereotypes in relation to boys appears to have made it more difficult for them to express a wide range of emotions, to display signs of vulnerability and to ask for help as such qualities do not reflect those associated with the masculine stereotypes that are commonly depicted in advertising campaigns (Welcoming Schools Guide, 2016).

The immersion of young people in a consumerist culture also appears to have resulted in a lack of tolerance around values and behaviours which deviate from commercial trends in addition to more competitive relationships as young people vie for the higher social status that material goods supposedly bring (Monbiot, 2013).

However, the commercial markets targeted at young people also echo many of the values, images and products targeted at adults. Indeed they arguably encourage young people to mimic the behaviour of adults. An example of this can be seen in the highly sexualised images and products that are often targeted at young women. The expansion of consumer markets which are targeted at young people thus appear to have contributed to a blurring of the boundaries between children, young people and adults.

The development of the internet and the prevalence of on-line access seems to have further contributed to the blurring of these boundaries. For example, it has enabled young people to develop relationships with adults who are unknown to their parents.

With access to pornography, adult rated films and images it has also provided young people with access to the same cultural material as adults.

However, access to products and social contexts previously deemed suitable only for adults has presented young people with considerable challenges. For example, there have been an increasing number of debates about the levels of autonomy and privacy that young people should be entitled to on-line alongside a concern for their safety and their vulnerability to grooming (Palmer, 2003; British Broadcasting Corporation, 2013b British Broadcasting Corporation, 2013d; Whittle, Hamilton-Giachritsis, Beech, & Collings, 2012).

Erin had experienced cyber-bullying that consisted of people making derogatory comments about her and the suicide of her step-father. Such comments may reflect the difficulties for young people in negotiating an online, social context which has few boundaries and which may not be under the radar of their parents or other adults that may be able to support them in this context.

There is also much concern about the impact which exposure to pornography is having the upon the well-being of young people and their peer relationships. A recent survey found that 1 in 10 children aged between 12 and 13 years old believe that they are addicted to pornography (National Society for Prevention of Cruelty to Children, 2015). Additionally, there is a national pattern of the sexual harassment of girls at school that involves them being touched, taunted with sexual language and coerced into sexual acts by boys (Norris, 2013). Indeed a recent survey revealed that 60% of girls aged between 13 and 21 had been sexually harassed at school or college (Bates, 2014).

Such statistics appear to echo the experiences of Nina and Anya who talked of about the sexualised culture at their school and of how sexual harassment of girls by boys was commonplace.

The peer interactions that many of the participants talked about appear to reflect the dominant cultures and social contexts that young people within the UK are immersed in. The challenges within these contexts seem complex, multifarious and appear to have had a considerable impact upon the well-being and relationships of many young people.

5.3 Participants' distress and experience of support in school

Many of the participants appeared frightened and overwhelmed by their emotions; unable to make sense of them and unsure of how to engage with them. Many also felt as though they were different from others; as though there was something intrinsically wrong with them in having such powerful feelings.

As a result of these feelings, several of the participants appeared to ruminate on their problems making it difficult for them to focus in lessons. Afraid of revealing to others any signs of emotional vulnerability or fragility it seems they tried to suppress their feelings and some became emotionally avoidant with their peers. This behaviour impacted on the participants' ability to engage in positive relationships and lead to many becoming socially isolated.

However, as a result of suppressing their feelings, several of the participants appeared to experience a backlash involving uncontrollable outbursts of anger. Yousef, Roy, Caroline, Charlie and Erin talked of how seemingly insignificant events would trigger outbursts of anger at school involving shouting, throwing things and punching walls.

Charlie for example had been excluded for her displays of anger and Caroline talked about being regularly sent out of lessons. Roy and Erin were frequently sent into the 'isolation' unit which involved sitting in silence in a room with others who had been sent out of lessons and being left alone to do their work. Many were also referred to a school counsellor as their behaviour seemed unmanageable for teaching staff.

Such reactions suggest that staff may have been focusing on the primary behaviour which participants demonstrated at school rather than exploring what the underlying causes of their behaviour might be. However, anger is the body's physiological response to perceived threats and it is often triggered in contexts that appear frightening or threatening to the person (Bomber, 2012). Many of the participants in the study, talked about circumstances that appeared frightening and confusing to them, thus their anger could be understood as a defence mechanism and an attempt to emotionally defend themselves.

Whilst some of the participants externalised their difficulties, others such as Anya, Nina and Alison internalised their difficulties using self-harming as a way of coping with thoughts and emotions which they found difficult to make sense of and engage with. The act of self-harming for these participants appeared to give them a sense of control and a focus away from their difficulties. However, the study of Hill and Dallos (2011) further indicates that these participants may have turned to this strategy as they did not have the language to describe their feelings and they may not have been given the opportunity to talk about difficulties they had been experiencing. Episodes of self-harming for these participants appeared to evoke feelings of guilt, disappointment and sadness resulting in a vicious cycle of negative thoughts.

Participants who externalised their difficulties at school, appeared to receive attention from school staff fairly rapidly as attempts appear to have been made by school staff to quash their challenging behaviour in lessons. Referrals to the school counsellor appear to have subsequently been made as participants' behaviour became increasingly challenging within lessons.

However, for participants who did not externalise their difficulties, support and attention from staff at school was not as forthcoming. For example, Nina, who did not display challenging behaviour in the classroom was reported to the school counsellor by a concerned friend thus the difficulties she was experiencing appeared to have gone unnoticed by teachers. The same appeared true for Alison who had been referred to the school counsellor by her mother.

These findings reflect those in the study of Spratt et al. (2010) where it was found that teachers tend to refer pupils who present with externalised difficulties or whose behaviour they find challenging in the classroom. However, the findings of this study indicated a further problem with the systems surrounding the school counsellor. When the researcher spoke to the SENCOs in the three schools there did not appear to be any clear structures or criteria to enable a referral to be made to the school counsellor. Rather, referrals had been made on the observations and judgments made by individual teachers.

Furthermore, it seemed difficult for pupils to self-refer to the school counsellor. Only one of the schools allowed pupil referrals however one of the participants in that school did not feel that her referral would be taken seriously by school staff, therefore she asked her mother to make the referral. The referral systems in these schools thus appeared to result in unequal access to emotional support requiring young people to rely on adults to garner support for them and indeed to recognise that they need support.

However, for pupils with difficult home lives and those who lack support from their families such a stance is problematic as their parents may be less inclined to make a referral or indeed recognise that support is needed. Young people who may not want their parents to know about particular difficulties that they are faced with, are also disadvantaged by this type of a referral system.

The bulk of support that the participants seemed to experience at school appeared largely confined to their therapy sessions with the school counsellors. Thus when the therapy sessions ended, they felt alone in negotiating complex social situations and life experiences.

Informal discussions between the researcher and the school counsellors indicated a lack of formal structures within the schools which allowed school staff to liaise with specialist practitioners such as counsellors. As a consequence, therapeutic work appeared distinct and isolated from the school curriculum.

Within talking therapy the onus is on the young person to make changes in their lives and utilise different coping strategies or behavioural strategies. However, adolescents by virtue of their legal status in society lack political, social and economic power and much of their lives is governed by adults (Mayall, 2012). As a result of this differential status many young people are forced to endure challenging, stressful and sometimes “unbearable” (p. 168) environments that are shaped by adults, over which they have little control (Shaw, Dallos, & Shoebridge, 2009). They may be powerless to effect much needed changes at home, at school or in wider society that could alleviate mental distress. They may also be unable to leave social contexts that are detrimental to their mental health. The impact of therapeutic support that is solely aimed at young people is therefore arguably limited.

In addition to the support that the participants of this study received from a school counsellor, some sought and received support from teaching staff. However, this support appeared limited and there seemed a lack of clarity around whether or not offering emotional support was part of the remit of teaching staff. Several of the participants would seek the support of particular members of staff at break times but often they could not locate them on the school premises and when they did, the time they had to talk to them was greatly restricted by the demands of the school timetable.

However many of the participants felt that their opinions and experiences were not valued by school staff. They believed that teachers were solely focused on delivering lessons and the grade attainment of pupils and that they had little interest in the general well-being of pupils. For example, Ray who appeared to be dissociating from feelings he found distressing by attributing them to a 'devil' in his head had refrained from telling teachers about this as he felt that he would not be believed by them.

Several of the participants also talked about feelings of anxiousness around educational transitions and feelings and tensions that arose for them as they struggled to negotiate the transition from childhood to adulthood. Despite adolescence being widely understood as a potentially turbulent time when young people have to negotiate significant transitions involving physical, sexual, social and emotional development (Viner; 2012; World Health Organization, 2016) none of the participants made reference to support being offered in this area.

Participants also perceived that teachers were simply unaware of the challenges faced by individual pupils and by young people in society generally. For example, Nina and Anya felt that teachers had no idea of the sexual harassment that many girls are subjected to at school on a daily basis. Josh also felt that a pupils' family tragedy at home, would typically go unnoticed by school staff.

The participants it seems experienced a lack of opportunities at school to communicate to staff information about the challenges that they faced in their lives. As a consequence, many of the participants felt inadequately supported with the complex contexts in their lives. Additionally many participants appeared alienated from their school and they appeared to be questioning the value of engaging in school life.

5.3.1 Support participants found to be helpful

Many of the participants appreciated the relationship that they had with the school counsellor and they felt that they could use the space within therapy sessions to express themselves freely without a fear of being judged.

Several of them also talked about how they were able to gain new perspectives on the challenging experiences they had faced in addition to learning new strategies to cope with thoughts and emotions they found difficult. They also talked of how they valued the confidential nature of the service and that they felt safe and free to express themselves as a result of this aspect of the service.

The importance of confidentiality for the participants can be understood in relation to the stigma surrounding mental health and the hostile interactions from peers that they experienced. These findings suggest that schools have much work to do in helping to undermine such stigma and encouraging a culture which is more receptive to difference and diversity.

5.4 Impact of the school ethos on the well-being of young people

Much has been written about the school ethos and the way that this can impact upon the mental health of young people (Lavis, 2015; Public Health, 2014; Weare, 2004). Factors such as the organisation of school systems, the values which underpin school systems, the relationships between staff and pupils and the relationship between schools, communities and families can significantly affect the behaviour and well-being of pupils (Weare, 2004).

Within the UK, the culture within schools appears increasingly focused on the attainment of exam grades and school league table positioning (Paton, 2010). Thus success in education appears to have become synonymous with the attainment of particular exam grades rather than engagement and fulfillment in learning. Such a culture has seen more frequent testing of pupils and an increasing pressure on them to achieve high exam results (National Union of Teachers, 2015; Tymms & Merrell, 2007).

The rise of an exam culture in schools has arguably been significantly influential upon the ways in which teachers and pupils relate to each other. Teachers are under increasing pressure in relation to pupils' exam grades.

As a consequence it appears that more time is being spent focusing on the academic abilities of pupils rather than supporting them with their emotional development (Espinoza, 2015).

The exam culture has also arguably led to an increase in the number of young people experiencing difficulties associated with anxiety as they struggle to cope with the strain associated with exams. It also appears to have resulted in an increasing number of young people feeling alienated from the school system as it fails to have meaning or relevance to their lives (British Broadcasting Corporation, 2013c, Harber, 2008; Palmer, 2006). Such alienation was felt by many of the participants who questioned the utility of engaging in school life.

In addition to problems associated with an increased focus on exam attainment, there also appear to be tensions within the UK educational system in relation to the social expectations of young people that currently appear to underpin school systems and practices. Mayall (2012) asserts that the current education system appears to reflect a traditional conception of childhood.

In accordance with this view (Mayall, 2013) young people, their experiences and perspectives are not as valued as those of adults. They are seen as incompetent and immature and that adulthood is regarded as the “gold-standard” period of human development. This differing social status leaves little space or reason for the existence of a dialogue between adults and young people. Thus the school environment becomes driven by the perceptions and experiences of adults with minimum focus on the experiences and perceptions of young people.

Such values appear to reflect not only the experiences of the participants but also the results of a YoungMinds survey (YoungMinds, 2014) which revealed that young people often do not feel valued or listened to and that they are unclear who they can turn to for support.

These traditional expectations appear to create tensions for young people. In society at large, the boundaries between adulthood and childhood appear to be becoming increasingly blurred (Timimi, 2004). Thus on the one hand, young people are exposed to “adult” social contexts and materials and are encouraged to flex the same freedoms as adult consumers. But on the other hand schools are expecting pupils to conform to traditional notions of childhood that involve conformity and submission to adult rule (Burman, 2008). The different messages for young people therefore seem to be contradictory, confusing and are arguably contributing to the distress which many young people are experiencing.

As a consequence of this culture, there appears little space for the experiences and perspectives of young people to be heard and valued. In addition, it would seem that schools are failing to acknowledge the challenges which young people face and thus are unable to provide them with relevant support.

5.4.1 Mental health support in schools

School counselling has become the most prevalent form of emotional support for pupils in schools (Cooper, 2013). Counselling is typically seen as a form support for people who experiencing high levels of emotional distress which is affecting their ability to function in daily life (NHSb, 2016).

The experiences of the participants suggest that their schools relied on the use of school counsellors to provide emotional support for pupils. Thus support appeared geared towards supporting specific people identified as having mental health difficulties rather than the promoting the mental well-being of all pupils.

In spite of this apparent reliance on school counsellors, there appears an increasing awareness amongst practitioners who work with young people of the need for young people to receive on-going support with their emotional development (Gottman & DeClaire, 1997; Weare, 2004). Hart, Blincow, and Thomas (2016) assert that young people need support to enable them to become more resilient. Resilience they argue encompasses being able to deal with adversity and 'bounce back' in the face of challenging circumstances.

Hart et al. (2016) have created a "Resilience framework" detailing five factors which they believe promotes resilience in young people. These factors they have named "basics" 'belonging', "learning", "coping" and "core self". They include features such as feeling safe, having adequate housing and being free from discrimination in addition to features such as enjoying positive relationships with others, having a sense of responsibilities and obligations, being part of a learning environment which celebrates achievements and having a sense of identity and hope. The framework provides a potential structure to be used in schools to support the emotional development of young people.

Within the resilience framework attributes such as ‘being brave’ and of being able to put on ‘rose-tinted glasses’ are seen as desirable and as protective factors for resilience (Hart et al., 2016). However, there is arguably a risk that the focus on resilience in schools happens at the expense of adults acknowledging the challenging contexts and cultures in the lives of young people and of providing them with relevant support. There is also a risk that the framework is used in relation to individual young people, placing the onus on them to become more resilient rather than being used to make systemic changes that support the resilience of all young people at school.

Attributes such as being able to “self-soothe” and a being able to “have a laugh” are also identified as protective factors for resilience (Hart et al., 2016). However, Stolorow (2016) highlights that a person’s distress can be exacerbated when they do not have space to express their thoughts and emotions. He believes that this is particularly relevant for emotions which tend to be perceived negatively such as anger, fear and disappointment.

Several of the participants in this study indicated that they felt emotionally stifled at school and they experienced greater levels of distress as a result of suppressing their emotions. Thus there is arguably a case for young people to not only learn the skills to self-soothe and regulate their emotions but also to have channels at school to express a range of emotions in safe and socially acceptable ways.

5.5 Conclusion

The participants in this study experienced many different challenging contexts including difficulties related with poverty, domestic violence, parental illness, bereavement and sexual harassment. In addition many of the participants felt under pressure to conform to gendered stereotypes. The participants believed support from adults to be limited and in many cases inadequate. For those who externalised their difficulties, adults appear to have interpreted participants' challenging behaviour with mental health difficulties. As a consequence this group of participants were referred mainly by teaching staff to the mental health specialist on site; the school counsellor/psychotherapist. For participants who internalised their difficulties, support from adults was less forthcoming.

The majority of the participants in this study connected their emotional distress to the challenging events and contexts in their lives. The lack of support they experienced appeared to exacerbate their feelings of distress and there seemed to be few opportunities for the participants' opinions, perspectives and experiences to be heard by adults, particularly those at school. As a consequence it seemed difficult for the participants to receive support that was relevant to their experiences.

The medical model of mental health is arguably the dominant model within the UK. In accordance with this model, focus is geared towards the individual and to particular behaviours which are deemed to be indicative of mental health difficulties.

There is little acknowledgement of the social contexts which embed a person's life and which impact on their development and well-being. Kinderman (2014) and Timimi (2014) have argued that the medical model has contributed towards a pathologising culture in which "normal" responses to challenging circumstances are being increasingly treated as though they are indicative of mental health difficulties. Kinderman (2014) and Timimi (2014) have further argued that the use of diagnostic categories that underpin the medical model can result in people's behaviour becoming de-contextualised.

The government has given schools the responsibility of identifying and supporting pupils with mental health difficulties. The findings of this study suggest that in undertaking this role schools are utilising a medical model of mental health. As a consequence, support is geared towards the mental health difficulties of individual pupils rather than on the promotion and maintenance of mental well-being of all pupils.

The findings of this study further suggest that as a result of their distress being identified with mental difficulties the behaviour of the participants became decontextualised. Thus support appeared to focus on the management of particular aspects of their behaviour rather than identifying and exploring the contexts and experiences that were causing the participants' distress.

Within the last few decades there has been a rise in the number of young people self-harming, developing eating disorders and a range of other unhealthy coping strategies (Lee, 2015; Selfharm UK, 2016). However, the emotional distress of young people appears to have been associated with mental health difficulties rather than being associated with having to navigate challenging and complex social contexts. This association has arguably resulted in the obscuration of social challenges which young people experience. The lack of structures to enable the experiences and opinions of young people to be heard has arguably exacerbated this obscuration.

The UK is currently experiencing an economic downturn. As a consequence, many families are working longer hours and bringing home less money. Many people have also had to cope with redundancies. In addition, many resources within the community which families have hitherto accessed and depended upon, have had their budgets cut or have been shut down placing further burdens upon families. This economic climate has arguably had a profound affect on families and young people impacting upon the time that they are able to spend together and the money which they have for basic living essentials and leisure activities.

In addition, the social contexts surrounding young people currently appear to be becoming increasingly complex as a result of commercial markets which are targeted at them and as a result of difficulties associated with the content of the internet and the prevalence and use of social media applications. These social contexts have arguably resulted in a blurring of the boundaries between adulthood and childhood.

As a consequence, young people are having to negotiate a range of complex social contexts and contradictory values and messengers being communicated to them.

Within this time of economic and cultural change, young people arguably need more targeted interventions to help them navigate these contexts. Thus rather than diagnosing their distress with categories of mental illness, young people could be offered support which is relevant to the social contexts which embed their lives.

Whilst there appears to be an increasing focus in schools on developing the resilience and emotional literacy skills of young people, concepts of “resilience” and “emotional literacy” seem to be typically perceived as abstract concepts as though these skills can be developed in young people regardless of their life experiences and social contexts. However, it could be argued that the qualities of resilience and being emotionally literate are largely context specific. Thus resilience for a young woman who regularly faces sexual harassment from boys in her school is arguably different from resilient behaviour in relation to exam stress.

If support services are to be improved for young people, it is a paramount that structures in schools and communities are created to enable the voices and experiences of young people to be heard. Their experiences could then be used to inform the content and structures of interventions.

Further changes are arguably needed in the UK education system to enable an increasing number of young people to view their experiences at school as being relevant to their lives. Such changes could involve schools equally prioritising the social and emotional development of young people in addition to their attainment in national curriculum levels and attainment tests. Consideration could also be given to how the school ethos impacts upon the well-being of pupils and staff.

A recent survey indicated that young people within the UK are amongst the unhappiest young people in the world (Weale, 2015). It seems therefore that there is an urgent need for the content, delivery and accessibility of support frameworks to be re-modelled in order that young people can access support that is meaningful, relevant and effective for them. This arguably needs to involve a re-appraisal of many of the ideas that underpin dominant discourses in mental health and education.

Chapter 6: Implications for Educational Psychologists (EPs)

Based on the findings of this study, the researcher outlines recommendations for Educational Psychologists.

EPs, having regular contact with schools, families and young people are well placed to have an impact on the provision that is offered to young people which supports their mental well-being.

Listed below are ideas of how EPs can work with schools in this regard:

- Promote a holistic appreciation of the lives of young people.
- Promote the idea of mental well-being as opposed to mental health difficulties. Encourage people to view mental well-being as akin to physical health, an aspect of health which needs regular maintenance.
- Support schools in setting up systemic structures to support the well-being of pupils and staff.
- Support school staff to consider how the ethos of the school impacts upon pupil well-being.
- Provide training to school staff that encourages them to think about the communicative function underlying challenging behaviour displayed by pupils.
- Support schools in developing the emotional literacy of both pupils and staff.
- Support schools and families so that sports and arts activities can be used for emotional expression.
- Facilitate regular focus groups in schools to elicit from young people their views in relation to challenges and difficulties faced at school and in society at large. This information could then be used to construct support systems offered to young people and would help to ensure their relevance.
- Support schools in implementing a range of interventions to help manage stress amongst pupils and staff.

- Provide training to schools on the different modalities offered by therapists and the role which therapy can have for young people.
- Support schools in setting up a referral system to any mental health specialist that is employed by the school. This referral system should include the ability for young people to self-refer.
- Support schools in setting up systems that allow therapists to work and liaise with permanent members of staff in schools.
- Support schools in setting up structures that enable young people to receive support from permanent members of school staff.
- Support school staff and families in thinking about the challenges which young people in society are facing at any given time. Support school staff in implementing interventions to help young people manage these challenges.

Chapter 7: Limitations of this study

This chapter includes a discussion about the researcher's perception of the limitations of this study. Reflections are provided on the lack of triangulated data and the researcher's interviewing skills.

In asking the participants questions about the challenges they faced and how these challenges affected their lives; I was arguably asking questions about intimate aspects of their lives.

It can be difficult to share intimate details about one's life with someone you have never met before and I only met the participants once for the purposes of the interview. I thus acknowledge that the brevity of the relationship that I had with the participants may have unfavourably impacted upon the data. However, it is also acknowledged that the participants may have found it helpful to talk with someone unknown to them and that they may have found it easier to share their views with a person who is outside of their immediate social contexts.

In future qualitative studies with young people in this area, it may be more advantageous to conduct several interviews to allow the researcher to establish a more intimate rapport with the participants. Participants may as a result feel more able to share further details about their experiences. It would also give the participants time to reflect on what they had shared allowing them to build on this in subsequent interviews.

It was my initial aim to interview all of the professionals responsible for providing therapy within the three schools that took part in the study. However, this was not possible due to the reluctance and lack of availability of these members of staff.

Future related studies, where time limitations are not as constrained could recruit schools to the study wherein it is possible to interview the school counsellor in order to gain more detailed contextual information about the support offered to young people.

In addition, it would also be more informative to have triangulated data which explored the perspectives of pupils, counsellors, parents and teaching staff in order to gain a more detailed understanding of the challenges faced by young people and the responses offered by school staff and their families.

I also acknowledge the limitations in my interviewing skills. As the research is positioned within a social constructionist perspective I appreciate the impact of the relationship between myself and the participants in the construction of the data.

During the course of data collection, I felt that I became more comfortable and more relaxed within my role. As a result I felt that within the interviews that I conducted later in the process, the participants seemed to be more relaxed and the interviews were longer as the participants appeared keener to talk. If I were to conduct a further study, I would therefore conduct additional pilot interviews in order to help me acclimatise more fully to the role.

However, I feel that a strength in my approach was my reflexivity throughout the interview process which involved regularly reflecting upon my language, tone of voice and attunement with the participants.

References

- Ali, A. (2015, September 15). *Young people are struggling to cope with the pressures of social media sites, studies find*. Retrieved May 5, 2016 from The Independent: www.theindependent.co.uk/life-style/health-and-families-health-news/mental-health-young-people-are-struggling-to-cope-with-pressure-of-social-media-sites-studies-find-10496483
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- American Psychological Association. (2010). *Report on the APA taskforce on the sexualization of girls*. Retrieved December 12, 2015 from <http://www.apa.org/pi/women/programs/girls/report-full.pdf>.
- Association of the British Pharmaceutical Industry. (2016). *Value of the pharmaceutical industry in the UK*. Retrieved May 9, 2016 from Association of the British Pharmaceutical Industry: www.abpi.org.uk/industry-info/knowledge-hub/uk/uk-economy/Pages/voi.aspx
- Barnados. (2016). *Young carers*. Retrieved February 19, 2016 from What we do: www.barnados.org.uk/what_we_do/our_work/young_carers.htm
- Bates, L. (2014, December 2). Sexual harrassment part of daily life for British girls says Girlguiding UK. *The Guardian*.
- Bedell, G. (2016, February 27). *Teenage mental-health crisis: Rates of depression have soared in last 25 years*. Retrieved September 15, 2016 from The Independent: <http://www.independent.co.uk/life-style/health-and-families/features/teenage-mental-health-crisis-rates-of-depression-have-soared-in-the-past-25-years-a6894676.html>
- Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help seeking amongst young adults with mental distress: a dynamic interpretive model of illness behaviour. *Sociology of Health and Illness*, 29, 983-1002.
- Billington, T. (2000). *Separating, losing and excluding children: narratives of difference*. London: Routledge.
- Bomber, L. (2012). *Inside I am hurting*. Hove: Worth Publishing.
- Bowers, H., Manion, I., Papadopoulos, D., & Gauvreau, E. (2013). Stigma in school-based mental health: perceptions of young people and service providers. *Child and Adolescent Mental Health*, 18(3), 165 – 170.
- Bowlby, J. (2005). *A secure base*. Oxon: Routledge.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77 – 101.

Breggin, P. (2010, June 21). The hazards of psychiatric diagnosis. *The Huffington Post*. Retrieved from http://www.huffingtonpost.com/dr-peter-breggin/mental-health-the-hazards_b_618507.html

Brinkman, S., & Kvale, B. (2015). *Interviews: Learning the craft of qualitative research interviewing*. California, USA: Sage.

British Association for Counselling and Psychotherapy. (2015). Ethical framework. Retrieved from http://www.bacp.co.uk/ethical_framework/ETHICAL%20FRAMEWORK%20%28BSL%20VERSION%29/Respectingprivacyandconfidentiality%20.php

British Broadcasting Corporation. (2013a, March 16). *Young Carers: A quarter of a million children provide care for others*. Retrieved February 19, 2016 from News: www.bbc.co.uk/news/education-22529237

British Broadcasting Corporation. (2013b, April 18). Viewpoints: Tackling the sexualisation of children. Retrieved June 5, 2015 from <http://www.bbc.co.uk/news/education-22002324>

British Broadcasting Corporation. (2013c October 1) 'Childhood damaged' by over-testing, says poet laureate. Retrieved February 19, 2016 from <http://www.bbc.co.uk/news/education-24345834>

British Broadcasting Corporation. (2013d, October 14). Young net users engage in risky behaviour. Retrieved March 12, 2015 from <http://www.bbc.co.uk/news/technology-24580139>

British Medical Association (2001) *Consent, rights and choices in health care for children and young people*. London: BMJ Publishing Group.

British Psychological Society. (2011a, April). *Code of Human Research Ethics*. Retrieved April 1, 2016 from The British Psychological Society: www.bps.org.uk/sites/default/sites/files/documents/code-of-human-research-ethics.pdf

British Psychological Society. (2011b, June). *DSM-5, British Psychological Society response*. Retrieved March 15, 2016 from http://apps.bps.org.uk/_publicationfiles/consultation-responses/DSM-5%202011%20-%20BPS%20response.pdf

British Psychological Society. (2014). *Understanding Psychosis and Schizophrenia; Why people sometimes hear voices, believe things that others find strange, or appear out of touch with reality and what can help*. The British Psychological Society.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. MA: Harvard University Press.

Bronfenbrenner, U. (1994). Ecological models of human development. In M. Gauvain, & M. Cole (Eds.), *Readings on development of children* (pp. 37 - 43). New York: Freeman.

Bronfenbrenner, U., & Morris, P. (1998). The ecology of developmental processes. In W. Damon, & R. Lerner (Eds.), *Handbook of child psychology, Vol 1: Theoretical models of human development* (pp. 993 – 1023). New York: Wiley.

Burman, E. (2008). *Deconstructing Developmental Psychology*. Hove: Routledge.

Burr, V. (2003). *Social Constructionism*. Hove: Routledge.

Byrne, P. (1997). Psychiatric stigma: past, passing and to come. *Journal of the Royal Society of Medicine*, 90, p 618 – 621. Retrieved August 11 2016 from http://jrs.sagepub.com/content/90/11/618?ijkey=f8de57dd0d82813df4aa76ee72a50ad982aa4ca7&keytype=tf_ipsecsha

The Centre for Social Justice. (2011). *Mental health: poverty, ethnicity and family breakdown. Interim Policy Briefing*. Retrieved August 16, 2016 from <http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/MentalHealthInterimReport.pdf>

The Children's Society. (2013, May 15). *Report reveals impact on young carers*. Retrieved April 1, 2016 from The Children's Society: www.childrenssociety.org.uk/news-and-blogs-press-release-report-reveals-impact-young-carers

Cicchetti, D., & Schneider-Rosen, K. (1986). An organisational approach to childhood depression. In M. Rutter, C. Izard & P. Read (Eds.), *Depression in Young People; developmental and clinical perspectives* (pp. 71-134). New York: The Guildford Press.

Coombes, L., Appleton, J., Allen, D., & Yerrell, P. (2013). Emotional health and well-being in schools: Involving Young People. *Children and Society*, 27, 220-232.

Cooper, M. (2013). Counselling in secondary schools. *Therapy Today.net*, 24(5). Retrieved from <http://www.therapytoday.net/article/show/3760/counselling-in-uk-secondary-schools/>

Department for Education. (2016). Mental health and behaviour in schools: Departmental advice for school staff. Retrieved from May 16, 2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326551/Mental_Health_and_Behaviour_-_Information_and_Tools_for_Schools_final_website_2_25-06-14.pdf.

Department for Education and Department of Health. (2015). Special educational needs and disability code of practice: 0 – 25 years. Retrieved May 16, 2016 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Emde, R., Harmon, R., & Good, W. (1986). Depressive feelings in children: A transactional model for research. In M. Rutter, C. Izard, & P. Read (Eds.), *Depression in young people; developmental and clinical perspectives* (pp. 135 - 162). New York: The Guildford Press.

Erikson, E. H. (1968). *Identity: youth and crisis*. New York: Norton.

Espinoza, J. (2015, July 4). Teachers are shaming pupils because of exam pressure, report says. Retrieved September 14, 2016 from The Telegraph: <http://www.telegraph.co.uk/education/educationnews/11716496/Teachers-are-shaming-pupils-because-of-exam-pressure-report-says.html>

Finlay, L. (2011). *Phenomenology for therapists: researching the lived world*. West Sussex: Wiley Blackwell.

Foucault, M. (1977). *Discipline and Punish: The birth of the prison*. London, United Kingdom: Penguin.

Fox, C., Buchanan-Barrow, E., & Barrett, M. (2007). Children's understanding of mental illness: an exploratory study. *Childcare, health and development*, 34, 10 – 18. doi:10.1111/j.1365-2214.2007.00783.

Friedli, L. (2009). *Mental health, resilience and inequalities*. World Health Organization. Copenhagen: World Health Organization.

Gergen, K. (1991). *Relational being: beyond self and community*. New York: Oxford University Press.

Gergen, K. (2009). *An invitation to social construction*. London: Sage Publications.

Gerhardt, S. (2004). *Why love matters: How affection shapes a baby's brain*. Hove: Taylor & Francis.

Gottman, J., & DeClaire, J. (1997). *Raising an emotionally intelligent child*. New York: Fireside.

GOV.UK. (n.d.). *Parental rights and responsibilities*. Retrieved March 16, 2016 from GOV.UK: www.gov.uk/parental-rights-responsibilities

Green, J., McGinnity, A., Meltzer, H., Tamsin, F., & Goodman, R. (2004). *Mental health of children and young people in Great Britain*. Retrieved July 1, 2013 from <http://www.esds.ac.uk/doc/5269/mrdoc/pdf/5269technicalreport.pdf>.

Grinspan, I. (2015, July 31). *College students talk about their Instagrams and the pressure to seem happy*. Retrieved April 7, 2016 from NY Mag: nymag.com/thecut/2015/07/college-students-under-pressure-to-seem-happy.html

Hagell, A., Coleman, J., & Brooks, F. (2013). Key Data on Adolescence 2013. Association for Young People's Health. London: Public Health England.

Halliwell, E., Main, L., & Richardson, C. (2007). *The fundamental facts*. Retrieved May 16, 2016 from Mental health foundation: www.mentalhealth.org/publications/fundamental-facts/

Harber, C. (2008). Perpetrating Disaffection: Schooling as an international problem. *Educational Studies*, 34 (5), 457 - 467.

Hare-Mustin, R., & Marecek, J. (1997). Abnormal and clinical psychology: The politics of madness. In D. Fox & I. Prilleltensky (Eds.). *Critical psychology: An introduction* (pp.104 – 120). London: Sage.

Harris, R. (2007). *The happiness trap: Stop struggling, start living*. London: Constable & Robinson.

Hart, A., Blincow, D., & Thomas, H. (2008). Resilient Therapy: Strategic therapeutic engagement with children in crisis. *Child Care in Practice*, 14(2), 131 – 145.

Healthtalk. (February 2013). Mental health: ethnic minority experiences. Retrieved from <http://www.healthtalk.org/peoples-experiences/mental-health/mental-health-ethnic-minority-experiences/getting-diagnosis>

Hill, K., & Dallos, R. (2011). Young People's Stories of Self-Harm: A narrative study. *Clinical Child Psychology and Psychiatry*, 17 (3), pp. 459 - 475.

Hill, V. (2013). The Medicalisation of Childhood Behaviours: The Need for a paradigm shift. Paper presented at The British Psychological Society, Division of Educational and Child Psychology Conference 2013. Retrieved September 15, 2016 from https://www.google.co.uk/search?q=vivian+hill+medicalization+of+childhood&ie=utf-8&oe=utf-8&client=firefox-b-ab&gfe_rd=cr&ei=YJveV6igOayN8Qf7-ZrQBg

Huxley, P. (1993). Location and stigma: a survey of community attitudes to mental illness: enlightenment and stigma. *Journal of Mental Health UK*, 2, 73–80.

Keating, D. (2004). Cognitive and brain development. In R. Lerner. & L. Steinberg (Eds.), *Handbook of adolescent psychology* (pp. 45 – 84). New York: Wiley.

Kessen, W. (1979). The American child and other cultural inventions. *American Psychologist*, 34(10), 815 – 820.

P Kinderman. (2013, June 13). Drop the language of disorder: less medicalising and more understanding, please. [Web blog post]. Retrieved November 20, 2016 from <http://peterkinderman.blogspot.co.uk/2013/06/drop-language-of-disorder-less.html>.

Kinderman, P. (2014). *A prescription for society: why we need a whole new approach to mental health and wellbeing*. Hampshire: Palgrave Macmillan .

Lavis, P. (2015). Eight key principles to help boost pupils' mental health. Retrieved September 1, 2016 from <http://schoolsweek.co.uk/eight-key-principles-to-help-boost-pupils-mental-health>

Lee, A. (2015, June 3). *Large rise in UK admissions for teenage eating disorders*. Retrieved April 11, 2016 from YoungMinds: www.youngminds.org.uk/news/blog/2777_large_rise_in_uk_admissions_for_teenage_eating_disorders

Malek, M. (2011). Enjoy, achieve and be healthy: The mental health of black and minority ethnic children and young people. The Afiya Trust. Retrieved from <http://www.better-health.org.uk/sites/default/files/consultations/responses/Enjoy-achieve-and-be-healthy.pdf>

Mayall, B. (2012). *Sociologies of childhood and educational thinking*. London: IOE Press.

Mayall, B. (2013). *A history of the sociology of childhood*. London: IOE Press.

McCann, T., Lubman, D, & Clark, E. (2012). Views of young people with depression about family and significant other support: Interpretative phenomenological analysis study. *International Journal of Mental Health Nursing*, 21, 453 - 461. doi: 10.1111/j.1447-0349.2012.00812.x

Mental Health Foundation. (2015). *Stigma and Discrimination*. Retrieved April 7, 2016 from Mental Health Foundation: www.mentalhealth.org/a-z/s/stigma-and-discrimination

Mental Health Foundation. (2016). *What is mental health?* Retrieved August 16, 2016 from <https://www.mentalhealth.org.uk>

Mind. (2013). Mental health crisis care: commissioning excellence for black and minority ethnic groups. Retrieved February 12, 2016 from <http://www.mind.org.uk/media/494422/bme-commissioning-excellence-briefing.pdf>

MindFull. (2013). *'Alone with my thoughts': recommendations for a new approach to young people's mental health support*. Retrieved May 16, 2016 from <http://lifeinmyshoes.org/content/uploads/2014/01/Mind-Full.pdf>

Monbiot, G. (2013, December 9). *Materialism: A system that eats us from the inside out*. Retrieved March 29, 2016 from The Guardian: www.theguardian.com/commentisfree/2013/dec/09/materialism-system-eats-us-from-inside-out

National Health Service Choices. (2013, August). News analysis: controversial mental health guide. Retrieved May, 16 2015 from <http://www.nhs.uk/news/2013/08august/pages/controversy-mental-health-diagnosis-and-treatment-dsm5.aspx>

National Health Service inform. (2016a). *Mental Health and Wellbeing Zone*. Retrieved August 17, 2016 from <http://www.nhsinform.co.uk/mentalhealth/>

National Health Service inform. (2016b). *Benefits of talking therapy*. Retrieved September 13, 2016 from <http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/benefits-of-talking-therapy.aspx>

National Institute for Clinical Care and Excellence. (2005). NICE guidelines for treating children and adolescents with depression. Retrieved July, 1 2014 from <http://www.nice.org.uk/nicemedia/live/109701/29862/29862.pdf>.

National Society for Prevention of Cruelty to Children. (2015, March, 21). ChildLine porn campaign confronts issue of young people and porn. Retrieved January, 5 2016 from <http://www.nspcc.org.uk/fighting-for-childhood/news-opinion/sue-minto-we-cannot-shy-away-talking-about-porn/>

National Union of Teachers. (2015, June). *Exam Factories? The impact of accountability measures on children and young people*. Retrieved March 29, 2016 from NUT: www.teachers.org.uk/files/exam-factories.pdf

Naylor, P., Cowie, H., Walters, J., Talamelli, L., & Dawkins, J. (2009). Impact of a mental health teaching programme on adolescents. *British Journal of Psychiatry*, 194, 365-370. doi: 10. 1192/bjp.bp.108.053058

Nelson, T. D., & Nelson, J. M. (2010). Evidence based practice and the culture of adolescence. *Professional Psychology: Research and Practice*, 41, 305-311.

Norris, S. (2013, December 3). *Sexual harassment in schools*. Retrieved March 14, 2016 from 50.50 inclusive democracy: www.opendemocracy.net/5050/sian-norris/sexual-harassment-in-UK-schools

Office of National Statistics. (2011). 2011 Census. Retrieved May 18, 2011 from www.ons.gov.uk/census/2011census

Offord, A. (2016, August, 24). *Rise in the number of children seeking mental health support*. Retrieved September 18, 2016 from Children and Young People Now: <http://www.cypnow.co.uk/cyp/news/2000607/rise-in-number-of-children-seeking-mental-health-support>

Onuwurah, C. (2014, May 2). *Gendered marketing perpetuates stereotypes, constrains minds and limits our children's potential*. Retrieved March 29, 2016 from The Huffington Post: www.huffingtonpost.co.uk/chi-onwurah/let-toys-be-toys-gender-marketing

Palmer, S. (2006). *Toxic Childhood: How the modern world is damaging our children and what we can do about it*. London: Orion.

Palmer, T. (2003). *Just one click: sexual abuse of children and young people through the internet and mobile telephone technology*. Ilford: Barnardos.

Parker, I., Georgaca, E., Harper, D., McLaughlin, T. & Stowell-Smith, M. (2006). *Deconstructing Psychopathology*. London: Sage.

Parry, W. (2011, April 11). Mental illness labels may have contradictory effects. Retrieved March 15, 2016 from <http://www.livescience.com/19608-mental-illness-labels-depression.html>

Paton, G. (2010, November 15). Exams culture 'fuelling teenage mental health problems'. *The Telegraph*. Retrieved from <http://www.telegraph.co.uk/education/educationnews/8134232/Exams-culture-fuelling-teenage-mental-health-problems.html>

Phillips, L., & Smith, R. (2011). Developing school counselling services for children and young people. *National Foundation for Educational Research*. Retrieved from <http://www.nfer.ac.uk/publications/WPV01/WPV01.pdf>

Pidgeon, N., & Henwood, K. (1997). Using grounded theory in psychological research. In N. Hayes (Ed.), *Doing qualitative analysis in psychology*, 245 – 273. doi:10.1111/j.1468-0122.2005.00347.x

Polat, F., & Jenkins, P. (2005). Provision of counselling services in secondary schools: a survey of Local Education Authorities in England and Wales, *Pastoral Care in Education*, 23(4), pp. 17-24.

Prior, S. (2012). Overcoming stigma: how young people position themselves as counselling service users. *Sociology of Health and Illness*, 34, 697-713. doi: 10.1111/j.1467-9566.2011.01430.x.

Public Health England. (2004). The link between pupil health wellbeing and attainment: A briefing for head teachers, governors and staff in educational settings. Retrieved September 1, 2016 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf

Raviv, A., Sills, R., Raviv, A., & Willansky, P. (2000). Adolescents' help-seeking behaviour: the difference between self and other referral. *Journal of adolescence*, 23, 721-740.

- Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103
- Rose, D., & Thornicroft, G. (2010). Service user perspectives on the impact of a mental health diagnosis. *Epidemiologia e Psichiatria Sociale*, 19, 140 – 47. doi:<http://dx.doi.org.elibrary.ioe.ac.uk/10.1017/S1121189X00000841>
- Sanghani, R. (2016, August 22). *Why are so many of Britain's teen girls struggling with mental health problems?* Retrieved September 1, 2016 from The Telegraph: <http://www.telegraph.co.uk/women/health/why-are-so-many-of-britains-teen-girls-struggling-with-mental-he/>
- Sburlati, E. S., Schniering, C. A., Lyneham, H. J., & Rapee, R. M. (2011). A model of therapist competencies for the empirically supported cognitive behavioural treatment for child disorders and adolescent anxiety and depressive disorders. *Clinical Child & Family Psychology Review*, 14, 89 - 109.
- Selfharm UK. (2016). *The facts: Self-harm statistics*. Retrieved April 11, 2016 from Selfharm UK: www.selfharm.co.uk/get/facts/self-harm_statistics
- Shaw, I. (2011, June 30). *Narrative or Thematic Analysis? A workshop*. Retrieved April 2, 2016 from University of York: www.york.ac.uk/qualitative/research/programme/pastqrnevents/qrn/thematic/
- Shaw, S., Dallos, R., & Shoebridge, P. (2009). Depression in female adolescents: An Interpretative Phenomenological Analysis. *Clinical Child Psychology & Psychiatry*, 14, 167-181.
- Smith, J., & Osborn, M. (2003). Interpretative Phenomenological Analysis. In J. Smith (Ed.), *Qualitative psychology* (pp. 51-80). London: Sage Publications.
- Spratt, J., Shucksmith, J., Philip, K., & Watson, C. (2006). 'Part of who we are as a school should include responsibility for well-being'. Links between the school environment, mental health and behaviour. *The Journal for Pastoral Care and Personal-Social Education*, pp. 14 – 25. Retrieved August 25, 2015 from http://mmiweb.org.uk/hull/site/pt/downloads/pbl_pas_Spratt.pdf
- Spratt, J., Shucksmith, J., Philip, K., & Watson, C. (2010). 'The bad people go and speak to her': young people's choice and agency when accessing mental health support in school. *Children & Society*, 24, pp 483 – 494. doi:10.1111/j.1099-0860.2009.00246.x
- Stolorow, R. (2016). Pain is not pathology. *Existential Analysis*, 27.1, 70-74.
- Sweet, E. (2012, December, 21). Guys and Dolls No More? *The New York Times*. Retrieved July 16, 2014 from http://www.nytimes.com/2012/12/23/opinion/sunday/gender-based-toy-marketing-returns.html?_r=0.

- Time to Change. (2016) Retrieved May 19, 2016 from <http://www.time-to-change.org.uk/>
- Timimi, S. (2004). Rethinking childhood. *British Medical Journal*, 329, 1394 – 1396. Retrieved July 16, 2014 from <http://www.bmj.com/content/329/7479/1394>.
- Timimi, S. (2006). The role of culture, markets and prescribed drugs. *Public Policy Research*, 35-42.
- Timimi, S. (2014). No more psychiatric labels: Why formal diagnostic systems should be abolished. *International Journal of Clinical and Health Psychology*, 14, 208 – 215. doi:10.1016/j.ijchp.2014.03.004
- Tudge, J., Mokrova, I., Hatfield, B., & Karnik, R. (2009). Uses and misuses of Bronfenbrenner's bioecological theory of human development. *Journal of Family Theory & Review*, 1, 198 – 210)
- Tymms, P., & Merrell, C. (2007). *Standards and quality in English primary schools over time*. Cambridge: University of Cambridge.
- UNICEF. (1989). *A summary of the UN convention on the rights of the child*. Retrieved March 16, 2016 from UNICEF: www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_summary.p
- Viner, R. (2012). Life Stage, Adolescents. Retrieved December 2, 2014 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252658/33571_2901304_CMO_Chapter_8.pdf.
- Weale, S. (2015, August 19). *English children among the unhappiest in the world at school due to bullying*. Retrieved April 1, 2016 from The Guardian: www.theguardian.com/society/2015/aug/19/english-children-among-unhappiest-world-wide
- Weare, K. (2004). *Developing the emotionally literate school*. London: Paul Chapman.
- Welcoming Schools Guide. (2016, March 29). *Gender identity and stereotypes: The impact on children*. Retrieved March 29, 2016 from www.welcomingschools.org/pages/gender-identity-stereotypes-the-impact-on-children/
- Whittle, H., Hamilton-Giachritsis, C., Beech, A., & Collings, G. (2012). A review of online grooming: characteristics and concerns. *Aggression and Violent Behavior*, 18(1), 62 – 70. doi:10.1016/j.avb.2012.09.003
- Whoriskey, P. (2012, December 26). *Antidepressants to treat grief? Psychiatry panelists with ties to drug industry to say yes*. Retrieved May 9, 2016 from The Washington Post: www.washingtonpost.com/business/economy/antidepressants-to-treat-grief-psychiatry-panelists-with-ties-to-drug-industry-say-yes

Williams, Z. (2016). *The commercialisation of childhood*. London: Compass.

Wisdom, J., & Green, C. (2013). 'Being in a funk': Teens' efforts to understand their depressive experiences. *Qualitative Health Research*, 23, 1227-1238. doi: 10.1177/1049732304268657 Retrieved May 18, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3575523/>

Wong, I., Murray, M., Camilleri-Novak, D., & Stephens, P. (2004). *Increased prescribing trends of paediatric psychotropic medications*. Retrieved Aug 16, 2016 from <http://adc.bmj.com/content/89/12/1131.full.pdf>

World Health Organization. (2010). The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines. Retrieved April 5, 2016 from <http://apps.who.int/classifications/icd10/browse/2010/en>.

World Health Organization. (2016). *Adolescent development*. Retrieved April 5, 2016 from World Health Organization: www.WHO.int/maternal_child_adolescent/topcis/adolescence/dev/en

YoungMinds. (2014). Exclusive: YoungMinds poll reveals toxic climate for young people. Retrieved September 1, 2016 from http://www.youngminds.org.uk/news/blog/1830_exclusive_youngminds_poll_reveals_toxic_climate_for_young_people

YoungMinds. (2015a). *Mental Health Statistics*. Retrieved January 11, 2016 from http://www.youngminds.org.uk/training_services/policy/mental_health_statistics

YoungMinds. (2015b). *Stop cutting CAMHS services*. Retrieved January 11, 2016 from http://www.youngminds.org.uk/about/our_campaigns/cuts_to_camhs_services

Zins, J., Bloodworth, M, Weissberg, R, & Walberg, H. The scientific base linking social and emotional learning to school success. In J. Zins, R. Weissberg, M. Wang, & H. Walberg (Eds.), *Building academic success on social and emotional learning: what does the research say?* (pp. 1-22). New York: Teachers Press Columbia University.

Appendix A

Dear

Research – Mental health and adolescents

I am a trainee Educational Psychologist and I am writing in relation to your discussion about my research project with [name omitted], Senior Educational Psychologist of [name omitted] at the SENCo forum on 10th March.

My project follows on from the research in [name of local authority omitted] commissioned by CAMHS and aims to explore young people's experiences of mental health. I have chosen this area to research, as whilst it is commonly accepted that mental health difficulties amongst young people are increasing, there is a paucity of research that focuses on the experiences and views of young people. It is hoped that the findings will contribute to knowledge pertaining to young people and mental health and be of use to professionals that work with them. In light of the recent Department for Education guidance to schools on mental health, the issue of how schools can effectively support the mental well-being of pupils seems particularly pertinent.

My research project will include three schools across the borough that employ a school counsellor. At each school I will need to interview four pupils aged between 12 and 16 years old who have been referred to the counsellor and who have started therapy. Additionally, I will need to interview the school counsellors to gain their perspectives on mental health and therapeutic support. Written consent from the young people and their parents will be needed before interviews can take place and consent forms and information letters can be provided to schools so that no extra work demands are placed upon staff.

The interviews would take no longer than 1 hour and would take place on the school premises. In order to protect the identity of participants, the data collected from the interviews would be anonymous and there would be no reference to the name of the school, counsellor or young person. On completion of the project, a briefing paper detailing the findings would be provided to the school. I would also be available to provide a presentation about my research findings and young people and mental health at an INSET day.

As an assurance of quality, my research proposal has been approved by [details omitted] council and by an Ethics Committee at the Doctoral School at the Institute of Education, University College London where I am a student. I also have DBS clearance and my number is:- DBS Number: [number omitted], Date: 09/07/2013.

I would like to carry out interviews in the forthcoming weeks and would welcome the opportunity of carrying out research in your school. I look forward to hearing from you at your earliest convenience if your school would like to participate in this project. I can be contacted via email or by phone on [number omitted].

Yours sincerely



Daniella Alexandra
Trainee Educational Psychologist

Name omitted
Senior Educational Psychologist

Appendix B

MAY 2015

Dear Parent

Research: Young People and Mental Health

I am an Educational Psychologist in training from the Institute of Education, University College London. I am currently researching young people's experiences of mental health. I believe this issue to be of importance as the number of young people experiencing mental health difficulties is increasing. However, the majority of research conducted in this area focuses on the views of parents, teachers and therapists. To address this balance, I would therefore like to interview young people about their experiences of mental health. It is my hope that the research will provide a platform for the voices of young people and that the findings will contribute to a better understanding of the challenges that young people face in order that support services can be improved.

Following discussions with [], Special Educational Needs Co-ordinator and school counsellor, your son/daughter has indicated that they would like to participate in this project. Participation will involve an interview where they will be invited to talk about their experiences of mental health. All interviews will be conducted at school and the data collected will be anonymous. As an assurance of quality, my work is being supervised by an academic supervisor and an Educational Psychologist and Lecturer at the Institute of Education. The school counsellor will also be available for any follow up work that may need to be carried out after the interview. If you consent to your son/daughter participating in this project, please sign and return the slip below to [name of SENCO] the school SENCO by [] 2015.

If you have any questions or would like any further information please do not hesitate to contact Daniella Alexandra or [] the school SENCO.

Yours sincerely

Daniella Alexandra

Educational Psychologist in Training

email: [details omitted]

I [] consent to my son/daughter [] taking part in an interview as part of the research on young people's experiences of mental health conducted by Daniella Alexandra of the Institute of Education, University College, London.

Signed

Date.....

Print name

Return to [] the school SENCO by [] 2015.

Appendix C



Young People and Mental Health

Daniella Alexandra,
Trainee Educational Psychologist,
Institute of Education, University College London
email: [removed]

What is the research about?

This project is about young people's experiences of mental health; the challenges in their lives and how they have coped with them.

Why is this research important?

The number of young people experiencing mental health difficulties is increasing. Most of the research in this area focuses on the views of counsellors and school staff. It's really important that young people's voices are heard in order that support services can be made better.

What will taking part in the research involve?

Participating in the project will mean taking part in an interview that will last approximately 45 minutes.

You will be asked about your experiences of mental health. The interview will be recorded but your name and school will not be mentioned so your views will remain anonymous.

What will happen after the interview?

After the interview, you can talk about your feelings with the researcher or the school counsellor.

If you want to talk to someone away from school, you can also contact one of the organisations listed on the back of this leaflet.

I understand that I will be participating in an interview about my experiences of mental health.

YES (please tick to show you understand)

I understand that I do not have to answer any questions if I don't want to.

YES (please tick to show you understand)

I can withdraw from the project at any time and any data relating to me will be destroyed.

YES (please tick to show you understand)

I understand that my views will remain anonymous unless the researcher believes that I am at risk of harm. She will then discuss this with me before talking with the school SENCO.
YES (please tick to show you understand)

Signed..... Printed name..... Date.....

Appendix D

June 2015

Thank you for participating in this research project. It is hoped that the findings of this study will lead to a better understanding of the challenges that some young people experience.

If you would like to talk to someone further you can talk to your school counsellor or you can contact the following organisations for support and advice:-

Childline

0800 111111

<https://www.childline.org.uk/pages/home.aspx>**Mind**<http://www.mind.org.uk/>

0300 123 3393

Rethink**0300 5000 927**<https://www.rethink.org/>

Yours faithfully

Daniella Alexandra

Trainee Educational Psychologist

Institute of Education, University College London

Appendix E

Ethics Application Form: Student Research



Leading education
and social research
Institute of Education
University of London

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

For further support and guidance please see accompanying guidelines and the Ethics Review Procedures for Student Research <http://www.ioe.ac.uk/studentethics/> or contact your supervisor or researchethics@ioe.ac.uk.

Before completing this form you will need to discuss your proposal fully with your Supervisor/s.

Please attach all supporting documents and letters.

For all Psychology students, this form should be completed with reference to the British Psychological Society (BPS) Code of Human Research Ethics and Code of Ethics and Conduct.

Section 1 Project details		
a.	Project title	An exploration of adolescents' experiences of mental health
b.	Student name and ID number (e.g. ABC12345678)	VIC13117911
c.	Supervisor/Personal Tutor	Diana Tsokova/Karen Majors
d.	Department	Psychology
e.	Course category (Tick one)	PhD/MPhil <input type="checkbox"/>
		EdD <input type="checkbox"/>
		MRes <input type="checkbox"/>
		DEdPsy x
		MTeach <input type="checkbox"/>
		MA/MSc <input type="checkbox"/>
		ITE <input type="checkbox"/>
		Diploma (state which) <input type="checkbox"/>
		Other (state which) <input type="checkbox"/>
f.	Course/module title	Doctorate in Educational Psychology: Thesis

g.	If applicable , state who the funder is and if funding has been confirmed.	
h.	Intended research start date	March 2015
i.	Intended research end date	July 2016
j.	Country fieldwork will be conducted in <i>If research to be conducted abroad please check www.fco.gov.uk 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: http://ioe-net.inst.ioe.ac.uk/about/profservices/international/Pages/default.aspx</i>	UK
k.	Has this project been considered by another (external) Research Ethics Committee?	
		External Committee Name:
	No x ⇒ go to Section 2	Date of Approval:
<p>If yes:</p> <ul style="list-style-type: none"> – Submit a copy of the approval letter with this application. – Proceed to Section 10 Attachments. <p>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 <u>National Research Ethics Service (NRES)</u> or <u>Social Care Research Ethics Committee (SCREC)</u>. In addition, if your research is based in another institution then you may be required to apply to their research ethics committee.</p>		

Section 2 Project summary

Research methods (tick all that apply)

Please attach questionnaires, visual methods and schedules for interviews (even in draft form).

x 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:

Please provide an overview of your research. This should include some or all of the following: purpose of the research, aims, main research questions, research design, participants, sampling, your method of data collection (e.g., observations, interviews, questionnaires, etc.) and kind of questions that will be asked, reporting and dissemination (typically 300-500 words).

Occurrences of mental health difficulties amongst young people within the UK is increasing. However, the researcher has identified that there is a scarcity of research that focuses on the experiences of mental health that young people themselves have. The majority of studies focus on the opinions of their carers, therapists and school staff. Therefore, in an attempt to readdress the imbalance in the literature, this study will aim to explore young people's experiences of mental health; the challenges that they face and of how they believe these challenges impact upon their lives. It is hoped that the study will contribute to knowledge relating to young people and mental health and be of use to professionals that work with young people.

The research will focus on pupils that have been referred to a school counsellor. This context has been chosen as there is an increasing expectation for schools to take a greater role in supporting the mental health needs of their pupils. School based counselling has also become one of the most common forms of psychological therapy for young people. There is arguably therefore an urgent need for schools to develop their understanding of the mental health needs of young people in order to ensure that relevant and effective support can be provided.

Twelve semi-structured interviews involving boys and girls who have been referred to a school counsellor will be carried out. The pupils will be aged between 14 and 16. Participants will be recruited from three different secondary schools in one inner London borough.

The schools will be identified through liaison with the Educational Psychology Service as they will know which schools in the area employ a school counsellor.

The aims of the study will be discussed with Pastoral Manager/School SENCO/Headteacher in the schools. The school counsellor will be asked to invite the last four pupils to be referred to the school counselling service who meet the inclusion criteria, to participate in the project.

Inclusion criteria: Pupils aged between 12 and 16 years old that have been referred to the school counsellor and that have already started receiving therapeutic support.

An hour will be allocated for each interview where participants will be invited to talk about their experiences of mental health. Interviews will be conducted on the school premises.

In order to gain some information about the school context of the participants and the type of therapeutic support they have been provided with, the school counsellors that the participants have been working with will also be interviewed. However, no reference or questions will be made in relation to individual clients. The questions will focus on eliciting the counsellors' perceptions and ideas relating to young people and mental health.

All interviews will be recorded using a Dictaphone and later transcribed. Transcripts will be analysed via the method of thematic analysis.

Section 3 Participants

Please answer the following questions giving full details where necessary. Text boxes will expand for your responses.

a. Will your research involve human participants? Yes ☒ No ☐ ⇒ go to Section 4

b. Who are the participants (i.e. what sorts of people will be involved)? Tick all that apply.

☐ Early years/pre-school

☐ Ages 5-11

☒ Ages 12-16

☐ Young people aged 17-18

☐ Unknown – specify below

☐ Adults *please specify below*

☐ Other – specify below

NB: Ensure that you check the **guidelines** (Section 1) carefully as research with some participants will require ethical approval from a different ethics committee such as the National Research Ethics Service (NRES).

c. If participants are under the responsibility of others (such as parents, teachers or medical staff) how do you intend to obtain permission to approach the participants to take part in the study?

(Please attach approach letters or details of permission procedures – see Section 9 Attachments.)

Schools that have a school counsellor will be identified to the researcher through the local authority's Educational Psychology Service. The researcher will meet with the Pastoral Manager/SENCO/Headteacher from each school to explain the purpose of the study. At these meeting the researcher will seek approval from the school management to conduct the study using pupils who meet the inclusion criteria. Pupils who are suitable for the study will be invited to participate by the school counsellor.

Where pupils have agreed to participate in the study, a consent form will be sent out to parents.

Please see attached consent letter to be sent out to parents.

d. **How will participants be recruited (identified and approached)?**

The school counsellor will identify the last four pupils who have been referred to school counselling service and who have started to attend counselling sessions. The school counsellor will then talk to these pupils about the aims and purpose of the study before asking them if they want to participate.

The school counsellor will then notify the SENCO/Pastoral Manager of pupils that wish to participate in order that a consent form out can be sent out to parents.

The consent form will provide details of the purpose of the study and will include an email address to allow both pupils and parents the opportunity of contacting the researcher should they wish to discuss the research further before deciding whether they would like to participate.

	<p>Parents will also be able to discuss the study with the SENCO/Pastoral Manager.</p> <p>When signed consent forms have been returned, appointments will be set up through the SENCO/Pastoral Manager to enable the interviews to take place on the school premises.</p>
e.	<p>Describe the process you will use to inform participants about what you are doing.</p> <p>Participants will be informed of the research through the school counsellor. They will be given further opportunities to contact the researcher via email to discuss the research further. In addition, they will be given the opportunity of talking to the SENCO/Pastoral Manager about the research.</p> <p>The parents of pupils will be given a letter providing details of the project and written consent will be sought. Parents will be given the opportunity of discussing the project with the school SENCO/Pastoral Manager or by contacting the researcher via email.</p>
f.	<p>How will you obtain the consent of participants? Will this be written? How will it be made clear to participants that they may withdraw consent to participate at any time?</p> <p><i>See the guidelines for information on opt-in and opt-out procedures. Please note that the method of consent should be appropriate to the research and fully explained.</i></p> <p>The participants will be asked to initially indicate to the school counsellor whether they would like to participate in the study. Before the interviews commence, the researcher will again explain the purpose of the study and participants will be asked to read and sign a further consent form (please see attachments). The participants will be informed that they have the right to terminate the interview at any time and that if this takes place, all data collected by the researcher that relates to them will be destroyed.</p>
g.	<p>Studies involving questionnaires: Will participants be given the option of omitting questions they do not wish to answer?</p> <p>Yes <input checked="" type="checkbox"/></p>
	<p>If NO please explain why below and ensure that you cover any ethical issues arising from this in section 8.</p>
h.	<p>Studies involving observation: Confirm whether participants will be asked for their informed consent to be observed.</p> <p>Not applicable.</p>
	<p>If NO read the guidelines (Ethical Issues section) and explain why below and ensure that you cover any ethical issues arising from this in section 8.</p>
i.	<p>Might participants experience anxiety, discomfort or embarrassment as a result of your study?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

	<p>If yes what steps will you take to explain and minimise this?</p> <p>The researcher will demonstrate tact and sensitivity when asking questions and the participant will be given the opportunity to discuss any difficult feelings/emotions they might have with either the researcher or the school counsellor. They will also be given a leaflet at the end of the interview detailing organisations they can contact for further support.</p> <p>Consideration will also be given to the time of the interviews which will be negotiated between the SENCO/Pastoral Manager and participants. This will enable the pupil to attend the interview at a time in the school day that is convenient to them and causes the least amount of disruption to their day. Careful thought will also be given to the room in the school where the interviews will take place. Via negotiations with the SENCO/Pastoral Manager the researcher will endeavour to gain access to a room on the school premises that is quiet, free from interruption and that will enable the participant to arrive discretely should they wish to keep knowledge of their participation in the study private from their peers.</p> <p>If not, explain how you can be sure that no discomfort or embarrassment will arise?</p>
j.	<p>Will your project involve deliberately misleading participants (deception) in any way?</p> <p>No <input checked="" type="checkbox"/> x</p>
	<p>If YES please provide further details below and ensure that you cover any ethical issues arising from this in section 8.</p>
k.	<p>Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?</p> <p>Yes <input checked="" type="checkbox"/> x No <input type="checkbox"/></p> <p>At the end of the interview the researcher, will de-brief each participant. They will be given a leaflet with organisations that they can contact if they wish to talk to other people about their mental health experiences. The organisations will include the details of Mind, Childline and Rethink mental health advice lines. Participants will also have the opportunity of discussing any feelings that have been aroused as a result of the interview with the researcher and/or school counsellor.</p>
	<p>If NO please explain why below and ensure that you cover any ethical issues arising from this in section 8.</p>
l.	<p>Will participants be given information about the findings of your study? (This could be a brief summary of your findings in general; it is not the same as an individual debriefing.)</p> <p>Yes <input checked="" type="checkbox"/> x Participants will be sent a briefing paper if they request one.</p>
	<p>If no, why not?</p>

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 <input type="checkbox"/> * | No x |
| b. | Will you be visiting websites associated with extreme or terrorist organisations? | Yes <input type="checkbox"/> * | No x |
| c. | Will you be storing or transmitting any materials that could be interpreted as promoting or endorsing terrorist acts? | Yes <input type="checkbox"/> * | No x |

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

Section 5 Systematic review of research

Only complete if applicable

- | | | | |
|----|--|--------------------------------|-----------------------------|
| a. | Will you be collecting any new data from participants? | Yes x* | No <input type="checkbox"/> |
| b. | Will you be analysing any secondary data? | Yes <input type="checkbox"/> * | No x |

* 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 10 Attachments**.*

Section 6 Secondary data analysis Complete for all secondary analysis

a.	Name of dataset/s	n/a	
b.	Owner of dataset/s		
c.	Are the data in the public domain?	Yes <input type="checkbox"/>	No
		<i>If no, do you have the owner's permission/license?</i> Yes <input type="checkbox"/> No* <input type="checkbox"/>	
d.	Are the data anonymised?	Yes	No <input type="checkbox"/>
		Do you plan to anonymise the data?	Yes No*
		Do you plan to use individual level data?	Yes* No <input type="checkbox"/>
		Will you be linking data to individuals?	Yes* No
e.	Are the data sensitive (DPA 1998 definition)?	Yes*	No
f.	Will you be conducting analysis within the remit it was originally collected for?	Yes	No*
g.	If no, was consent gained from participants for subsequent/future analysis?	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
h.	If no, was data collected prior to ethics approval process?	Yes <input type="checkbox"/>	No* <input type="checkbox"/>

* 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

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

Confirm that all personal data will be stored and processed in compliance with the Data Protection Act 1998 (DPA 1998). (See the Guidelines and the Institute's Data Protection & Records Management Policy for more detail.)		Yes x
Will personal data be processed or be sent outside the European Economic Area?	Yes <input type="checkbox"/> *	No x
* If yes, please confirm that there are adequate levels of protections in compliance with the DPA 1998 and state what these arrangements are below.		
Who will have access to the data and personal information, including advisory/consultation groups and during transcription? The researcher, her two supervisors and members of the Viva panel may have access to the data.		
During the research		
Where will the data be stored? In a locked cabinet in the researcher's home and on the researcher's laptop secured by password. Every transcribed interview will also be saved on a word processing package that will enable the document to be password protected.		
Will mobile devices such as USB storage and laptops be used?	Yes x * No <input type="checkbox"/>	
* If yes, state what mobile devices: Laptop, USB drive		
* If yes, will they be encrypted?: The laptop is password protected.		
After the research		
Where will the data be stored? Hard copies and the USB drive will be kept in a locked cabinet in the researcher's home. Digital copies will be kept on the researcher's laptop which is password protected. Documents relating to the study such as transcriptions will also be password protected.		
How long will the data and records be kept for and in what format? Digital copies of the data will be destroyed when the researcher has received her final mark for the research project.		
Will data be archived for use by other researchers?	Yes <input type="checkbox"/> * No x	
* If yes, please provide details.		

Section 8 Ethical issues

Are there particular features of the proposed work which may raise ethical concerns or add to the complexity of ethical decision making? If so, please outline how you will deal with these.

It is important that you demonstrate your awareness of potential risks or harm that may arise as a result of your research. You should then demonstrate that you have considered ways to minimise the likelihood and impact of each potential harm that you have identified. Please be as specific as possible in describing the ethical issues you will have to address. Please consider / address ALL issues that may apply.

Ethical concerns may include, but not be limited to, the following areas:

- | | |
|---|--|
| <ul style="list-style-type: none"> - Methods - Sampling - Recruitment - Gatekeepers - Informed consent - Potentially vulnerable participants - Safeguarding/child protection - Sensitive topics | <ul style="list-style-type: none"> - 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 |
|---|--|

The researcher appreciates that interviewing people about their experiences of mental health may evoke difficult feelings in the interviewees. In order to ensure that support mechanisms are in place for pupils after the interviews have taken place, only pupils that have started attending counselling sessions will be sought. Thus pupils will have the opportunity of talking through any issues that have arisen for them at their next appointment with the school counsellor. The researcher hopes that through engaging in therapy, the participants will have had an opportunity to reflect on their difficulties and be able to discuss them with greater ease.

As all pupils are attending therapy sessions provided by the school counsellor, parents will have already provided consent to the school in order that they can attend these sessions. The parents of these pupils will therefore be already aware that their son/daughter is experiencing mental health difficulties.

The interviews and transcripts will be anonymous. The researcher will not refer to the participants' names whilst recording is taking place. A pseudonym will be used for each participant when transcribing the data and writing up the results of the study. School names and the name of the local authority in which the schools are based in will not be named in order to further protect the identity of the participants.

After the interviews have been transcribed, recordings of the interviews will be stored on a USB drive in a locked cabinet in the researcher's home. Recordings will be destroyed when the researcher has received her final mark for the project.

Where a participant discloses information that constitutes a safeguarding issue, the school Special Educational Needs Co-ordinator/Pastoral Manager will be promptly informed in order that they can initiate safe-guarding procedures.

Before the interviews proceed, participants will be made aware of the need for the researcher to inform school staff if she believes the participant is danger or at risk of danger.

Section 9 Further information

Outline any other information you feel relevant to this submission, using a separate sheet or attachments if necessary.

Please see attached semi – structured interview schedule.

Section 10 Attachments Please attach the following items to this form, or explain if not attached

a.	Information sheets and other materials to be used to inform potential participants about the research, including approach letters	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b.	Consent form	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	<i>If applicable:</i>		
c.	The proposal for the project	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Approval letter from external Research Ethics Committee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Full risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 11 Declaration

No		Yes
I have read, understood and will abide by the following set of guidelines. <input type="checkbox"/>		<input type="checkbox"/>
BPS <input checked="" type="checkbox"/>	BERA <input type="checkbox"/>	BSA <input type="checkbox"/> Other (please state) <input type="checkbox"/>
I have discussed the ethical issues relating to my research with my supervisor. <input type="checkbox"/>		x
I have attended the appropriate ethics training provided by my course. <input type="checkbox"/>		x
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	Daniella Alexandra
Date	20th February 2015

Please submit your completed ethics forms to your supervisor.

Professional code of ethics

You should read and understand relevant ethics guidelines, for example:

British Psychological Society (2009) *Code of Ethics and Conduct*, and (2014) *Code of Human Research Ethics*

or

British Educational Research Association (2011) *Ethical Guidelines*

or

British Sociological Association (2002) *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 <http://www.ioe.ac.uk/ethics/>.

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. Further information can be found at http://www.ioe.ac.uk/studentInformation/documents/DBS_Guidance_1415.pdf

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

The www.ethicsguidebook.ac.uk website is very useful for assisting you to think through the ethical issues arising from your project.

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, you **must** refer the application to the Research Ethics and Governance Coordinator (via researchethics@ioe.ac.uk) so that it can be submitted to the Research Ethics Committee for consideration. A Research Ethics Committee Chair, ethics department representative and the Research Ethics and Governance Coordinator can advise you, either to support your review process, or help decide whether an application should be referred to the REC.

Also see 'when to pass a student ethics review up to the Research Ethics Committee':

<http://www.ioe.ac.uk/about/policiesProcedures/42253.html>

Student name	
Student department	
Course	
Project title	
Reviewer 1	
Supervisor/first reviewer name	
Do you foresee any ethical difficulties with this research?	
Supervisor/first reviewer signature	
Date	
Reviewer 2	
Second reviewer name	
Do you foresee any ethical difficulties with this research?	
Supervisor/second reviewer signature	
Date	
Decision on behalf of reviews	
Decision	Approved <input type="checkbox"/>
	Approved subject to the following additional measures <input type="checkbox"/>
	Not approved for the reasons given below <input type="checkbox"/>
	Referred to REC for review <input type="checkbox"/>
Points to be noted by other reviewers and in report to REC	
Comments from reviewers for the applicant	

**Recording – supervisors/reviewers
should submit all approved ethics
forms to the relevant course
administrator**

Recorded in the student information system

☐

Appendix F

Semi-Structured Interview Schedule

Themes to be covered

- Experiences at school, at home, with peers, in own time
- Thoughts about mental health
- Responses of adults to areas in their life they find challenging
- Ideas about the future

Bank of sample questions

- **What is important to you at school?**
- What are the biggest challenges for you in the school day/year/at school?
- What is that like for you?
- Can you describe what that feels like?
- How does that affect your school day?
- When was the last time you felt like that?
- How often do you feel like that?
- What do you mean by.....? (unpacking terms and concepts referred to)
- Are there times when you feel this is more manageable?
- What thoughts go through your mind when you're feeling like this?
- Were there times when this wasn't a challenge for you?
- How have these challenges affected your school work/relationships with other pupils/teachers?
- In what ways have you been able to share your feelings?
- How do you cope with these feelings/this challenge?
- Do you know anyone else that is in a similar situation?
- Do you think this issue is common amongst young people?

- **What is important to you outside of school?**
- What are the biggest challenges for you outside of school?
- Are your feelings different at school and home?
- Have your feelings affected your relationships? Siblings/Parents/Peers?
- If you could give a name/label to what you are experiencing what name would you give?

- **How have the adults in your life responded to this?**
- How have you found this support?
- When you did start thinking that you might benefit from support from the school counsellor?
- Have you sought any support before now?
- What do understand by the term []? Do you think it has been helpful? Do you think it captures what you are experiencing? (Where the young person refers to a diagnostic/mental health term such as depression, OCD, anxiety)
- Is this something you've been able to talk about with your counsellor?
- What have you found helpful about seeing a counsellor?
- Reactions from others about seeing a counsellor

Future

- Do you think that any other support would be helpful for you?
- Why do think that mental health difficulties amongst young people are increasing?
- What do you think are biggest challenges for young people at the moment are?
- If you ran the school what support would you put in place for pupils?
- What are your thoughts/hopes about the future?

Appendix G

Charlie – codes			
Page No.	Line No.	Extract	Code
1	1	<p>I wondered if you could talk a little bit about the reasons why you are seeing a school counsellor and when that started?</p> <p>Erm, I'm not sure when it started but I think it started about around last year in May when I had a little incident (quiet voice) with another student.</p> <p>Do you want to talk about the incident?</p> <p>Well in particular people wanted to see how I would react by getting on my nerves basically.</p> <p>OK</p>	Feeling that she has been provoked by particular peers.
1	7	<p>So that person carried on but they took it a bit too far and I kind of lashed out and it ended up in a big fight and then SLTs had to be called in more than one, there was like five different teachers actually trying to separate and it weren't working and then I was supposed to be permanently excluded but they didn't, I don't know why.</p>	Trying to make sense of decisions that are made about them by staff.
1	12	<p>So after that incident then you were asked to go and see a school counsellor is that right?</p> <p>Yeah they wanted to know why I lashed out like that.</p>	Referral to a school counsellor for challenging behaviour in school
1	14	<p>OK, how did you feel about being asked to go and see a school counsellor? Did you know what a school counsellor was?</p> <p>Yeah, I had one before.</p> <p>OK so you had one in your last school?</p> <p>Yeah, that was in Jamaica though</p> <p>So how did you feel about being asked to go and see the school counsellor?</p>	

2	36	<p>I just know, like half of the students don't respect most of the teachers in this school so I just do stuff myself like I have always done</p> <p>Do you think it would be useful to have members of staff that aren't teachers that you can go to if you have a problem?</p> <p>[big pause]. I don't really know.</p>	Lack of trust in school staff
2	39	<p>So you've been seeing the school counsellor and you don't really feel that is necessary for you to go and see a school counsellor. Have you found it useful to talk to her?</p> <p>Sometimes, but sometimes she gets on my nerves because it's always about, she's like, if you tell me certain things I'm going to have to tell this person, blah, blah and it's like really annoying.</p> <p>So you don't feel that it is confidential?</p> <p>Yeah, cos like not everything I tell you, you have to even say or have to get social workers involved or something, something</p> <p>Has she explained why she might have to do that?</p> <p>Yeah, but its not necessary, cos like it's just not.</p>	<p>Not wanting others to know about their difficulties</p> <p>Unsure of ramifications of other adults knowing about their difficulties</p>
3	47	<p>So what do you think are the biggest challenges for you at school?</p> <p>Erm, I don't know I think it is people trying to wind me up to see the same reaction that they saw cos some of them actually try and it's hard sometimes for me to keep it in and then I punch objects around me instead of punching them.</p>	<p>Experience of hostile peer interactions</p> <p>Use of aggression and violence to express anger</p>
3	49	<p>When teachers talk to me like, some of them are really annoying. [Whisper]</p> <p>All of them 'jump, jump, jump'.</p>	Feeling that teachers are demanding

3	51	<p>So it sounds like you lose your temper and you punch objects instead of people, is that right? Yeah Is this something you've done for a long time? Yeah I've always done it to cope with my anger and whatever. I punch objects they can't really feel anything, you can't get in trouble for that.</p>	<p>Reliance on aggression to express anger</p>
3	56	<p>And is that something that you think that you would like help with, managing your anger? Well I got help for my anger cos after they came and talk to me about the fight and all that they sent me to, they signed me up me for to work with a lady from Connections to deal with my anger and what triggers it and like how my long my fuse is and what lights it and all that. Have you found that useful? Yeah I find it more easy to handle my anger now. Ok I only want to punch people in the face when they talk to me, apart from that... Have you got better at understanding what the triggers are? Yep OK, coping strategies, have you learnt some coping strategies? Yeah she said to breathe and try to walk it off.</p>	<p>Awareness of alternative strategies of how to manage anger after support</p> <p>Feeling that support for anger has not addressed underlying cause of anger</p> <p>Awareness of alternative strategies of how to manage anger after support</p>
4	67	<p>Do you only feel the anger at school or do you feel it outside of school as well? Mostly school because you have irritating people that need to be taught a lesson but you can't because you get in trouble for teaching them that lesson.</p>	<p>Belief that interactions with peers can be difficult to negotiate</p> <p>Feeling need to be defensive behaviour amongst peers at school</p>

		<p>Ok, so mostly in school so you wouldn't really lose your temper at home?</p> <p>No I don't have anything to lose my temper at, at home. Unless my little unless my nephew and nieces come and they just make noise in my ears and then I go lose it sometimes</p>	<p>Occasionally feeling out of control when angry</p>
4	73	<p>So you talked about school expecting you to bottle up all of your feelings. What would it look like if school supported you better?</p> <p>Well I don't think that fighting it's not like a good thing, but I think they need to find something for kids that do have a problem with holding their anger in and let it out at school. What you going to do just send them home? That it aint going to help. Like in my old school me and a few other kids we came up with a solution and went to the head teacher about it and they agreed with it. That we had to we like, we brought like a target board and like anything that could break like old plates and cups and stuff they would be in a box and you could throw them at the target to let the anger out. It worked very well.</p>	<p>Belief in lack of effective support for pupils at school.</p> <p>Wanting views to heard and respected by school staff.</p> <p>Wanting to have an accepted outlet for anger at school.</p>
4	80	<p>So having some kind of outlet where you could express your anger at school and it would be OK?</p> <p>Yeah, cos last time I was angry at school, I accidently broke all the hinges off the door and that weren't actually deliberate but it just happened anyway.</p>	<p>Feeling that she struggles to manage anger.</p>
5	83	<p>OK. And have you been able to talk to other pupils about your anger or other teachers?</p> <p>Erm not really I don't really like talking to most teachers they're just kinda annoying.</p>	

5	85	<p>And do other pupils know that you are seeing a school counsellor? Is that something you have shared with them? Yeah, all my friends are very supportive of certain things like that erm, my mum does, my sister does and I think everyone in my family does. But my mum she's like you don't need like counsellors and social workers and all those people that get paid by the government basically cos she thinks they're all, I don't know, I don't know what to use, she just don't like them.</p> <p>What do you think? Do you agree with your mum? Social workers, yes. They're like, they not all, I don't know they're just all evil, they just lie about everything.</p> <p>Have you had much contact with social workers? Before and a few a month ago, yeah.</p> <p>OK, do you think your anger has impacted upon your school work? No not, no.</p>	<p>Lack of trust from parent in professionals that support young people</p> <p>Lack of trust in professionals that support her</p>
4	95	<p>So we've talked about the challenges inside school what do you think are the biggest challenges for you outside school? Uh, I don't actually really know cos outside school, I don't really have to follow much rules aside from expect for basic stuff like. Cos like for some reason in of school when they're outside of school and when they're at home they all have a different side of them but me it's just the same</p> <p>OK The same way I act at school, the same way I act with my mum at home.</p> <p>Why do think that is, why people have one side to them at school and another side outside? Cos outside you can do whatever you want and at home you can't cos your parents sometimes you have parents that don't associate with that kind of behaviour and when they come to school things that they couldn't do at home they let out in school because school can't really do anything except put you in detention or something.</p>	<p>Belief that managing different home and school expectations can be difficult for pupils</p> <p>Belief in lack of connection between home and school life of pupils.</p> <p>Belief that schools have limited responses to managing challenging behaviour.</p>

		<p>And you said you're just the same at home and school? Yeah cos home and school are kinda of the same In what ways are they the same? I've just always been brought up to respect people that are older than me, even younger me and act like I have manners and behave and all of that stuff, so I wouldn't be like that.</p>	
6	110	<p>OK, you said you've been seeing someone from Connections and and you've been seeing the school counsellor as well. If you had the choice would you continue to see the school counsellor? Yeah. What benefits do you think seeing the school counsellor brings you? I think it likes help me to express my feelings in like, a positive way instead of a negative way and like but the only problem is like having a counsellor in school it's like on the weekends you have no-one to talk because it's always someone in school and appointments and all that stuff so like then you're like stuck in two days of weekend and then Monday and then Ms B is like arguing about these things. Especially when you need help. When you don't need help she's always there and that's just annoying.</p> <p>So you'd like somebody who you could talk to outside of school? Outside of school, inside of school at any time. OK, not just when the teachers want to offer you support? Yeah.</p>	<p>Belief that counselling can provide a space to explore other ways of managing and expressing emotions.</p> <p>Feeling unsupported out of school hours</p> <p>Lack of control over accessing support.</p>

7	122	<p>OK, in society at the moment, the number of young people who go and see a school counsellor has increased dramatically. Why do think that might be? Have you got any ideas?</p> <p>Erm I don't know, stuff is changing so...</p> <p>What sort of things are changing?</p> <p>Like, the way people think and act, I don't know it's like everything is just changing around. Like more stuff is getting legalised or something or something?</p> <p>What do you mean more stuff's getting legalised, do you mean drugs?</p> <p>No, stuff like, that's not allowed or whatever I don't know like now they're actually free all around. So now kids feel safer to talk about stuff.</p> <p>So they're able to be more open than perhaps they used to be?</p> <p>Some people can be afraid to say something cos they don't know how that person's gonna react or see it as something so yeah.</p>	Fear of being negatively judged by others
7	134	<p>So what would you say the biggest challenges for young people in schools is at the moment?</p> <p>For people to know their true selves because everyone at school aint acting like their true self and like you can just see it they're just following, it's like a copy of someone else.</p>	Belief in pressure to conform to expectations of others
7	137	<p>So just to know their true self.</p> <p>Because they're afraid that people are going to judge them because of the way they look or the way they do something, something.</p>	Fear of being negatively judged by others
7	140	<p>So, do you think there is a lot of pressure for young people to be a certain way?</p> <p>Yeah, cos like even the school wants everyone to be the same but if we was supposed to be the same we would have been all made the same, so yeah.</p>	Feeling that there is lack of tolerance relating to difference amongst peers.

8	145	Outside of school, it's different cos you can be who you are. Because you can even see it in basic things like the way they dress, you can know that person is different from that person because of how they dress but in school everyone is in the same uniform so you don't really see who they really are. You ask them a question, who are they and they'll be like sit down and they'll don't have no truth.	Feeling that individuality is stifled at school
8	149 150	So it sounds like you're saying it's difficult to be an individual at school? They all want us to be the same but it doesn't work like that.	Feeling a pressure to conform to expectations of school staff.
8	151	Why do you think all teachers kind of want you to be the same? They want there to be no conflict between others student and all that because you're going have one that has a nice phone and another one has a little simple phone and there is going to be the up and down, scaly thing.	Conflict between pupils in relation to material goods
8	154 155	Is that a pressure for young people today? The things they have? They're just too materialistic, I don't care about name brand stuff and all that and then people are like oh you're weird. I don't care. Once I get an education and do what I need to do here then I can go and do what I want to do. You care about oh getting the new latest phone or a new type of shoes that came out. I don't care [whisper].	Belief in materialistic culture amongst peers
8	160 161	Do you think that pressures are the same for boys and girls your age? Yeah, probably. Cos boys they're more, they try to be tough and act like they're all bad and that and then you actually see their true colours when they're not in school.	Belief that boys under pressure to live up to gender stereotypes.

9	164	Cos like last year I had a very surprising, uplifting one day when I was, I had headache and then there was like, everyone thought this boy was so rude and that no-one actually liked him and he came into the room cos I was like in the classroom and he actually sat down and spoke to me and I was like, he would never do this with someone else cos the way he spoke he actually spoke like he had manners and all that normally he is always swearing and that and he is actually a pretty nice person apart from when is actually around his friends and acting all bad and wants to punch people in the face and all that. Like, yeah.	Pressure for boys to act in stereotypical ways with peers
9	169	For girls, what do you think the biggest challenges are for girls? Trying to be better than the other girl, coming to school with makeup, false eyelashes, false nails and then they're getting in trouble and they're crying about it and they will literally sacrifice the way they look, they wont sacrifice it but they will sacrifice it for school though.	Belief in competitive culture between girls related to appearance
9	172	They prefer to look nice instead of being in school like, it's not necessary, you can do that at the weekend if you want to.	Belief in dominant culture related to beauty
9	175	Do you think there is a lot of pressure on young women at the moment to look a certain way? Yeah, they're trying to look like people on TV. But people on TV are technically not really real like if you see them walking on the road you wouldn't notice from the TV show because they look so different.	Belief that young women aspiring to unrealistic ideals displayed in media
10	177	Is there anything else that I haven't asked you that you think would be useful for me to know? Well, useful like cos it's all on the news already and all that. Uh-huh Like people's sexuality and all that they should be able to be free. Anyway. In what way? It's like, I can notice in schools there's like, it's worser on the boys than the girls cos like on the girls it's like oh fine but if a boy is gay then it's like a big,	

		<p>huge problem and no it cant be. At least three gay boys in my school and half of them refuse to just let people know because they're afraid of how others boys are going to react cos like my school there are lesbians and bi-sexuals and all that and half of the school already know and they don't care because they're girls and whatever. But the boys are all hiding and stuck and other kids make jokes about that, they back it up as they know that is not how they feel. It's really annoying.</p>	<p>Culture of homophobia at school</p> <p>Pressure for boys to act in stereotypical ways with peers</p>
10	188	<p>What support do you think would be useful for these boys? To have someone to talk to. Cos boys you don't really see them going to counsellors and all that because it makes them like I don't know, look weak or something so they'll be like I don't need no counsellor, I don't need this which they do but they are just afraid to ask for it. Most people are.</p>	<p>Fear of being negatively judged by others</p>
10	192	<p>Do you think that is a general perception that young people have, that if you go to a school counsellor then you are weak?</p> <p>Probably cos like it shows that you, yeah cos it shows all of you when you go and see a counsellor it's like you're letting certain it shows like, that you have emotions and that you actually feel differently about things from other people but they are just afraid to let everyone else see it so you keep it in and act how they act which is nonsense.</p>	<p>Belief that can show vulnerabilities and individuality with school counsellor</p> <p>Belief in lack of tolerance relating to diversity amongst peers</p>
10	194	<p>That's why half the time boys are the ones getting kicked out of school. Cos they can't be themselves, they're afraid to talk to other people cos they think other people are going to judge them because of the way they are. Whatever.</p>	<p>Belief in pressure on boys to fulfill gender stereotypes</p>

10	197	<p>If you were in charge of the school, what would you put in place to support pupils?</p> <p>I would make a few programmes for like kids, cos that like there is all different problems that people don't even know about. Like, there would be a programme for kids that have anger problems, there are kids that have problems at home or something that's going on they don't speak to anyone about and they just come to school and bottle it in and one day it just goes boom and they get in trouble.</p>	<p>Belief in need for wide ranging support</p> <p>Belief in need for more holistic appreciation of pupils' lives.</p> <p>Need for teachers to explore underlying causes of challenging behaviour of pupils</p>
11	201	They're kids that have so many problems and no-one realises and they think they are fine and all that, that actually need to be dealt with cos like, yeah.	Lack of awareness amongst school staff of difficulties that pupils face.
11	202	I'd just make programmes for and it could be anonymous, they could just sign up themselves or volunteer or something.	Need to protect identity of pupils experiences difficulties due to hostile culture between peers.
11	204	<p>When you say a programme do you mean like a course that they can go on or a workshop?</p> <p>Yeah like a little activity that they work on with other people that are in, cos surprisingly there maybe another person in school that you have never met and one day you guys connect over something or become good friends or not.</p>	Belief that pupils sharing difficulties with each other could lead to greater feelings of solidarity.
11	207 208	<p>At the moment you don't feel like there is any support like this?</p> <p>If there was there wouldn't be so many people being kicked out of school and getting into fights and not coming to school cos us not going to school, must be a reason why were not going its not cos oh we just don't want to.</p>	Belief in lack of understanding from school staff

11	209	There is something there that we probably don't even know that is actually there that is getting in the way in that they are having problems at home or they don't feel safe somewhere and they don't come to school or a kid falling asleep in a lesson it's not necessarily because they're tired it might be something happened at home around in the area or even something at school.	Belief in need for more holistic appreciation of pupils' lives at school
11	214	Well teachers it's like, it's not really easy to talk to them because they don't, they don't really listen like they listen but they're not actually listening cos the only think they are listening to is, I don't know I actually find it useless talking to certain teachers.	Not feeling valued or supported by teachers
11	216 217	When would you get the opportunity to talk to one if you wanted to? Erm in a lesson or break time or lunch time. Is that easy, are they easy to find at these times? Certain teachers, certain teachers just stay in their classroom unless they're going to the toilet to get lunch and then they go back. Other teachers like they are all over the place. You can't actually find them where they are actually supposed to be.	Belief in lack of formal support structure at school
12	221	Anything else that you would like to share? How school punishes other kids. Like if they both get in a fight why does one get to come to school and the other one gets sent home. It doesn't make any sense they are both guilty for doing the exact same thing and they both should get the same punishment. And separating them doesn't really help they need to sit down. Why did it happen in the first place? They don't talk about that. Cos you'd randomly walk up to someone and like punch them in the face and what cos you wanted to. It doesn't work like that, that would just be craziness.	Sense of injustice about decisions of staff. Belief in lack of interest amongst teachers of underlying causes for challenging behaviour displayed by pupils

12	228	<p>So you don't feel staff spend enough time looking at the causes?</p> <p>All they know is you got in a fight and it aint acceptable so you have to go wherever. If you don't, even like it's like a few days ago there was incident between two students and the teacher got involved and then that student doesn't like to be touched so like it just escalated into some big thing and now that person has been sent out and then the other one that started the fight in the first place is at school been walking around. That made no sense cos they started it and they got no punishment for it.</p>	Trying to make sense of decisions made by staff
12	233	<p>So teachers need to spend more time finding out what's going in the background?</p> <p>Yeah, rules apply to everyone in the school yeah but you have kids that get little gateways to their own way in school. It's like you have to be in your lessons but no you have one or two students that can stay where they want to stay or they don't feel well so they go somewhere else and then if you feel, I don't know, they send people downstairs where you have go back to your lesson. Like you wanna say all of us have to be the same and all of us get treated the same then way does two or three other kids in the school get special treatment, basically.</p>	Confusion about decisions made by school staff
12	238	<p>So you feel there is some unfairness there. They're expecting you to be the same but for some pupils they get special treatment?</p> <p>None of us are allowed to use our phones in school but you have the older kids using their phone that doesn't make sense. All because they're older doesn't mean they have to use their phone. The rules apply to everyone it doesn't, there aint no age limit or who the rules apply to so. Yeah.</p>	Belief that there are unfair rules at school