Adolescent Mental Health in Schools: Help-Seeking and Student-Led Approaches

A thesis submitted to the University of Manchester for the degree of Doctorate of Educational and Child Psychology in the Faculty of Humanities

2022

Emma Barrow

School of Environment, Education and Development

Word Count: 35,888
## Contents

List of Tables .................................................................................................................. 7
List of Figures .................................................................................................................... 8
List of Appendices .......................................................................................................... 9
Abbreviations .................................................................................................................... 10
Abstract ............................................................................................................................. 12
Declaration Statement ...................................................................................................... 14
Copyright Statement ........................................................................................................ 15
Acknowledgments ............................................................................................................ 16
Introduction ...................................................................................................................... 17  
  Aims of the research ....................................................................................................... 17
  Research commission ..................................................................................................... 17
  Research strategy ........................................................................................................... 18
  Researcher’s professional background and relevant experience .................................... 19
  Rationale for engagement ............................................................................................... 19
  Positioning for data access ............................................................................................ 21
  Specific ethical issues ....................................................................................................... 21
  COVID-19 impact statement .......................................................................................... 22
  Evaluation of ontological, epistemological, and axiological stance ................................ 22
References ......................................................................................................................... 23

Paper One: Exploring perceived barriers to mental health help-seeking in adolescents: a  
systematic literature review ............................................................................................. 26

Abstract ............................................................................................................................. 27

Introduction ...................................................................................................................... 27
  Children and young people’s mental health .................................................................... 27
  Adolescent help-seeking ............................................................................................... 27
The Role of EPs........................................................................................................... 28

Rationale and aims........................................................................................................ 29

Research question (RQ) ............................................................................................. 30

Method ........................................................................................................................ 30

Search Strategy ........................................................................................................... 30

Eligibility criteria ........................................................................................................ 30

Screening and selection ............................................................................................. 31

Data extraction and synthesis .................................................................................... 39

Results ........................................................................................................................ 39

Overview of included studies ..................................................................................... 39

Study designs .............................................................................................................. 39

Participant characteristics ......................................................................................... 40

Locations ..................................................................................................................... 40

Findings ........................................................................................................................ 40

Global theme 1: Barriers ............................................................................................ 40

Stigma ........................................................................................................................... 41

Negative attitudes and perceptions .......................................................................... 42

Knowledge barriers .................................................................................................... 42

Practical barriers ........................................................................................................ 43

Global theme 2: Facilitators ....................................................................................... 44

Knowledge .................................................................................................................. 45

Wellbeing and community factors ............................................................................ 45

Discussion .................................................................................................................... 46

Limitations ................................................................................................................... 48

Implications for practice ............................................................................................. 49

References ................................................................................................................... 51
Paper Two: Exploring the implementation of a novel student-led mental health strategy ...

Abstract ........................................................................................................................................... 59

Introduction ..................................................................................................................................... 59

Context ......................................................................................................................................... 59

Mental Health in Adolescence ........................................................................................................ 59

Whole School Approaches to Mental Health ................................................................................... 60

Encouraging Student Participation ................................................................................................. 61

Student-led Mental Health Initiatives ............................................................................................ 61

The Role of Educational Psychologists ......................................................................................... 61

Method .......................................................................................................................................... 62

Aims and Objectives ....................................................................................................................... 62

Participant recruitment .................................................................................................................. 62

Description of the student-led mental health strategy .................................................................... 63

Data gathering ................................................................................................................................ 68

Data analysis ................................................................................................................................... 68

Ethics .............................................................................................................................................. 69

Findings .......................................................................................................................................... 70

Research Question 1: What factors acted as barriers and facilitators to a North West secondary school implementing a novel student-led mental health strategy? ......................... 70

Student factors ............................................................................................................................... 71

Staff factors .................................................................................................................................... 72

School factors ................................................................................................................................ 73

Wider community factors .............................................................................................................. 74

Permeating factors ......................................................................................................................... 76

Research Question 2: What key factors should school staff consider when planning to implement a novel student-led mental health strategy? ................................................................................. 78
Invitation to act ........................................................................................................... 79
Collaboration between stakeholders .................................................................... 79
Training ..................................................................................................................... 79
Ensuring strategy longevity ..................................................................................... 79
Discussion .................................................................................................................. 80

Research Question 1: What factors acted as barriers and facilitators to a North West secondary school implementing a novel student-led mental health strategy? ..........80

Research Question 2: What key factors should school staff consider when planning to implement a novel student-led mental health strategy? ........................................... 82

Limitations ............................................................................................................... 82

Implications for professional practice and directions for further research .............84

References ............................................................................................................... 86

Paper Three: The dissemination of evidence to practice .................................. 92

Part One: A generic overview of concepts of evidence-based practice and related issues such as knowledge transfer and practice-based research/ evidence. .........................93

Evidence-Based Practice ....................................................................................... 93

Evidence-Based Practice and Educational Psychology ......................................... 94

Evidence-based practice in school mental health provision ................................... 96

Practice-Based Evidence in Educational Psychology ........................................... 97

Practice-Based Evidence in School Mental Health ............................................... 98

Part Two: A generic overview of the evidence on effective dissemination of research and notions of research impact ................................................................................... 99

Dissemination strategies......................................................................................... 99

Dissemination in education ..................................................................................... 99

Dissemination strategy for the current research .................................................... 100

Evaluating the impact of dissemination .................................................................. 101
Part Three: A specific summary of the policy/practice/research development implications from Paper One and Paper Two at: the research site; organisational level; professional level. .......................................................... 101

Summary of research findings .......................................................... 101
Implications for the research site ....................................................... 102
Implications at the local/organisational level ..................................... 104
Implications at the professional level .................................................. 104

Part Four: A specific strategy for promoting and evaluating the dissemination and impact of the research (Paper One and Paper Two). .......................................................... 105

Dissemination for awareness .............................................................. 109
Dissemination for understanding ......................................................... 109
Dissemination for action ................................................................. 110
Conclusion .................................................................................... 112
References ................................................................................... 112
Appendices ..................................................................................... 120
List of Tables

Table 1. Summary of studies included in the review ................................................................. 34

Table 2. A summary of the key stages and timescales of the student-led mental health strategy ........................................................................................................................................ 64

Table 3: Summary of dissemination strategy ........................................................................... 102
List of Figures

Figure 1: PRISMA Diagram ..............................32

Figure 2: Thematic map of barrier themes ..............................................41

Figure 3: Thematic map of facilitator themes ...........................................45

Figure 4: Diagrammatic representation of the stages undertaken to code the data (adapted from Boyatzis, 1998, and Crabtree and Miller, 1999). .........................................................69

Figure 5: An ecological model of implementation factors ............................................71

Figure 6: Future considerations for the implementation of a student-led mental health strategy ......................................................................................................................78

Figure 7: Hierarchy of Evidence (adapted from Fox, 2003) ........................................94
List of Appendices

Appendix A: Educational Psychology In Practice Author Guidelines ........................................ 120
Appendix B: Letter confirming ethical approval ........................................................................ 128
Appendix C: Gillick competence checklist ................................................................................ 130
Appendix D: Research database example .................................................................................. 131
Appendix E: Review framework for qualitative evaluation research ........................................ 132
Appendix F: Review framework for quantitative evaluation research ...................................... 136
Appendix G: Record of Weight of Evidence A final scores ....................................................... 140
Appendix H: Semi-structured interview schedule ...................................................................... 142
Appendix I: Sample of coding for thematic analysis .................................................................. 144
Appendix J: Participant information sheet for adult participants .............................................. 148
Appendix K: Participant information sheet for Gillick competent student participants .......... 153
Appendix L: Consent form for adult participants ....................................................................... 157
Appendix M: Consent form for Gillick competent student participants ..................................... 159
Appendix N: Participant debrief sheet ...................................................................................... 160
Appendix O: Development of themes and sub-themes ............................................................... 162
Appendix P: Sample of thematic tables ..................................................................................... 164
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEP</td>
<td>Association of Educational Psychologists</td>
</tr>
<tr>
<td>APA</td>
<td>American Psychological Association</td>
</tr>
<tr>
<td>BPS</td>
<td>British Psychological Society</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
</tr>
<tr>
<td>CYP</td>
<td>Children and Young People</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DfE</td>
<td>Department for Education</td>
</tr>
<tr>
<td>DH</td>
<td>Deputy Headteacher</td>
</tr>
<tr>
<td>EBP</td>
<td>Evidence-Based Practice</td>
</tr>
<tr>
<td>EBPP</td>
<td>Evidence-Based Practice in Psychology</td>
</tr>
<tr>
<td>EP</td>
<td>Educational Psychologist</td>
</tr>
<tr>
<td>EPs</td>
<td>Educational Psychologists</td>
</tr>
<tr>
<td>HCPC</td>
<td>Health and Care Professionals Council</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority</td>
</tr>
<tr>
<td>MAT</td>
<td>Multi-Academy Trust</td>
</tr>
<tr>
<td>MHL</td>
<td>Mental Health Lead</td>
</tr>
<tr>
<td>MHST</td>
<td>Mental Health Support Team</td>
</tr>
<tr>
<td>PBE</td>
<td>Practice-Based Evidence</td>
</tr>
<tr>
<td>PRISMA</td>
<td>Preferred Reporting Items for Systematic Reviews and Meta Analyses</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>RQ</td>
<td>Research Question</td>
</tr>
<tr>
<td>SEMH</td>
<td>Social, Emotional and Mental Health</td>
</tr>
<tr>
<td>SENCo</td>
<td>Special Educational Needs Co-ordinator</td>
</tr>
<tr>
<td>SLR</td>
<td>Systematic Literature Review</td>
</tr>
<tr>
<td>SLT</td>
<td>Senior Leadership Team</td>
</tr>
<tr>
<td>SMHL</td>
<td>Senior Mental Health Lead</td>
</tr>
<tr>
<td>SWAT</td>
<td>Student Wellbeing Ambassador Team</td>
</tr>
<tr>
<td>TEP</td>
<td>Trainee Educational Psychologist</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WoE</td>
<td>Weight of Evidence</td>
</tr>
</tbody>
</table>
Abstract

Background
There has been a growing national focus on the mental health of children and young people (CYP). Despite increasing incidence rates of mental health difficulties, only a small proportion of adolescents will access support. It is proposed that schools have the potential to provide an integral, universal access point to deliver services that endeavour to support the assessment and identification of mental health difficulties and promote positive wellbeing. There is a key role for Educational Psychologists (EPs) in supporting school-based mental health approaches.

Methods/participants
Paper One is a systematic literature review (SLR) that sought to explore school-based barriers and facilitators to mental health help-seeking. Twelve eligible studies were identified and critically appraised. Paper Two is an empirical study, employing an exploratory design around the implementation of a novel student-led mental health strategy. Individual and paired depth interviews were carried out with five participants, including students, school staff and the school’s link Education Psychologist (EP). The interviews were thematically analysed.

Analysis/findings
The findings of the SLR identified a range of barriers and facilitators to adolescent mental health help-seeking, highlighting important implications for improving the propensity to seek help. The empirical investigation identified factors impacting on the implementation of a student-led mental health strategy and future considerations for the replication of similar initiatives. Reflections on the findings with relevance to the EP role are presented.

Conclusion/implications
Strategies to promote help-seeking behaviours in adolescents are outlined, along with implications for future research and practice. Following an empirical investigation of a student-led mental health strategy, an ecological model of implementation is proposed, along with recommendations for future replication. Finally, Paper Three includes a
dissemination strategy for sharing the findings highlighted in Papers One and Two with the research site, within the local and organisational contexts and the EP community.

Keywords: mental health, adolescent, student-led, barriers, facilitators, help-seeking
Declaration Statement

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

i. The author of this thesis (including any appendices and/or schedules to this thesis) owns certain copyright or related rights in it (the “Copyright”) and she has given the University of Manchester certain rights to use such Copyright, including for administrative purposes.

ii. Copies of this thesis, either in full or in extracts and whether in hard or electronic copy, may be made only in accordance with the Copyright, Designs and Patents Act 1988 (as amended) and regulations issued under it or, where appropriate, in accordance with licensing agreements which the University has from time to time. This page must form part of any such copies made.

iii. The ownership of certain Copyright, patents, designs, trademarks and other intellectual property (the “Intellectual Property”) and any reproductions of copyright works in the thesis, for example graphs and tables (“Reproductions”), which may be described in this thesis, may not be owned by the author and may be owned by third parties. Such Intellectual Property and Reproductions cannot and must not be made available for use without the prior written permission of the owner(s) of the relevant Intellectual Property and/or Reproductions.

iv. Further information on the conditions under which disclosure, publication and commercialisation of this thesis, the Copyright and any Intellectual Property and/or Reproductions described in it may take place is available in the University IP Policy (see http://documents.manchester.ac.uk/DoculInfo.aspx?DocID=24420), in any relevant Thesis restriction declarations deposited in the University Library, the University Library’s regulations (see http://www.library.manchester.ac.uk/about/regulations/) and in the University’s policy on Presentation of Theses.
Acknowledgments

Firstly, I wish to express sincere thanks to Dr George Thomas for his unwavering support, valuable guidance, and constant encouragement throughout my time on the course. I count myself very lucky to have been supervised by you.

It is with immense gratitude that I acknowledge the support of my research participants. It was a pleasure to work alongside you and to learn from your experiences. This thesis would not have been possible without you.

I am especially thankful to my incredibly supportive family. Most of all, to my parents who have provided me with unfaltering support, not only in the last three years, but throughout the entirety of my educational journey. I will be forever indebted to you.

To Marc, for his continued belief that I can achieve anything I put my mind to. I am extremely thankful for your constant reassurance, patience, and emotional support during my time on the course. You always put me first and, for that, I am endlessly grateful.

Thank you to my friends who helped me to maintain a work-life balance. Above all, my best friend Aimee. Despite experiencing some of the most life-changing moments in these three years, you have always remained a constant source of support to me (mainly during my lunch break!) and I am forever thankful for our friendship.

I would like to thank the Educational Psychology team at Sefton Council, particularly Emma, Anita, and Alice. I am really looking forward to joining the team in September!

Finally, to Kevin Challoner for introducing me to the world of Educational Psychology and encouraging me to pursue a career in the field.
Introduction

Aims of the research

The topic of adolescent mental health has garnered growing attention in recent years, with the unique positioning of the school environment being increasingly recognised in supporting student wellbeing (Department of Health [DoH] and Department for Education [DfE], 2017). A government funded survey, pertaining to the mental health of CYP in England, evidenced an increase in the prevalence of mental health difficulties, highlighting that one in eight of 5-to-19-year-olds had an identifiable mental health disorder (NHS Digital, 2017). Accumulating literature indicates that mental health disorders commonly begin in adolescence, with the onset of half of lifetime cases beginning before the age of fourteen half of lifetime cases occurring by the age of 14 (Patalay & Fitzsimmons, 2018). Consequently, the childhood-adolescence transition is a crucial developmental period in which intervention efforts should be targeted (DoH & DfE, 2017). It is proposed that secondary schools should play a central role in the early identification of, and support for, mental health difficulties experienced by adolescents (Thorley, 2016). Therefore, the overarching aim of this thesis was to contribute to emerging literature relating to how EPs can support school-based mental health approaches.

Research commission

The present research was developed as part of the University of Manchester’s Doctorate in Educational and Child Psychology (DEdChPsychol) thesis research commissioning process. The project was commissioned by the senior leadership team (SLT) of a comprehensive North West secondary school, consisting of mixed gender students. The focus for Paper One, a SLR, was negotiated with the researcher and the SLT at the research site. It was agreed that the review would explore barriers and facilitators to adolescent mental health help-seeking in education settings. It was intended that the findings would be utilised to promote student help-seeking within the school environment. The research site was additionally interested in implementing a novel student-led mental health strategy. Therefore, Paper Two details an empirical study exploring the barriers and facilitators to implementing this model of strategy development. However, the research itself was fully independent from the research commissioning process and was led by the author.
Research strategy

This thesis is comprised of three parts. Paper One, a SLR, aimed to provide a contemporary review of peer-reviewed evidence to address the following research question (RQ): ‘What do adolescents perceive to be the barriers and facilitators to seeking help around their mental health?’ Despite mental health disorders in adolescence being highly prevalent, support systems remain underutilised (Radez et al., 2020). Consequently, the researcher was interested in how the research site could facilitate adolescent help-seeking behaviour and reduce barriers to accessing support. Preliminary searches revealed a review gap in the literature relating to school-based mental health help-seeking. Thus, a unique contribution of this review is that it explores the help-seeking behaviours of young people aged 10-19, within the context of educational settings. This aggregative review yielded a rich dataset that poses interesting implications for educational practitioners to support mental health service uptake. The findings prompted consideration of whole-school approaches that aim to minimise stigma, reduce practical barriers, and promote connectedness and help-seeking literacy.

Atkinson et al. (2019) reported a dearth of research exploring student involvement in the development of school-based mental health interventions. It was concluded that mental health planning in schools should encourage greater student participation. To address this gap in the literature, Paper Two, a qualitative empirical study, aimed to explore the barriers and facilitators to the implementation of a novel student-led mental health strategy and investigate factors to inform potential replicability of this initiative. The study was guided by the following RQs:

- RQ1: What contextual factors acted as barriers and facilitators to a North West secondary school implementing a novel student-led mental health strategy?
- RQ2: What key factors should school staff consider when planning to implement a novel student-led mental health strategy?

Semi-structured interviews were conducted with five participants who were actively involved in the implementation of the strategy. The findings led to the development of an ecological model of implementation that is intended as useful guidance for stakeholders.
within the education system seeking to introduce a school-based student-led mental health strategy.

Paper Three proposes a dissemination strategy for the findings of Paper One and Paper Two, with reference to evidence-based practice (EBP) and practice-based evidence (PBE) relevant to the EP role. The implications for the research site, local and organisational contexts, and professional context are outlined, along with methods of evaluating the impact of the dissemination strategy.

Paper One and Paper Two were submitted for journal publication. Therefore, they are presented in accordance with journal guidelines (Appendix A). Paper One has been published and Paper Two is under review.

**Researcher’s professional background and relevant experience**

Prior to commencing the Doctorate in Educational and Child Psychology at the University of Manchester, the author held previous roles as a teaching assistant in a specialist provision, supporting CYP with social, emotional, and mental health (SEMH) needs, and as an assistant EP. During this time, the researcher became passionate about the role of educational professionals and the relational climate of the school environment in nurturing positive student mental health. As an advocate for youth participation, the researcher was committed to exploring literature aimed at promoting the meaningful engagement of students, ensuring that they are provided with opportunities to express their views and that they are given due weight (Hart, 1992; United Nations Convention on the Rights of the Child [UNCRC], 1989). Within their role as a trainee educational psychologist (TEP), the author was additionally interested in how EPs could support students to develop school-based student-led mental health approaches.

**Rationale for engagement**

Within the researcher’s previous roles, they predominantly worked at the individual level to deliver therapeutic interventions with CYP experiencing SEMH difficulties, under the supervision of qualified EPs. Whilst positive outcomes of this work were observed, the author was interested in how EPs could support universal approaches that promote positive mental health, allowing for a greater number of children to be targeted than would be ordinarily achieved through individual work.
The mental health green paper, ‘Transforming Children and Young People’s Mental Health Provision’, outlined governmental proposals to enhance the early intervention and prevention of mental health difficulties and boost support for the role played by schools and colleges (DoH & DfE, 2017). Although the potential of peer-to-peer support was recognised, it was acknowledged that there is a relative dearth of research to support this assertion. Consequently, commitments to strengthening the available evidence base in relation to this model of strategy development were highlighted.

Rickwood and Thomas (2012) argued that one of the most significant challenges to early intervention and prevention of mental health difficulties is poor help-seeking. Although this reluctance to ask for help is observed across the lifespan, adolescents are less likely than any other age group to seek support (Xu et al., 2018). Findings indicate that lack of awareness that there is a problem (Czyz et al., 2013), and preference for self-management (Nunstedt et al., 2012) are significant barriers in help-seeking behaviour. A literature review conducted by Apland et al. (2018) additionally identified stigma as being a barrier to seeking support for mental health difficulties during adolescence. Thus, Paper One aimed to explore adolescents’ perceptions of school-based barriers and facilitators to mental health help seeking.

Paper Two was commissioned by a North West secondary school. The school forms part of a multi-academy trust (MAT) in which a student-led mental health strategy had been implemented in one of the trust’s other secondary schools. As this strategy was developed in a high-achieving girls’ grammar school, with a pre-established group of students, it was felt that a contextual knowledge gap existed as to the involvement of a mixed gender group of young people from a non-selective secondary school. Therefore, the rationale for engagement was to explore the barriers and facilitators to implementing a novel student-led strategy within a mainstream, mixed-gender secondary school.

The researcher hoped that, upon completion of the Doctorate in Educational and Child Psychology, they would be able to apply the findings of both Paper One and Paper Two to their practice. This would include supporting local authority (LA) wide initiatives to improving mental health and wellbeing and using commissioned time in schools to provide
support at the systemic level to increase access to, and student participation in, whole school approaches to mental health.

Positioning for data access
The research supervisor (in their role as the school’s link EP) assisted with recruitment for the empirical study outlined in Paper Two by contacting a representative sample of key stakeholders directly via email. Prospective participants were subsequently contacted by the researcher, to provide additional information relating to what the study would entail. The researcher did not have any existing relationships with the research participants. They also did not have any links with the locality within which this research was carried out.

Specific ethical issues
The empirical research in Paper Two was designed and implemented to ensure that it was conducted in line with the ethical guidelines outlined in the Health and Care Professions Council (HCPC; 2016) and the British Psychological Society (BPS) code of ethics and conduct (2018). Ethical approval was sought from the University of Manchester (project ID: 10129, Appendix B). As the research involved discussions relating to mental health, it was reasonable to assume that this topic may have the potential to cause distress. Preventative measures were taken to minimise the risk of psychological distress to participants, including informing them of their right to withdraw and providing them with opportunities to access support (e.g., from the researcher or a trained member of staff within the school environment). A distress protocol was implemented, and participants were fully debriefed upon the completion of data collection.

As the study involved collecting data from secondary-aged students who were deemed to be Gillick competent (Gillick vs. West Norfolk & Wisbech Area Health Authority, 1985), parental/carer consent was superseded by seeking informed consent from the young people. The research site had pre-existing processes for obtaining consent for EP involvement, in which a checklist is used to establish whether a young person meets specific criteria to be deemed Gillick competent. This checklist was used by a staff stakeholder to determine the Gillick competence of student participants (Appendix C).
COVID-19 impact statement

It is important to note the impact of the COVID-19 pandemic on the initial design of the empirical study, outlined in Paper Two. Along with exploring barriers and facilitators to the implementation of a student-led mental health strategy, an additional intended aim of the original research was to evaluate the extent to which the strategy improved young people’s mental health outcomes and school connectedness. To achieve this, it was proposed that a longitudinal one group time series pre-experimental design would be employed, utilising quantitative measures at five timepoints throughout the research process. However, due to school closures imposed as a result of the pandemic, the implementation of the student-led mental health strategy was significantly delayed, and it was therefore not possible to complete evaluations of the strategy. Consequently, the decision was made to focus primarily on implementation processes, eliciting rich and detailed narratives from research participants to explore key factors that positively and negatively impacted on this phase of strategy development.

Evaluation of ontological, epistemological, and axiological stance

Ontology is the branch of philosophy concerned with the nature of being, existence and reality. Epistemology relates to knowledge; what it is and how it is acquired and shared with others (Cohen et al., 2018). Traditional paradigms of scientific research have tended to take a positivist approach. Underpinned by an objectivist ontology, positivism asserts that knowledge should be based on measurable, empirical data, and is often characterised by quantitative approaches in the social sciences. This stands in contrast with interpretivism, which is based on a binary opposition and an underlying constructivist ontology.

The current research aimed to explore the subjective experiences of participants, whilst attempting to establish an objective reality (Robson, 2002). Therefore, the researcher positioned themselves in a methodological space between the two aforementioned epistemologies, adopting a critical realist stance. This stance combines a realist ontology, with a constructivist epistemology (Maxwell, 2012). Braun and Clarke (2006, p.81) defined critical realism as a stance that “acknowledges the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings, while retaining focus on the material and other limits of ‘reality’”. This resonated with the tenets of the research strategy which held that causal mechanisms can be facilitated or
hindered by human agency, and the time and social context in which they operate.

Axiology relates to “the values and beliefs that we hold” (Cohen et al., 2018, p.3), urging congruence between ontological and epistemological assumptions (Mittman, 2001). The researcher acknowledged the importance of making their axiological position explicit to set and clarify the tone and rigour for action within the research. To this end, the researcher approached the research holding the following views:

- Mental health lies on a continuum and an individual’s position on this continuum can vary throughout their life.
- Early intervention and prevention efforts are vital in protecting the mental health of children and young people and promoting positive mental health.
- School settings provide a crucial access point that allows for the early identification and assessment of mental health needs. Consequently, good quality mental health provision within educational contexts is integral to promoting positive social and emotional development.
- CYP are uniquely positioned to identify supportive strategies to promote positive mental health. Their active and meaningful participation in decision-making relating to school-based mental health provision should be encouraged.

Throughout the research, the author continually reflected upon their axiology to consider the impact this may have on theoretical processes, methodological decision-making, and the interpretation of the findings.

References


Xu, Z., Huang, F., Kösters, M., Staiger, T., Becker, T., Thornicroft, G., & Rüsch, N. (2018). Effectiveness of interventions to promote help-seeking for mental health problems: systematic review and meta-analysis. *Psychological Medicine, 48*(16), 2658-2667. [https://doi.org/10.1017/s0033291718001265](https://doi.org/10.1017/s0033291718001265)
Paper One: Exploring perceived barriers to mental health help-seeking in adolescents: a systematic literature review

This paper was prepared in accordance with the author guidelines for the journal Educational Psychology in Practice (Appendix A)

Word Count: 6,299 (including tables and figures)
Abstract

Despite high incidence rates of adolescent mental health difficulties, only a small minority of young people access support. To address this gap, this SLR synthesises existing research exploring barriers and facilitators to help seeking. The authors identified 12 eligible studies that were critically appraised: seven provided quantitative data, two provided qualitative data and three employed mixed-methods approaches. Four global barrier themes were identified, namely: stigma; practical barriers; negative attitudes and perceptions; and knowledge barriers. Two global facilitator themes also emerged, including: mental health literacy; and wellbeing and community factors. The findings highlight important implications for improving help-seeking behaviours in adolescents, including increasing mental health support in school. The findings are discussed relative to the role of the EP, as EPs are well-positioned to support universal and targeted approaches that endeavour to reduce stigma, enhance service accessibility, promote connectedness, and improve mental health literacy.

Keywords: Adolescent, mental health, help seeking, barriers, facilitators

Introduction

Children and young people’s mental health

In recent years, England has witnessed a growing focus on the mental health of CYP (DoH & DfE, 2017). Governmental publications evidence a marked increase in the prevalence of mental health difficulties over the last two decades (Green et al., 2005; NHS Digital, 2017). Now, one in eight of 5-19-year-olds (12.8%) have a diagnosable mental health difficulty (with half of all lifetime cases emerging before the age of 14 (NHS Digital, 2017; Gulliver et al., 2010). CYP with mental health difficulties are more likely to: experience disruption to their education (Green et al., 2005); develop physical health difficulties (Goodman et al., 2011); and experience challenges associated with future employment (Knapp et al., 2016) and social relationships (Ford et al., 2014). Therefore, securing prompt and effective intervention is integral (DoH & DfE, 2017).

Adolescent help-seeking

The fortification of adaptive functioning during adolescence is associated with continued wellbeing into adulthood (Patton et al., 2016). Consequently, the childhood-adolescent
transition is viewed as a crucial period in which targeted support for mental health should be provided (Patalay & Fitzsimons, 2018). However, despite high incidence rates, a significant number of adolescent mental health problems go unrecognised and subsequently unsupported (Radez et al., 2020), with only one in four young people with an identified mental health disorder reporting to have accessed specialist mental health services (NHS Digital, 2017).

Rickwood and Thomas (2012) propose that one of the most significant challenges to early intervention and prevention of mental health difficulties is low levels of help-seeking, defined – for the purpose of this SLR – as “any action or activity carried out by an adolescent who perceives herself/himself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way” (Barker, 2007, p. 49).

Emotional competency, mental health literacy, recognition and encouragement from school personnel and peers, and accessibility of care providers have been implicated in increasing the likelihood of seeking support (Eigenhuis et al., 2021; Rickwood et al., 2005). Conversely, Aguirre Velasco et al. (2020) found that stigma and negative beliefs about help-seeking were the most prominent barriers in mental health help-seeking.

The Role of EPs

EPs are fundamentally scientist-practitioners who are professionally qualified and strategically placed to utilise psychological skills to engender positive outcomes for CYP (Fallon et al. 2010). In 2017, a green paper outlining legislative proposals surrounding mental health highlighted that ‘a whole-school approach, with commitment from senior leadership and supported by external expertise, is essential to the success of schools in tackling mental health’ (DoH & DfE, 2017, p. 5). It is postulated that schools provide a crucial, universal access point to deploy services that enhance prevention and early detection of mental health difficulties, and provide timely support (O’Reilly et al., 2018).

Gowing (2019) proposed that locating mental health provision within the school improvement agenda could serve as a ripe opportunity for EPs to add to their already extensive professional repertoire.

A review exploring the functions and contributions of EPs revealed that schools
worked more commonly with EPs than other professionals that might promote children’s mental health outcomes (Farrell et al., 2006). This finding was further complemented in a survey exploring specialist mental health provision, demonstrating that EPs were the most frequent providers (81%) of support to the school’s workforce (Sharpe et al., 2016). However, following the introduction of the Special Education Needs and Disability Code of Practice (DfE & DoH, 2015), a high level of involvement in statutory assessment has prevented EPs from expanding the scope of their work (Rumble & Thomas, 2017). Thus, the potential asset of the profession contributing to mental health promotion at various levels is often overlooked (Zafeiriou & Gulliford, 2020).

Rationale and aims
A detailed understanding of the factors that influence help-seeking behaviour is necessary to explore the gap between the high prevalence of mental health difficulties in young people and low levels of service utilisation. A recent SLR conducted by Radez et al. (2020) provided a comprehensive overview of commonly reported inhibiting and facilitative factors relating to why young people may or may not seek professional help when experiencing mental health difficulties. Across 53 quantitative and qualitative studies, four facilitator and barrier themes emerged. These themes captured individual factors, social factors, young people’s perceptions of the therapeutic relationship with professionals and systemic and structural barriers. However, the studies reviewed by Radez et al. (2020) pertained to both school- and community-based mental health help-seeking and extended beyond the adolescent age range.

This SLR forms part of a wider project commissioned by a North West secondary school, in which stakeholders were interested in exploring school-based barriers and facilitators to mental health help-seeking. The author was additionally interested in the role of the EP in systemic and strategic work in schools. As EPs predominantly work within school settings, this SLR focused on school-based recruitment settings only.

Data derived from a longitudinal survey (The Millennium Cohort Study) identified adolescence as a life stage in which mental health difficulties appear to increase (Patalay & Fitzsimons, 2018). Evidence suggests that over half of lifetime cases begin before the age of 14 and 75% by the age 18 (NHS England and DoH, 2015). Therefore, an adolescent-only
sample was utilised, as defined by The World Health Organisation (WHO) as any person between the ages of 10 and 19.

Research question (RQ)
The principle aim of this SLR is to provide a contemporary review of peer-reviewed evidence to address the following RQ:

What do adolescents perceive to be the barriers and facilitators to seeking help around their mental health?

Method
This review was conducted adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2009)

Search Strategy
An extensive and systematic search was undertaken to locate articles relevant to adolescent perceptions of facilitators and barriers to mental health help-seeking. Four databases were searched between August 2020 to October 2020: PsycInfo; Education Resources Information Centre; Web of Science; and SAGE. Careful consideration of relevant literature and previous reviews led to the generation of fourteen search terms. These were grouped into three overarching concepts, combining controlled vocabulary and free-text terms, thus ensuring search rigour. Terms to denote mental health (e.g., mental health, wellbeing, well-being, well being) were combined with terminology relating to help-seeking (help-seeking, help seeking, seeking help, access* support) and population group (e.g., student* OR pupil* OR child* young pe* OR adolescen* OR youth*). The terms within each concept were combined using the boolean operators ‘AND’/‘OR’.

Eligibility criteria
The studies within this SLR were screened to ensure they met the following inclusionary parameters:

- Studies written in the English language, in a peer-reviewed journal;
- Studies published between 2010 and 2020 (i.e., within the last 10-years);
- Research that is empirical and is derived from primary data sources (i.e., not SLRs or meta-analyses);
Studies reporting only adolescent perceived barriers and/or facilitators to help-seeking;

- Studies conducted with adolescent participants (i.e., 10 to 19 age range);
- Studies conducted within the school environment;
- Literature addressing mild to moderate mental health difficulties, as opposed to clinical diagnoses.

Studies reporting the outcomes of interventions that endeavoured to promote help-seeking were not included in this review for the purpose of maintaining the focus on barriers and facilitators to help-seeking. To ensure quality amongst the reviewed papers, the decision was taken to exclude grey literature and unpublished work.

**Screening and selection**

The initial search elicited 614 papers. Following the removal of duplicates, 494 remained. These papers were then reviewed for potential inclusion by title and abstract to ascertain their relevance. This resulted in 27 potentially relevant studies. At this stage, the full texts of these studies were obtained to confirm whether the inclusion and exclusion criteria listed above were met, resulting in 14 studies being excluded. Consequently, 13 studies exploring facilitators and barriers to mental-health help-seeking in adolescents were identified. In accordance with guidance outlined by Atkinson et al. (2014), records of the search process were maintained to enable quality assurance, transparency, and reproducibility in the review process (Appendix D). The PRISMA framework (Moher et al., 2009) was used to structure the process (see Figure 1).
The included studies were critically appraised to assess their weight of evidence (WoE; Gough, 2007). Methodological quality (WoE-A) was evaluated using the qualitative and quantitative frameworks from Woods (2020a; 2020b) (Appendices E & F). These flexible tools have been developed and extended to critically appraise a wide range of qualitative and quantitative research and have since been used effectively in several systematic reviews published by practicing psychologists (for example, Simpson & Atkinson, 2019). For the qualitative evaluative framework, points were awarded based on criteria such as ‘well executed data collection’ and ‘evidence of explicit reflexivity’. For the quantitative evaluation framework, points were awarded based on criteria such as ‘appropriate participant sampling’ and ‘comprehensive data gathering’. The maximum score on both frameworks was 20.

Eight papers were evaluated using the framework for quantitative investigative studies and two using a framework for qualitative studies. The remaining three employed a mixed-methods approach and were consequently evaluated using both the qualitative and

---

**Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Diagram**

The included studies were critically appraised to assess their weight of evidence (WoE; Gough, 2007). Methodological quality (WoE-A) was evaluated using the qualitative and quantitative frameworks from Woods (2020a; 2020b) (Appendices E & F). These flexible tools have been developed and extended to critically appraise a wide range of qualitative and quantitative research and have since been used effectively in several systematic reviews published by practicing psychologists (for example, Simpson & Atkinson, 2019). For the qualitative evaluative framework, points were awarded based on criteria such as ‘well executed data collection’ and ‘evidence of explicit reflexivity’. For the quantitative evaluation framework, points were awarded based on criteria such as ‘appropriate participant sampling’ and ‘comprehensive data gathering’. The maximum score on both frameworks was 20.

Eight papers were evaluated using the framework for quantitative investigative studies and two using a framework for qualitative studies. The remaining three employed a mixed-methods approach and were consequently evaluated using both the qualitative and
quantitative investigative framework. The framework that generated the highest score was reported (three quantitative).

Three of the 13 studies (one quantitative, one qualitative and one mixed-methods) were jointly evaluated with the second author. Performing inter-coder agreement checks ensured that reproducible judgements were attained. Before calibration, the percentage agreement between colleagues was high, with a reliability coefficient of 86%. Discrepancies in reviewer ratings were resolved through discussion and a 100% reliability coefficient was reached after calibration (Appendix G).

Based on the distributions of total scores, each study was mathematically classified. Studies that achieved an overall score between 0-6 were deemed to be ‘low’ quality. Papers scoring between 6.25-13.25 were categorised as ‘medium’ quality and studies scoring between 13.5 and 20 received a ‘high’ quality judgement (see Table 1 for individual evaluation scores). Similar SLRs focusing on facilitators and barriers to mental health help-seeking have chosen not to exclude studies based on methodological quality (Aguirre Velasco et al., 2020). However, one article in the present review was deemed to be of low quality (D’Avanzo, 2012) and was excluded from the findings.

This process yielded 12 final papers (see Table 1): seven using a quantitative design (Chen et al., 2014; Haavik et al., 2017; Mariu et al., 2011; Mohamed, 2019; Nearchou at al., 2018; Ratnayake & Hyde, 2019; Wang et al., 2019); three using a mixed-methods design (Boyd et al., 2011; Clark et al., 2020; Wang et al., 2020); and, two using a qualitative design (Ijadi-Maghsood et al., 2018; MacClean et al., 2013). Of the 12 included studies, six were rated as having high methodological quality (WoE A) and the remaining six were of medium quality. WoE-B and -C checks were not included due to the rigour of the eligibility criteria. Thus, all methodologies employed in the final studies were deemed to be appropriate for the RQ and all studies had an equally relevant focus on the RQ.
<table>
<thead>
<tr>
<th>1st author, year, country</th>
<th>Participants (n=)</th>
<th>Age and setting</th>
<th>Study design</th>
<th>Help-seeking assessment</th>
<th>Findings</th>
<th>WoE A (banding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boyd (2011) Australia</td>
<td>n = 201</td>
<td>11 to 18 years old from rural schools</td>
<td>Mixed methods</td>
<td>Open-ended survey of the help-seeking preferences and intentions of rural youth</td>
<td>Not assessed</td>
<td>- Perceived limited-service availability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Social proximity and gossip</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Travel and cost of service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Limited knowledge of sources of help</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Fears surrounding confidentiality</td>
</tr>
<tr>
<td>Chen (2014) China</td>
<td>n = 251</td>
<td>11 to 17 years old middle and high school students</td>
<td>Cross sectional (Quantitative)</td>
<td>Self-Stigma of Help Seeking Scale, Perceived Devaluation-Discrimination Scale</td>
<td>Not assessed</td>
<td>- Public stigma</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Self-stigma (medium)</td>
</tr>
<tr>
<td>Study</td>
<td>Sample Size</td>
<td>Age Range</td>
<td>Study Type</td>
<td>Measurement Tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
<td>--------------------</td>
<td>-------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clark (2020)</td>
<td>n = 722</td>
<td>12 to 18 years old</td>
<td>Mixed methods</td>
<td>Shortened version of the Attitudes Towards Seeking Professional Help Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>males</td>
<td>independent school</td>
<td></td>
<td>Not assessed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td></td>
<td>students</td>
<td></td>
<td>Stigma 13.5 (high)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haavik (2017)</td>
<td>n = 1249</td>
<td>Secondary school</td>
<td>Cross sectional (Quantitative)</td>
<td>Adapted version of the General Help Seeking Questionnaire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td></td>
<td>students (mean age=</td>
<td></td>
<td>Increased mental health literacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>17.6 years old</td>
<td></td>
<td>- Awareness of service availability</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Delay in making contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Stigma 11 (medium)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Author</td>
<td>Year</td>
<td>Sample Size</td>
<td>Age</td>
<td>Setting</td>
<td>Study Design</td>
<td>Analysis</td>
</tr>
<tr>
<td>-----------------</td>
<td>------</td>
<td>-------------</td>
<td>-----</td>
<td>---------</td>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td>Ijadi-Maghsoodi</td>
<td>2018</td>
<td>n = 76</td>
<td>Grade 6 to 12</td>
<td>Middle and high school students</td>
<td>Qualitative</td>
<td>Semi-structured interviews</td>
</tr>
<tr>
<td>MacLean</td>
<td>2013</td>
<td>n = 90</td>
<td>10 to 16 years old</td>
<td>Secondary and primary school students</td>
<td>Qualitative</td>
<td>Focus groups</td>
</tr>
<tr>
<td>Mariu</td>
<td>2011</td>
<td>n = 9699</td>
<td>12 to 18 years old</td>
<td>Secondary (Quantitative)</td>
<td>Cross-sectional</td>
<td>One question asking, “Have you ever seen a doctor for emotional worries?”.</td>
</tr>
<tr>
<td>Country</td>
<td>Sample Size</td>
<td>Age Range</td>
<td>Study Design</td>
<td>Instrument</td>
<td>Findings</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>-----------</td>
<td>--------------</td>
<td>-------------------------------------</td>
<td>-----------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>New Zealand</td>
<td>n = 160</td>
<td>16 to 19 years old</td>
<td>Cross-sectional (Quantitative)</td>
<td>Attitudes Towards Seeking Professional Help Scale</td>
<td>No significant findings reported</td>
<td>No significant findings reported 13.5 (high)</td>
</tr>
<tr>
<td>Brunei</td>
<td>n = 722</td>
<td>12 to 18 years old</td>
<td>Cross-sectional (Quantitative)</td>
<td>The General Help-Seeking Questionnaire</td>
<td>Not assessed</td>
<td>Perceived public stigma 14.25 (high)</td>
</tr>
<tr>
<td>Ireland</td>
<td>n = 32</td>
<td>16 to 18 years old</td>
<td>Cross-sectional (Quantitative)</td>
<td>The General Help-Seeking Questionnaire</td>
<td>High levels of wellbeing - Sense of connectedness</td>
<td>Not addressed 11.75 (medium)</td>
</tr>
<tr>
<td>Australia</td>
<td>n = 32</td>
<td>16 to 18 years old</td>
<td>Cross-sectional (Quantitative)</td>
<td>The General Help-Seeking Questionnaire</td>
<td>High levels of wellbeing - Sense of connectedness</td>
<td>Not addressed 11.75 (medium)</td>
</tr>
<tr>
<td>Study</td>
<td>Sample Size</td>
<td>Age</td>
<td>Study Design</td>
<td>Methodology</td>
<td>Mental Health Literacy</td>
<td>Knowledge Barriers</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------</td>
<td>-----</td>
<td>--------------</td>
<td>-------------</td>
<td>------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Wang (2019)</td>
<td>n = 369</td>
<td>14 to 18 years old</td>
<td>Cross-sectional (Quantitative)</td>
<td>Modified version of the Actual Help-Seeking Questionnaire</td>
<td>-</td>
<td>Mental health literacy</td>
</tr>
<tr>
<td></td>
<td>High school students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wang (2020)</td>
<td>n = 55</td>
<td>11 to 19 years old</td>
<td>Mixed methods</td>
<td>Semi-structured interviews using two vignettes</td>
<td>Not assessed</td>
<td>Knowledge barriers</td>
</tr>
<tr>
<td></td>
<td>Middle and high school students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Data extraction and synthesis

The purpose of this review was to aggregate existing evidence and identify patterns within the literature relating to adolescent mental health help-seeking. Therefore, a narrative approach was adopted, specifically thematic synthesis. This adaptation of thematic analysis is utilised for the purpose of secondary data synthesis, providing established techniques for the identification and development of analytic themes in primary research data (Thomas & Harden, 2008). Elements of both inductive and deductive methods were combined to synthesise the findings of the studies. To this end, the RQ served as an ‘a priori’ model that guided the conceptualisation of codes, whilst also allowing for the emergent generation of themes. This approach “offers a way of enabling people across the (quantitative-qualitative) paradigm divide to share a common understanding” (Gough et al., 2012, p. 190), offering new insight into the barriers and facilitators to help seeking behaviours. As all studies were deemed to be of adequate methodological quality, the same depth of thematic synthesis for both medium and high-quality studies was undertaken.

Results

Overview of included studies

Study designs

All seven quantitative studies utilised a cross-sectional design. Assessment methods measuring perceived facilitators and barriers to mental health help-seeking in adolescents typically involved the use of questionnaires. One study utilised a single closed question to explore help-seeking behaviours. Of the seven included quantitative studies, four reported data relating to perceived facilitators to accessing support for mental health difficulties.

Two studies adopted a qualitative methodology. Of these studies, one utilised semi-structured interviewing techniques to gather data and one study employed focus groups. Within the three mixed methods studies, attitudes towards seeking help were captured through a combination of questionnaires, an open-ended survey, and interviews. Each of the qualitative and mixed-methods studies provided data relating to barriers to treatment access for mental health needs.
The extent to which perceived barriers and/or facilitators were explored varied considerably across the included studies. For most studies, this was of principle focus, whereas other articles investigating additional RQs generated less relevant data.

**Participant characteristics**

A total of 14,626 participants were considered in the thematic synthesis. The sample sizes of included studies ranged from 32 to 9,699 participants, with a median of 256. The participants consisted of adolescent-only samples, between the ages of 10 and 19.

**Locations**

The studies varied on several characteristics, including country of origin. Most studies originated in the United States of America (n= 3; 25%) or Australia (n=3; 25%). The remaining six studies were conducted in Brunei, China, Ireland, New Zealand, and the UK. Consequently, there were diverse demographic and ethnic profiles (e.g., ethnic minority groups) amongst participants.

**Findings**

Preliminary syntheses of the included papers were conducted. Initial codes were categorised in relation to overarching perceived barrier and facilitator themes. An iterative process was implemented to review and refine related themes. Consequently, two global themes emerged, consisting of six associated themes.

**Global theme 1: Barriers**

Barriers to adolescent mental health help-seeking were explored in 11 of the 12 included studies. Within this global theme, four sub-themes were identified: stigma; negative attitudes and perceptions; mental health knowledge; and practical barriers (see Figure 2).
Figure 2: Thematic map of barrier themes

Stigma
The most common attitudinal barrier to seeking help related to stigma, which was reported in nine studies (Boyd, 2011; Chen et al., 2014; Clark et al., 2020; Haavik et al., 2017; Ijadi-Maghsoodi et al., 2018; MacLean et al., 2013; Nearchou et al., 2018; Wang et al., 2019; Wang et al., 2020). This code encompassed two conceptualisations of stigma: namely perceived public stigma, and personal stigma.

In relation to perceived public stigma, participants highlighted how the apparent negative attitudes and beliefs held by their community or society acted as a powerful deterrent to accessing support (Chen et al., 2014; Nearchou et al., 2018). Respondent accounts revealed a tendency to internalise signs of mental health difficulties to avoid stigmatising responses, fear of judgement and feelings of embarrassment (Boyd, 2011; Ijadi-Maghsoodi et al., 2018; Wang, 2020). Moreover, narratives illustrated consequent expectations of others having greater stigmatising attitudes towards the disclosure of mental health difficulties, as opposed to the disclosure of physical health difficulties (which were considered to be more common). Thus, it was felt that prejudice relating to psychological manifestations of mental health difficulties may endorse differential treatment from others, serving to delay or prevent help-seeking (Boyd et al., 2011; Ijadi-Maghsoodi et al., 2019; MacLean et al., 2013).
In relation to personal stigma, MacLean (2013) found that males self-stigmatised their mental health difficulties as being ‘feminised’ or ‘taboo’, which posed a threat to their gender identity. Therefore, they reported attempts to mask mental health difficulties as a trait associated with more masculine connotations, such as a sporting injury. However, results derived from the literature included in this review were inconsistent, with some studies not finding any significant statistical gender differences in adolescent help-seeking intentions (Mohamed, 2019; Wang, 2019).

Culturally different beliefs and conceptualisations of mental health difficulties existed among different racial groups and were identified as having a mediating impact on stigma (Wang et al., 2020). Findings revealed that adolescents experienced mental health stigma in their respective cultural communities, citing cultural norms that de-emphasized mental health difficulties, viewing them as a tabooed topic.

**Negative attitudes and perceptions**

Negative perceptions relating to support services and the help-seeking process were evident in three studies (Boyd et al., 2011; Wang et al., 2019; Wang et al., 2020). Wang et al. (2020) suggested that these views were related to previous personal experiences, peers’ experiences, or general misconceptions. Responses obtained demonstrated that unfamiliarity with providers engendered feelings of discomfort, subsequently causing the help-seeking process to appear intimidating. Additional perceptual barriers included the belief that providers may not be competent or appropriately qualified (Boyd et al., 2011; Wang et al., 2020). Ultimately, this led to a lack of confidence in the ability of providers to be able to support adolescents with mental health needs.

**Knowledge barriers**

Review of the available evidence base elucidated that limited knowledge surrounding mental illness, a lack of awareness relating to services/providers and difficulties with problem recognition were prominent barriers to help-seeking.

Three studies identified low mental health literacy as a potential reason for the underutilisation of mental health support systems (Haavik et al., 2019, Wang et al., 2019; Wang et al., 2020). As aforementioned, cultural norms emerged as a mediating variable that served to heighten stigma. Subsequently, this resulted in a lack of discourse within cultural
communities and contributed to poor mental health literacy. Such knowledge barriers inhibited problem recognition and professional help-seeking from young people. These findings were echoed in Wang et al. (2019) research, in which ethnic minority groups reported lower mental health literacy and propensity for help-seeking. Other demographic variables, including education type and gender differences (Haavik, 2019) were also found to have a mediating impact on mental health literacy.

Many students identified a lack of awareness of services/providers as preventing them from seeking help for mental health difficulties. Almost half of the sample in Wang’s (2020) mixed-methods study reported feeling uninformed about the various mental health professionals available to them and the services that they provide. Respondents additionally conveyed a lack of understanding surrounding school-based mental health provision (Ijadi-Maghsoodi et al., 2018; Wang et al., 2019; Wang et al., 2020): “I never really personally met [the school mental health provider] so I think she should... hold an assembly... because a lot of people didn’t know.” (Ijadi-Maghsoodi et al., 2019, p. 441).

Furthermore, participants described a lack of awareness about one’s own mental health difficulties as a barrier to seeking support. Difficulties in differentiating between typical stress and more severe signs that are indicative of mental health difficulties were reported (Wang, 2020). Qualitative accounts suggested that self-identification of common mental health difficulties may be difficult, with peers misinterpreting manifestations for thinking they are “just going through a phase” (Ijadi-Maghsoodi et al., 2019, p 441).

**Practical barriers**

Practical barriers were highlighted as a recurring barrier to seeking help for mental health difficulties in four of the studies. Sub-themes that emerged included confidentiality and systemic barriers.

Participants shared concerns relating to the provider’s ability to maintain confidentiality (Boyd et al., 2011; Ijadi-Maghsoodi et al., 2019; Wang et al., 2020). A perceived lack of trust and privacy were highlighted with regards to school-based mental health help seeking. The young people felt that the close proximity of their peers and teachers in school posed a risk to their intimate information being shared against their will. Consequently, respondents reported trepidations that this would lead to negative social repercussions, including
rumours, gossip, bullying and social judgement (Boyd et al., 2011; Wang, 2020). Fears that parents or the police would be alerted were also expressed (Ijadi-Maghsoodi et al., 2019). For these reasons, Wang et al. (2020) stated that the risk associated with adolescents’ personal information being disclosed outweighed the potential benefits of them accessing support.

Findings from three studies revealed important systemic barriers that served to delay or inhibit help-seeking (Boyd et al., 2011; Haavik et al., 2017; Wang et al., 2020). The code ‘time’ arose frequently within participant narratives. Respondents reported a lack of time to seek help due to external commitments (e.g., academic schedules and socialising) taking precedent over mental health concerns: “[T]he struggle to also do extra-curricular activities and also trying to be social, by then your week is gone, and you have little time to yourself, let alone to seek out help” (Wang et al., 2020, p. 189).

Time was additionally highlighted in relation to lengthy waiting periods, with females being significantly more concerned with excessive wait times (Haavik et al., 2017). Furthermore, the perception that school counsellors were “extremely busy” caused participants to believe that problems would not be dealt with in a timely manner (Wang et al., 2020, p. 190). Other service provisions, including the cost of accessing help from professional services, were additionally reported to hinder seeking help. Demographic variables, namely gender and education type were found to have a mediating impact on the extent to which cost of treatment was reported as barrier (Haavik et al., 2017). To this end, significantly more females and adolescents from university preparatory study were more concerned with the cost associated with accessing support.

Global theme 2: Facilitators

Facilitators to adolescent help-seeking were less frequently reported within the included studies, when compared to the exploration of barriers. Nonetheless, two sub-themes were identified across four studies: knowledge; and wellbeing and community factors (see Figure 3).
Figure 3: Thematic map of facilitator themes

Knowledge
Increased mental health literacy was evidenced in two studies as playing an important role in the inclination to seek help (Haavik et al., 2017; Wang et al., 2019). Haavik et al., (2017) hypothesised that observed gender differences in the propensity to seek help were related to gender differences in mental health literacy and awareness of services. Logistic regression results from Wang et al. (2019) provided further support for these findings. The results of this study demonstrated that adolescents with higher mental health literacy for depression were more likely to report general help-seeking and accessing support from providers outside of school.

Wellbeing and community factors
The remaining facilitators were encompassed in the ‘wellbeing and community factors’ sub-theme and were evident across three studies.

A study conducted by Ratnayake and Hyde (2019) endeavoured to explore the relationship between wellbeing in senior high school students and help-seeking intentions. The Engagement, Perseverance, Optimism, Connectedness and Happiness (EPOCH) measure of adolescent wellbeing was used to assess the five facets of positive psychological wellbeing. A positive correlation between the overall wellbeing of participants and intentions to engage in general help-seeking and help-seeking for suicidal ideation was illustrated. Of the five facets of wellbeing investigated, connectedness was associated with increasingly favourable attitudes toward seeking support. Although causation cannot be inferred, the
authors interpreted their findings to suggest that greater connectedness increased one’s willingness to seek help.

The notion of connection as a protective factor was further highlighted in the work of Boyd et al. (2011) and Ijadi-Maghsoodi et al. (2018). The findings from these studies revealed that adolescents preferred to seek help from established and trusted people, as opposed to less familiar sources of support. With existing rapport and personal connection came increased trust, greater understanding of their life experiences and the expectation that confidentiality would be maintained.

“There are a few teachers who I’ve formed pretty strong bonds with… sometimes they are better than counsellors … they’ll talk to you about life in general…”

“There are a few teachers who I’ve formed pretty strong bonds with… sometimes they are better than counsellors … they’ll talk to you about life in general…” (Ijadi-Maghsoodi et al., 2019, p. 439)

Furthermore, as part of a large-scale survey, Mariu et al. (2011) employed measures to explore the impact of familial, school and community connectedness on help-seeking behaviour. Of the factors investigated, having a teacher get to know them and having a non-family adult to talk to demonstrated a significant association with support-seeking. Secondary outcomes additionally elucidated that adolescents living with a single parent family and living in an over-crowded house increased the propensity to seek help for mental health difficulties.

Discussion

The present SLR synthesised findings from 12 studies exploring adolescent perceptions of the barriers and facilitators to help-seeking for mental health difficulties. Four global barrier themes and two global facilitator themes were elucidated across the studies. The following discussion summarises key findings, considering them within the context of pre-existing literature within the field.

The current review highlighted that the most frequently endorsed barrier related to stigma. This mirrors previous findings in which it was found that adolescents felt they would receive differential treatment if they sought help (Pedersen & Paves, 2014; Rickwood et al., 2005),
with some citing stigmatisation perpetrated by peers, family members and school staff as a result of having sought help (Moses, 2010).

Additional barriers elucidated in this review included negative perceptions of, and attitudes relating towards, mental health support. These derived from negative past experiences, perceived incompetence of support sources, unfamiliarity with providers and fear of confidentiality breaches. This is congruous with previous reviews in which young people demonstrated greater help-seeking intentions towards trusted and established support sources (Rickwood et al., 2005; Gulliver et al., 2010).

Furthermore, the present review highlighted several structural and systemic barriers to accessing professional support, including a lack of time, interference with day-to-day activities and cost of treatment, as reported in recent SLRs (Aguirre Velasco et al., 2020; Radez et al., 2020). Nonetheless, Lindsey (2017) highlighted that establishing school-based mental health programmes provides opportunities to address such barriers by minimising the effort required for adolescents to access appropriate support streams.

Mental health literacy emerged as both a salient inhibiting and facilitative factor. To this end, participants with poor mental health literacy reported a lack of problem recognition and feeling uninformed about available mental health providers. Gender and culture were found to have a mediating impact on knowledge barriers, with males and ethnic minority groups reporting lower levels of mental health literacy. Collier et al. (2013) noted that mental health literacy is influenced by a range of cultural factors, including language and familiarity with mental health difficulties and services, that are likely to contribute to limited knowledge relating to both problem identification and how and where help sources can be accessed. Conversely, higher levels of mental health literacy were associated with greater help-seeking intentions. It is postulated that improved mental health literacy holds the potential to reduce the burden on mental health services and reduce health inequalities (Public Health England, 2015).

Lastly, connectedness was associated with increased willingness to access support for mental health difficulties. This extends previous findings that propose that a sense of connectedness to friends and family fosters a sense of belonging, self-efficacy and confidence that may contribute to increasingly positive help-seeking behaviours (Doan et
In addition, living with a single parent family or living in an over-crowded house increased the inclination to seek help for mental health difficulties. It is suggested that the high levels of stress associated with such living circumstances may be linked to increased service utilisation (Verhulst & van der Ende, 1997).

Limitations

This SLR provides a comprehensive overview of existing literature exploring the barriers and facilitators to adolescent mental health help-seeking. However, there are limitations that are important to consider. To adequately address the complex nature of help-seeking, the authors included both qualitative and quantitative studies. Despite this, there was an evident imbalance in the methodologies employed, with a greater emphasis on quantitative approaches. Help seeking is regarded as a complex, multifaceted and individual phenomenon which is well suited to investigation using qualitative research methods. Therefore, future studies would benefit from adopting a qualitative approach to gain a more detailed insight into the experiential world of their participants.

In support of previous findings, this review also demonstrated that there is a paucity of research that focuses on factors that facilitate adolescent mental health help-seeking (Gulliver et al., 2010; Radez et al., 2020). Thus, barriers were disproportionately represented, and it would be unempirical to simply assume that opposite of an inhibiting factor is a facilitator. Additionally, there is a dearth of literature that examines retrospective accounts of CYP that have successfully accessed support for their mental health difficulties. Thus, future research may benefit from using retrospective or longitudinal accounts that examine the factors that increased the propensity to seek help and explore the long-term outcomes this has on the mental health of participants.

Finally, it is important to note that the research analysed as part of this review was complete prior to the COVID-19 pandemic. Consequently, the generalisability of the findings may be mitigated by the effects of this infectious disease, limiting the conclusions that can be drawn. Future research exploring adolescent mental health should endeavour to address the impact of the psychological consequences of COVID-19, along with how this may have influenced help-seeking intentions.
Implications for Practice

The current review of existing research raises important implications for future practice in closing the gap between the high prevalence of mental health difficulties and low levels of help-seeking. Given that a large preponderance of adolescents’ time is spent in school, effectively integrating services into such social and organisational structures could serve as an effective platform for promoting the mental health of young people. Previous endeavours in school settings have centred on support across three levels: universal, targeted, and intensive. Owing to their training in systems-level intervention and relational expertise, EPs are uniquely placed to meaningfully engage with stakeholders at each level about how support systems can be encouraged (Farrell et al., 2006).

The findings prompt consideration of the ongoing need for whole-school approaches that endeavour to minimise stigma, reduce practical barriers, and promote connectedness and help-seeking literacy. The mental health green paper proposed that EPs are well positioned to promote the value of whole school approaches that are psychologically informed (DoH & DfE, 2017). The role of the EP in supporting such initiatives was exemplified in a study conducted by Atkinson et al. (2019). This research project documented the development of an innovative student-led mental health initiative in a high-achieving grammar school. The strategy aimed to enhance student participation, supporting students to develop their critical and creative skills and recognise their human rights, to ensure an accessible and destigmatising approach. With the potential of peer-to-peer interventions being increasingly recognised, further research is needed to explore how such models could inspire future whole school strategies and policy development and better understand the role of the EP in supporting such approaches.

In addition to improvements to mental health systems, the findings of this review indicate a need for targeted interventions within the school environment. Prospective approaches should strive to enhance awareness and understanding of both the formal and informal support streams that are available and the processes that are involved. Consideration of EP referral processes that promote agency are needed, along with explicit education relating to confidentiality and reporting procedures. Thus, allowing children who are deemed to be Gillick competent to seek support from services without parental consent may reduce perceived barriers relating to confidentiality and stigmatising attitudes. The requisite for
targeted approaches to utilise sensitive and responsive resources that address cultural and gender-specific barriers to help-seeking behaviours was additionally elucidated. When working collaboratively, both education staff and EPs bring complementary expertise to bear on the development and implementation of effective psychoeducation programmes (e.g., the Emotional Literacy Support Assistant intervention; Burton, 2008).

The facilitative factors that emerged in this review, such as a sense of connectedness and having a non-family adult to talk to, emphasise the importance of bolstering connections with school-based mental health professionals. Such findings provide support for governmental proposals to incentivise schools to identify a trained designated senior lead for mental health and fund mental health support teams (MHSTs). This would ensure that there is an increased presence of appropriately trained staff who can champion up-to-date mental health and wellbeing knowledge and act as a crucial link between the school, families, and the wider community.

Currently, EPs are becoming increasingly involved in providing quality assured training for Senior Mental Health Leads (SMHL) to support them to implement effective and holistic whole school or college approaches to mental health and wellbeing in their settings. From the findings elicited in this review, the authors envisage further opportunities for the EP in supporting this role, including involvement in recruitment and induction processes for SMHLs, and providing an ongoing supervisory role. Collaboration between EPs and SMHL could also allow for the delivery of proposals outlined in the mental health green paper (DoH & DfE, 2017) such as supporting peer-to-peer support programmes, whole school approaches to mental health, and measuring and evidencing the impact of intervention efforts.

Increasing the visibility of EPs within school settings and promoting student familiarisation with this service holds the potential to address two key barriers (unfamiliarity and lack of awareness of services/providers) elucidated in this review. Thus, consideration should be given to opportunities that can be inbuilt into the school’s routine and curriculum to build robust links between students and their link EP. The Association of Educational Psychologists (AEP) has recently commissioned research to explore best practice around EPs obtaining consent across the newborn to 25 age range, which includes a specific focus on
Gillick competent young people being able to consent to EP involvement (and thus mental health support) without input from their parents/carers. Ensuring that students are aware of such systems will be pivotal in increasing service uptake.

To broaden the exploration of barriers and facilitators to adolescent mental health help-seeking behaviours, this review was extended to include international studies. However, the findings are discussed with reference to the role of UK-based EPs. Therefore, the impact of potentially mediating contextual and cultural factors should be regarded when considering the implications for practice.

References


Department for Education and Department of Health. (2015). *Special educational needs and disability code of practice: 0 to 25 years.*


Paper Two: Exploring the implementation of a novel student-led mental health strategy

This paper was prepared in accordance with the author guidelines for the journal Educational Psychology in Practice (Appendix A)

Word Count: 7,122 (including tables and figures)
Abstract
The evidence base surrounding student-led interventions within schools is emerging. Using an exploratory design, the present study endeavoured to extend burgeoning research regarding student-led mental health strategy by exploring the implementation of a novel student-led mental health strategy in a mixed-sex, non-selective, mainstream secondary school. Five participants were recruited using purposive sampling. Individual and paired depth semi-structured interviews were utilised to explore factors affecting implementation, and future implications for the replication of similar initiatives. Participant accounts were analysed using Thematic Analysis (TA), from which themes were derived in relation to the RQs. The findings are discussed in relation to pre-existing literature surrounding student-led approaches. Implications for EPs and educational stakeholders are discussed, and directions for further research are considered.

Introduction
Context
An increasing body of literature has documented the growing prevalence of mental health difficulties in CYP, with the most recently released national statistics illustrating that one in seven (14.4%) 11- to 16-year-olds have a mental health disorder (NHS digital, 2017). There is strong evidence to suggest that the impact of mental health problems on CYP can be significant. CYP with mental health problems are more likely to encounter early negative life experiences that can have a negative effect as they grow towards adulthood (DoH & DfE, 2017). Thus, they may be confronted with challenges such as an increased likelihood of experiencing disruption to their education from absences and exclusions (Green et al., 2005), developing physical health problems (Goodman et al., 2011), and being more likely to engage in criminal activity (Khan et al., 2015).

Mental Health in Adolescence
Research indicates that mental health disorders commonly begin in adolescence, with the onset of half of all adult mental health disorders occurring by the teenage years (Jones, 2013; Kessler et al., 2005). Secondary school-aged young people often navigate a tumultuous developmental period, during which they undergo significant emotional and physical changes (Zhao et al., 2015), become increasingly independent from their family systems, cope with complex peer relationships and explore their unique identities (Bulanda et al., 2014). The
fortification of adaptive functioning during adolescence is associated with continued wellbeing into adulthood (Patton et al., 2016). Therefore, the childhood-adolescent transition is viewed as a crucial period in which targeted support for mental health should be provided (Pataley & Fitzsimons, 2017). Secondary schools are thus uniquely positioned to deliver early intervention mental health provision (Thorley, 2016).

As a consequence of the COVID-19 pandemic and associated restrictions, many teenagers have experienced loss, heightened emotionality, and periods of change and uncertainty (Demkowicz et al., 2020). Data from NHS Digital (2020) illustrated that 13% of 11- to 16-year-olds felt that their lives had been made ‘much worse’ as a result of COVID-19 restrictions. Wignall (2021) asserted that the school environment is of particular relevance in the wake of the pandemic and educational settings should endeavour to prioritise the mental health of CYP following their return to school.

**Whole School Approaches to Mental Health**

There is a growing expectation on schools to provide an ethos that supports the positive mental health of students (Rothi & Leavey, 2006). Initiatives arising from the UK government’s mental health green paper advocated for the introduction of a Designated Mental Health Lead (MHL) in every school, alongside MHSTs to provide extra capacity and deliver whole-school approaches to promoting better mental health (DoH & DfE, 2017). ‘Whole school’ refers to a “*multi-component approach, which encompasses and mobilises the totality of the school experience to promote well-being and address mental health issues*” (Weare, 2015, p. 5). This reflects an ecological framework (Bronfenbrenner, 1994) where CYP are influenced by the various ecosystems in which they are enmeshed, including school (Roffey & Boyle, 2018). Increasing empirical evidence highlights the beneficial impact that approaches which permeate the whole school community can have on pertinent outcomes, including social and emotional skills, academic performance, positive self-image, and prosocial behaviour (Banerjee et al., 2016; Durlak et al. 2011; Sklad et al., 2012). Despite the known benefits of good wellbeing provision, the current education system remains unbalanced, and schools encounter several contemporary pressures that are making them less incentivised to direct resources towards supporting mental health (Cowburn & Blow, 2017).
Atkinson et al. (2019) reported a dearth of research exploring student involvement in the development of school-based mental health approaches. As students are arguably the primary stakeholders in the education system, the researchers proposed that their participation should be actively encouraged to improve school mental health provision.

**Encouraging Student Participation**

Over the past twenty years, there has been an evident progression in CYP’s participation and engagement. Lundy (2007) postulated that this development could be attributed to the ratification of the UNCRC (1989). Article 12 is one of the most frequently cited principles of the UNCRC and is fundamental to children’s law. This right makes it incumbent on states to ensure that children have the right to freely express their views and stipulates that due weight should be given to them, in accordance with their age or maturity. Eccles and Gootman (2002) noted that students who believe that they have a meaningful role in decision-making within their schools feel a sense of positive connection and are more engaged with school. However, a recognised gap remains between the UK’s international commitments and how this translates into practice in educational settings.

**Student-led Mental Health Initiatives**

The evidence base exploring student-led initiatives is emerging, with an increasing number of schools adopting student-led approaches to better integrate mental health support into their community (Houlston et al., 2009; King & Fazel, 2019). The impetus for school-based student-led approaches is strengthened by increasing research illustrating that adolescents demonstrate a higher propensity for informal help-seeking (e.g., from friends) for psychological needs (NHS Digital, 2017). Despite their high potential utility, the evidence base relating to the implementation of student-led mental health strategies and their effectiveness remains limited (King & Fazel, 2021). Thus, there is an evident research-practice gap that requires further exploration.

**The Role of Educational Psychologists**

Collaboration between CYP and adults is central to the effectiveness of student-centric approaches. Students require careful preparation and mentoring, to better understand their limitations and when to seek help (Weare, 2015). Owing to their training in systemic intervention and relational approaches, EPs are well-placed to initiate reflective discussions
with students and staff about how mental health support can be encouraged within the school environment (Burns, 2019). Such work was exemplified in Atkinson et al.’s (2019) study, in which EPs facilitated the development of a student-led school-based mental health strategy. Further research is paramount in exploring the EP role in supporting the implementation of strategies that promote CYP’s participation at the systemic level in relation to mental health.

Method

Aims and Objectives

The present study aimed to contribute to the emerging body of literature by exploring the implementation of a novel student-led mental health strategy. The research endeavoured to address methodological and contextual knowledge gaps within the research, exemplifying possibilities for greater student participation in school-based initiatives that aim to improve mental health outcomes in a mixed-sex, non-selective, mainstream school that is part of a wider MAT of 12 schools. A primary focus of this research was to explore the barriers and facilitators to the implementation of a novel student-led mental health strategy and investigate factors to inform potential replicability of this initiative. For example, whilst Atkinson et al. (2019) provided the first account of a student-led mental health strategy, this strategy was pre-existing within an all-girls selective grammar school in an affluent area and did not explore implementation.

Thus, the study was guided by the following RQs:

RQ1: What contextual factors acted as barriers and facilitators to a North West secondary school implementing a novel student-led mental health strategy?
RQ2: What key factors should school staff consider when planning to implement a novel student-led mental health strategy?

Participant recruitment

This study took place in a comprehensive North West secondary school of mixed gender students. In their most recent OFSTED inspection, the school received a grade of ‘requires improvement’.
A convenience-purposive sampling method was employed to target a specific population that could provide a detailed insight into the implementation of the student-led strategy. The supervisor of the research (in their role as the school’s link EP) assisted with recruitment by contacting a representative sample of key stakeholders directly via email. The final sample included two student representatives from the self-titled student wellbeing ambassador team (SWATs), the school’s MHL, the Deputy Headteacher (DH) and the link EP. This allowed for subjective viewpoints to be expressed in relation to the RQs.

Description of the student-led mental health strategy
Five SWATs were recruited by the school’s link EP and MHL, from years 9, 10 and 11. The SWATs received mental health first aid (lite) training, via an online video conferencing platform due to restrictions imposed relating to the COVID-19 pandemic. Following this, the EP and MHL began working alongside the students in a series of meetings to facilitate the development of a student-led mental health strategy and support its implementation within school. Since the launch of the strategy, ongoing regular and protected meeting time with the MHL (on a frequent basis) and the EP (on a less frequent basis) has been provided. Thus far, the SWATs have developed approaches to raise awareness of the strategy within the setting (e.g., creating branding and visuals within the school environment and wearing identifiable clothing) and a designated space has been created to allow for opportunities for peer support to be provided. Additional plans for the future have been considered, including the students leading an awareness day and engaging in efforts to tackle stigma.
<table>
<thead>
<tr>
<th>Date</th>
<th>Stage of strategy</th>
<th>Example activities</th>
<th>Stage of research</th>
</tr>
</thead>
<tbody>
<tr>
<td>April-May 2020</td>
<td>Co-produced action plan developed between EP and MHL with presentation to SLT</td>
<td>• Face-to-face action planning meetings&lt;br&gt;• MHL presentation during after-school&lt;br&gt;SLT meeting</td>
<td>• Ongoing liaison with research commissioners around likely timing of semi-structured interviews</td>
</tr>
<tr>
<td>September-October 2020</td>
<td>MHL contracted SWAT recruitment process with SLT</td>
<td>• Face-to-face meetings&lt;br&gt;• Email liaison</td>
<td></td>
</tr>
<tr>
<td>November 2020</td>
<td>MHL and EP recruited five SWATs</td>
<td>• SWATs asked to submit letter of application&lt;br&gt;• Virtual interviews with EP and MHL</td>
<td></td>
</tr>
<tr>
<td>December 2020-February 2021</td>
<td>Fortnightly meetings between EP, MHL and SWATs to begin to develop student-led mental</td>
<td>• Face-to-face action planning meetings&lt;br&gt;(whole group)</td>
<td></td>
</tr>
<tr>
<td>Time Period</td>
<td>Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March-May 2021</td>
<td>- Fortnightly meetings between MHL and SWATs to further develop student-led mental health strategy action plan (chaired by MHL, who was supervised by EP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Face-to-face interim planning meeting (just SWATs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June-July 2021</td>
<td>- Launch of the student-led mental health strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Mental health first aid (lite) virtual training for SWATs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- SWATs created own brand and visuals within school (e.g., computer screen savers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Action Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| July 2021   | - SWATs provided with own brand lanyards and hoodies  
              - SWATs delivered mental health awareness raising sessions within form time throughout the school |
|            | • Virtual semi-structured interviews with EP and MHL                               |
| September 2021 | - Further implementation of the student-led mental health strategy                |
|            | - SWATs and MHL working with SLT to create designated space for peer support      |
|            | • Ongoing liaison with research commissioners around likely timing of semi-structured interviews |
| October 2021 |  |  | • Face-to-face semi-structured interviews with member of SLT and two SWATs |
| December 2021 |  |  | • Member checking of themes generated by all participants |
Data gathering

Semi-structured interviewing techniques were conducted with stakeholders who had played an active role during the implementation of the strategy. Participants’ experiences of supporting the implementation of the novel approach were explored, including facilitative factors and barriers, and future considerations for replication of the strategy in other settings.

Three participants were interviewed individually (DH, MHL and EP), whilst the two student participants were recruited to a paired-depth interview. Due to the established rapport between the students, paired depth interviewing techniques were utilised to provide a platform for interaction and collaboration between the students, allowing for meaningful themes to be generated (Highet, 2003). As a result of the restrictions relating to the COVID-19 pandemic, the EP and MHL were interviewed via Zoom, a video-conferencing platform. The remaining two interviews (students and DH) were carried out face-to-face. Written/electronic consent was obtained to audio record the interviews.

An interview schedule was prepared in advance of the interview informed by the two pre-determined RQs and literature relating to implementation science (Appendix H) (Kelly & Perkins, 2012). The flexible nature of this data collection instrument allowed for probing of interesting matters that materialised throughout the dialogue. The schedule consisted largely of open questions that were designed to stimulate discussion and encourage participants to communicate their attitudes and beliefs relating to the implementation of the strategy.

Data analysis

A dualistic technique of thematic analysis was taken, incorporating both inductive and deductive approaches (Boyatzis, 1998; Crabtree & Miller, 1999). The six-phase coding process outlined in Figure 4 was employed:
The deductive component involved using the two pre-established RQs to inform the topics discussed during participant interviews. This influenced the categorisation of themes during the analysis phase. The inductive approach was used to search for patterns from the raw data, allowing for unexpected themes to arise during the coding process (Appendix I). To ensure consistency and reliability, inter-coder reliability checks were performed with the second researcher, using a random sample containing 20% of each transcript. Initial agreement between colleagues was calculated at 70%. In accordance with a critical realist stance, differences in coding were discussed indicating that various realities are possible. Through calibration between the researcher and second author, 100% agreement was reached. The themes generated were then member checked by participants.

Ethics

The research study was conducted in line with the ethical guidelines outlined in the HCPC (2016) and the BPS Code of Ethics and Conduct (2018). Ethical approval was obtained from the University of Manchester (project ID: 10129) (Appendix B), and the study abided by guidance provided by the School of Environment, Education and Development. All participants received information about what participation would entail (Appendices J & K) and provided fully informed written/electronic consent (Appendices L & M) prior to the...
study commencing. Once the data collection process was complete, participants were fully debriefed (Appendix N).

Findings

Thematic analysis of the four interview transcripts generated a total of 28 subthemes. The subthemes underwent an iterative process of review and refinement before being conceptualised according to the two pre-determined RQ (Appendices O & P). Within the text, exemplary data extracts are provided.

Research Question 1: What factors acted as barriers and facilitators to a North West secondary school implementing a novel student-led mental health strategy?

Participants shared their experiences of implementing a novel student-led mental health strategy and the related codes were categorised into 25 themes. In recognition of the ecological context for implementation factors, global themes were organised into four levels (student, staff, school, and community factors), with an additional global theme depicting the permeating factors that interacted across all levels (see Figure 5). Themes are highlighted in bold.
Figure 5: An ecological model of implementation factors

Student factors

Robust processes to support the recruitment of student wellbeing ambassadors emerged as a common facilitator. Application procedures involved students submitting an expression of interest letter before being selected for a formal interview facilitated by the MHL, supported by the EP. Legal frameworks (e.g., Gillick competence) (Gillick vs. West Norfolk & Wisbech Area Health Authority, 1985) and EBP were employed to inform decision-making relating to the age at which to recruit ambassadors: ‘research shows that the majority of mental health difficulties in young people develop by 14… we’re looking at that 14…the age of 14 being crucial’ (EP). Succession planning and strategy longevity were discussed, with ambassadors reported to be leading on ‘recruiting the students now’ (MHL).
Participant narratives illuminated valuable **personal characteristics** of student representatives as a facilitative factor. Positive qualities, such as being ‘passionate’ (student), ‘motivated’ (EP), ‘responsible’ (MHL) and ‘willing to ... volunteer their time’ (EP) were identified as key to the successful implementation of the strategy. The importance of having ‘a good representation of students’ (EP) was raised. The EP acknowledged caveats within the established recruitment processes, with possible bias towards students that have greater ‘cognitive ability’ (EP).

Student **relatedness** provided a clear rationale for a student-led approach, as opposed to one driven by an adult agenda. Peer support was favoured because ‘the students know the students better’ (EP) and are able to ‘relate better to their peers’ (DH). Students were perceived to be uniquely placed to express ‘what they need and what they want and what works best for them’ (MHL). One student participant noted that students ‘feel less intimidated’ and ‘more comfortable if they’re talking to a student’. The EP offered a ‘scientific’ perspective, reporting that research demonstrates that ‘mental health needs have changed so much in recent years for young people’. Therefore, the students ‘have a better understanding of ... what does and doesn’t affect their mental health’ compared to adults.

Promoting student **autonomy** was reported to facilitate the successful recruitment of student ambassadors and implementation of the strategy. Although the MHL supported the smooth running of student recruitment, they expressed the importance of leaving ‘the autonomy with [the students]’ (MHL). When the students were given responsibility over decision-making, they reportedly ‘[came] up with some brilliant ideas’ (MHL). Consequently, both the MHL and EP felt they were becoming increasingly able to phase out aspects of their support: ‘Up to now, I’ve attended all of the meetings...but hopefully once they get into a proper flow.... I can take a step back’ (MHL).

**Staff factors**

**Having a MHL** was reported to be ‘essential’ (EP). The EP placed emphasis on the need for the ‘link member of staff’ to be in a senior position to enable them to ‘implement the student ideas’. Exploration during interview of the prospective MHL’s views on student-led
approaches was found to be helpful in ensuring the ‘right member of staff’ (EP) was recruited during the selection phase.

**Staff knowledge** emerged as a facilitator to implementation. Utilisation of the MHL’s pre-existing ‘expertise’ in the areas of mental health and counselling was elicited in the DH’s account. One student explained that staff ‘had more training than [students]’. Thus, they felt the staff’s enhanced knowledge was supportive in ‘teach[ing] us [students] more about... what we [students] are doing’. Generally, staff ‘wanted to be involved’ (DH) and there was a sense of ‘openness’ (DH) toward the novel approach of supporting student mental health. Although staff were generally reported to be ‘really supportive’ (MHL) of the strategy, it was noted that ‘some staff... [had] not whole-heartedly embraced’ the project. Consequently, it had ‘taken a little while... for everybody to get on board with it’ (MHL).

**School factors**
All participants identified the school’s ethos as a facilitative factor in supporting the successful implementation of the strategy. There were reports of ‘good levels of social connection between peers’ and ‘a good sense of identity’ (EP) within the school environment. Responses revealed that an ‘open’ (DH), ‘honest’ (DH) and ‘supportive’ (Student; MHL) climate was key in promoting an emotionally safe culture to debate issues relating to implementation processes. Thus, the DH noted there were ‘arguments about [the strategy] ... and I mean that in a professional...nice way’ which enabled them to ‘unpick what could go wrong’. The school trust was reported to play an important role in facilitating a culture where ‘there isn’t stigma around mental health’ (EP) and discussions relating to mental health are ‘part of common parlance’ (EP).

It was evident that the school understood and valued student-led approaches. Student views were seen as central to implementation processes and student participation was actively encouraged by staff: ‘the biggest thing is talking to the students and listening...listen to what they say and getting as much...advice from the students as you can’ (MHL). Students were provided with the space to discuss ‘things that [they] wanted to do’ (student) and their ideas, such as implementing student mental health drop-ins, were acted upon. However, one student’s account indicated that the idea of introducing the ‘snug’ (a comfortable wellbeing space for students to access) was made without their involvement in the decision-making process: ‘I think [deputy Special Educational Needs Co-ordinator (SENCO)] did it’. The
EP acknowledged that ensuring the strategy was ‘truly student-led’ required ‘a paradigm shift’ in staff thinking. Thus, to avoid a ‘tokenistic’ approach, it was felt that it was important to have several examples of ‘wider student leadership structures’ (EP) established throughout the school (e.g., student council), to create a culture of student leadership.

**Good quality leadership** and commitment from a SLT who have ‘knowledge and understanding around student mental health needs’ as well as ‘an understanding of the breadth of the EP role’ (EP) was integral. One participant described the leadership team as ‘really, really supportive’ and noted that ‘they’ve listened to our rationale behind everything and the reasons why we want to do it and why...why we want to do it a certain way...and they’ve agreed with everything that we’ve said’ (MHL). The SLT took an active role in overseeing the strategy and managing the pace of implementation: ‘A really step by step approach to the implementation... I kept putting it back, didn’t I? ...that slow drip ...builds momentum for it’ (DH).

**Wider community factors**

**The impetus for a mental health strategy** was driven by an ‘exponential rise in students.... identifying with mental health’ (DH) difficulties. This increase was attributed to the ‘demographic’ of the area in which the school is situated and the ‘context of the pandemic’ (DH). Due to long, ‘prohibitive... wait lists’, lack of capacity within specialist mental health teams and costs of external professionals, it was felt that school-based support was needed to increase the accessibility of support: ‘that’s why it needs to start in schools’ (DH).

**The unique context of the MAT** was recognised as a facilitative factor. Respondents described plentiful opportunities for sharing of good practice across schools and the provision of trust-wide training, delivered ‘on mass’ (MHL). One participant described how the inspiration for implementing the approach was borne out of the successful development of a student-led mental health strategy in another of the academy’s schools: ‘It was known about within the group of academy schools that this piece of work had been done and it had been well-reviewed by the school and the students had really enjoyed it’ (EP).

Moreover, within the trust, it was noted that schools receive an ‘inordinate amount of EP time compared to your typical secondary school’ (EP). Owing to this, there were increased
opportunities for ‘strategic collaboration with [EP]’ (EP) to support the implementation of the strategy.

**Parental/carer engagement** was identified as both a facilitator and barrier to implementation. It was perceived that the strategy was ‘welcome[d]’ (DH) by this community. The DH reported that some parents experienced difficulties in ‘recognising the need’ for external mental health support for their children. It was hypothesised that this may be due to a lack of mental health literacy or conflicting commitments: ‘maybe they don’t know where to access it...maybe they’re too busy working two different jobs...maybe they just don’t think it’s important’ (DH). Consequently, it was proposed that providing school-based support could hold the potential to ameliorate such barriers.

**Wider professional support** was valued by participants. Increased access and availability of EP support was found to be particularly helpful in supporting implementation of the strategy: ‘[the EP is] always available if I wanted to speak to [EP]’ (DH). A key sub-theme that emerged from the EP’s narrative related to their unique contribution in providing ‘psychologically informed...knowledge’, grounded in ‘psychological research around mental health’. Moreover, the EP’s differing and transitionary roles as the process evolved were discussed. To this end, the EP described a facilitative role during initial meetings with the student ambassadors to ‘model good group discussion and group decision making processes’. Into the later stages of implementation, the EP’s ‘central role’ (EP) involved providing ‘ongoing supervision...to the link member of staff who works with the students’ (EP). This allowed for ‘general... problem solving’ and ‘open consultative conversations at a strategic level’ (EP).

The **availability of funding** was highlighted as a facilitator in participant accounts. Due to the school being in an area of socioeconomic deprivation, they received funding from ‘Opportunity’s Areas...to address...agendas...around...staff and student mental health’ (EP), enabling the introduction of the MHL role. Noticing the value in this role, the ‘school... decided to extend it’, subsequently funding it internally. The availability of funds was also pivotal in ‘provid[ing] training for...staff’ and ‘students [MHL]’ and purchasing resources to support the delivery of the strategy.
Permeating factors

Permeating factors included themes that interacted across the four aforementioned levels.

Central to the successful implementation of the strategy was **stakeholder investment** and collaborative working. Investment across all levels of the ecological model was evidenced in participant accounts: ‘I don’t think there’s any barriers from the community, I think...parents would welcome it, governors are behind it...any other stakeholders that are involved, certainly the trust is behind it’ (DH); ‘I think everyone’s quite passionate about it’ (student).

An initial invitation to act from SLT was pivotal to initiating the student-led approach: ‘I’d been speaking to the head of school ...and they were quite keen to... introduce a student-led mental health strategy’ (EP).

**Collaborative working** was integral to effectively implementing the strategy. During the early stages of strategy development, all stakeholders worked together to co-produce an action plan with timescales that enabled close monitoring of progress: ‘Putting it into a sort of like sensible action plan in terms of... timescales and actions... negotiating who’s responsible for what... what success would look like’ (EP). Strategies to reduce perceived power imbalances were employed, in which all individuals involved in the strategy were encouraged to address one another using their first name. The EP felt this was an effective method of ensuring that the students felt ‘truly listened to’ and able to ‘lead... a process in a really open way...’. Students and staff additionally wore the same jackets publicising the strategy ‘so the team all looks exactly the same’ (MHL).

Receiving mental health **training** was highly valued by all participants: ‘You can never get enough training’ (EP). This equipped stakeholders with the knowledge and skills necessary to support student wellbeing: ‘We had a training session, didn’t we? So that we knew how to stop stigma around mental health. So just being a listening ear really’ (student). Students and staff conducted an ‘audit’ (MHL) to ‘collect evidence’ (MHL) and assess pre-requisite knowledge and skills relating to mental health and confidence in offering support. This helped to establish ‘what they thought they needed training on’ (EP) and formulate a ‘programme’ (MHL) of necessary ‘CPD [continued professional development]’ (MHL).
Strategies to increase the visibility of the strategy were acknowledged by all participants to ‘[make] the profile higher [MHL]’ within the school. This involved presenting in assemblies and wearing jackets. Additional plans to publicise the strategy had been discussed during collaborative meetings. Ideas included distributing a ‘newsletter’ (MHL) holding a ‘fundraiser’ and creating ‘screensavers’ to be displayed on all school computers ‘so every classroom will see it [student]’.

The global theme ‘human resources’ represented both barriers and facilitators. To this end, a common difficulty experienced by both staff and students related to managing competing demands. As a result of the COVID-19 restrictions, the DH reported that staff in school were running on a ‘day to day existence’ and subsequently had to ‘devote [school’s] resources’ to other matters. A possible over-reliance on the MHL was highlighted, in which ‘covering’ (DH) staff absences made it difficult for them to carry out their duties relating to the strategy. Students also had conflicting priorities that impacted upon their involvement: ‘There were competing demands on their time, so things like exams... you know, when it came to exam season, the two Year 11s sort of dipped out... because they had revision on and exams and things like that’. (EP)

It was integral for roles within the strategy to be clearly defined to allow for a mechanism of supervision and support. The EP provided support in negotiating and clarifying supervision structures and ensuring that the functions of such support were explicitly understood, whereby the EP supervised the MHL who, in turn, supervised the students: ‘There was the need for me to clarify why the sort of... line management structures related to the MHL role... I was providing supervision to the MHL and that I would not... utilise any sort of managerial functions’ (EP).

Positively, stakeholders were able to adapt to new working conditions and utilise varying virtual methods, including video conferencing platforms such as ‘Zoom’ (student) and ‘Teams’ (MHL), to remain in contact with one another: ‘they were in email contact, and [the students would] like have a call’ (EP).

COVID-19 was found to be the most prominent barrier to the implementation of the strategy. Associated restrictions and staff and student absences caused significant disruptions to collaborative working and the ability to ‘plan anything long term’ (DH):
‘COVID acted as a massive barrier, it just... sort of hindered our progress, it made it more difficult for us to meet, it limited the media by which we could have meaningful discussions’ (EP).

‘Various year groups staff bubbles... staff individually having to self-isolate meant that... in terms of how far we wanted to get along with this, we are much further behind than we’d like to be’ (EP).

Research Question 2: What key factors should school staff consider when planning to implement a novel student-led mental health strategy?

![Diagram](image)

**Future Considerations**
- **Invitation to act**
  - Impetus for a student-led mental health strategy
  - Understanding the concept of ‘student-led’
- **Collaboration between stakeholders**
  - Ensuring strong links between stakeholders
  - Co-produced action plan
  - SLT oversight
- **Training**
  - Establishing training needs
- **Ensuring strategy longevity**
  - Recruitment and succession planning

*Figure 6: Future considerations for the implementation of a student-led mental health strategy*

The participants were asked to reflect on factors that they perceived to be important if a student-led mental health strategy were to be replicated in another school. Eight sub-themes were elicited from their dialogues (outlined in Figure 6). Sub-themes are highlighted in bold.
Invitation to act

Prior to implementing a student-led mental health strategy, participants shared the perceived importance of securing an **invitation to act**. Responses suggested that this would require ‘preliminary reflections’ (EP) around how ‘a student-led mental health strategy [would] be any different to how they’re currently addressing students’ mental health needs’ (EP) and ‘why... [they] need it’ (DH). Moreover, the EP placed emphasis on initial discussions between stakeholders surrounding ‘the concept of something being student-led’ and ‘what that actually means to them’ to ensure that the approach was not ‘tokenistic’. ‘Hart’s Ladder of Participation’ (Hart, 1992) (EP) model was suggested as a facilitative tool to aid critical reflection relating to student leadership.

Collaboration between stakeholders

**Collaboration between stakeholders** emerged as a common consideration for future implementation. During initial stages of development, the MHL stressed the importance of ‘start[ing] off with a really strong action plan’, that is co-produced with those involved in the implementation process. Following this, it was advised that ‘regular meetings’ (EP) between stakeholders should occur to work through the plan ‘step-by-step’ (MHL) and monitor progress. SLT involvement was recommended to ‘oversee’ (EP) this process.

The value of ‘external expertise’ (DH) was noted. In particular, it was felt that an ‘overarching role’ (EP) from an EP was necessary to ensure that the strategy is ‘psychologically informed’, ‘led by research’ and ‘up to date guidance’ (EP).

Training

Future considerations for **training** were discussed. Participants stressed the importance of ‘getting training in as early as possible’ (student). It was advised that this helps to ‘build your confidence’ and ensure ‘that you know what you’re doing’ (student). ‘Consistency of training’ (EP) for both staff and students was highlighted as a recommendation to ensure an effective whole-school approach to implementing the strategy.

Ensuring strategy longevity

A process for ‘consistent recruitment’ (EP) was suggested as an important future consideration for **ensuring strategy longevity**. In accordance with the concept of Gillick competence and contemporary research suggesting that half of all lifetime cases of mental...
ill health begin by the age of 14, the EP proposed a model for succession planning of student ambassadors. To this end, it was recommended that schools should endeavour to recruit a ‘representative group of students’ from ‘Years 9, 10, 11 and if applicable, 12 and 13’ (EP), consisting of proportionate demographic group. Additionally, the need for ‘consistent staffing’, particularly in relation to the ‘stability of the MHL role (EP)’ was emphasised.

Discussion

This exploratory case study aimed to explore the barriers and facilitators to implementing a novel student-led mental health strategy and consider key factors that may inform replicability in other school settings. Key findings are discussed according to each RQ in relation to pre-existing literature, before considering the limitations of the study. Finally, the author will then reflect on the implications for practice and directions for further research.

Research Question 1: What factors acted as barriers and facilitators to a North West secondary school implementing a novel student-led mental health strategy?

Integral to the implementation of the mental health strategy was the active participation of students. Interviewee narratives illustrated the benefits of promoting the meaningful engagement of students and providing them with autonomy during decision making processes. Educational policy initiatives, advocating for children’s views to be expressed and given due weight, have been driven to a significant degree by Article 12 of UNCRC (Lundy, 2007). Various models, including that of Estyn (2016) and Hart (1992), have been proposed as a method of distinguishing between meaningful involvement, as opposed more tokenistic approaches. Although the inception of the mental health strategy was initially proposed by adults, the students were afforded opportunities to lead on the planning, design, and implementation of the whole school approach. This enabled the creation of innovative and relevant intervention methods derived from students’ realities and experiences. The findings add credibility to governmental proposals and emerging research demonstrating that allowing students to lead on school-based initiatives can have a positive influence on mental health outcomes (Bulunda et al., 2014; Berg et al., 2018; DoH & DfE, 2017).

The ecological model posited by the authors upholds proposals outlined by Weare (2015, p.5) emphasising the need for the ‘genuine involvement’ and engagement of the wider community when implementing approaches that aim to promote positive mental health.
Congruent with Weare’s (2015) framing principles, the current study asserted the importance of commitment from a dedicated SLT and strategy co-ordinator, a supportive ethos that permeates the whole school environment and involvement from the wider community, including parents, carers, and families. Investment from stakeholders at all levels ensures that efforts to promote emotional health and wellbeing are accepted and embedded (Public Health England, 2015) and has been identified as a contributory factor to their success (Cowie & Smith, 2009; DfE, 2020).

Establishing links and working in partnership with external professionals were emphasised in participant accounts. Owing to the unique context of the MAT, there were extensive opportunities to collaborate with specialist teams, including the EP service. Existing research suggests that using ‘experts’, such as psychologists, can be particularly effective during the early stages of intervention development (Shucksmith et al., 2007). A study conducted by Atkinson et al. (2019) provided further evidence for this assertion, in which EPs successfully supported student representatives to implement a student-led strategy that endeavoured to promote mental health, reduce stigma, and encourage help-seeking.

Whilst there were similarities between the current study and the study by Atkinson et al. (2019), such as direct data gathering from, and the utilisation of EPs in working with, student mental health leaders, there are also a number of key differences. For example, the current study was able to extend the findings of Atkinson et al. (2019) by providing an original account of the contextual factors that helped and hindered the implementation of a novel student-led mental health strategy, as well as key points for school staff to consider when planning their own student-led mental health strategy, helped - in part – by interviewing school leaders responsible for overseeing student mental health.

The most prominent barrier elucidated from the study was the impact of the COVID-19 pandemic. Related restrictions and absences caused by isolation periods led to significant disruption to implementation processes, human resources, and collaborative working opportunities. The wide spectrum of risks posed to adolescent mental health resulting from the pandemic necessitates ongoing research that explores the implementation of whole school approaches targeting the wellbeing of students in a post-COVID-19 world (Daer, 2021; Wignall, 2021). As the COVID-19 pandemic continues to evolve, flexible research
efforts that are continually reviewed will be required to provide a nuanced, meaningful, and robust evidence base to promote understanding of the consequences on mental health.

**Research Question 2: What key factors should school staff consider when planning to implement a novel student-led mental health strategy?**

Participant perspectives relating to factors they considered to be important when implementing a student-led mental health strategy were explored. To this end, the importance of securing an invitation to act was emphasised, ensuring that there is an impetus for this particular model of strategy development within the individual school context. Future efforts may utilise Research and Development in Organisations (RADIO), an action research model that begins with an invitation to act, to allow for negotiation of research activities based upon the specific needs of the school (Timmins et al., 2003).

Existing literature has illustrated that schemes with clarity around their purpose, achievable aims and a vision of what schools expect to see as benefits, are more likely to be successful (Mentoring and Befriending Foundation [MBF], 2011). It was also deemed important for schools to have a clear understanding of what ‘student-led’ truly means. Hart’s Ladder of Participation (1992) was postulated as a conceptual model for promoting reflections surrounding student leadership programmes, and to challenge potential barriers to meaningful involvement. This modelling tool has proven effective in assessing the extent of youth participation in approaches led by young people (Sun et al., 2016).

The value of collaboration between stakeholders was recognised. Interviewees advocated for the co-production of a thorough action plan during the early stages of strategy planning. Consistent with the work of Weare (2015) interviewees identified the need for approaches to be developed incrementally, beginning with realistic expectations, and deciding on methods of proceeding strategically. The need for this process to be supported by a dedicated SLT was noted. Emerging literature purports that leadership involvement during the implementation phase results in prioritisation of the approach, along with financial and time investment (Wignall, 2021). To ensure that strategies are psychologically informed, external expertise provided by EPs was recommended. Wignall (2021) stated that, within educational settings, EPs are uniquely placed to bridge the link between research and practice, through critical analysis of the available evidence base.
Participant accounts indicated that future implementation efforts would benefit from considering structured training opportunities for both students and staff. Several projects have exemplified the need to train student representatives to equip them with the skills necessary to confidently fulfil their helping role (MBF, 2011). Moreover, Parsons et al. (2008) underlined the importance of effective training for strategy co-ordinators in preparing them to support the programme. Having skilled and knowledgeable trainers was highlighted in a recent evaluation of peer support mental health pilots (DfE, 2020). This may serve as an opportunity for EPs to effectively support student-led strategies by providing training that is targeted to the individual school context and specific needs of the staff and students (Rothi et al., 2008).

A key factor for ensuring strategy longevity involved ensuring a process of continued recruitment and succession planning of student representatives. Herrera et al. (2008) purported that the longevity of the programme is key to success, as the impact of the strategy will only be realised over time. Moreover, the effectiveness of student-led strategies has been linked to the careful recruitment of student ambassadors. Smith and Watson (2004) proposed that utilising previous student representatives to train future ambassadors and making use of students who have been trained in the role during primary school, may help to support the sustainability of a student-led approach.

Limitations

Although this study provides valuable information regarding the implementation of a novel student-led mental health strategy, it is imperative to consider the limitations associated with this research.

Notably, this study was initially planned prior to the onset of the COVID-19 pandemic, and the implementation of the strategy took place during a period of significant disruption to education systems. Inevitably, this had a considerable impact on the initial design of the research. The strategy was scheduled for launch in February 2021; however, school closures delayed this phase of implementation. Upon the return to school, restrictions associated with the pandemic remained in place, preventing face-to-face meetings, and involvement from SLT was hindered due to an increased focus on health and safety. Early research indicates that associated restrictions causing ongoing uncertainty, a loss of structure and
social contact, and a reduction in support services, are having a significant impact on the mental health of teenagers (Demkowicz et al., 2020). Consequently, the need to monitor the emotional wellbeing of CYP, and mechanisms for responding and intervening accordingly in a post-COVID-19 world is of principal importance (Waite et al., 2021).

Whilst COVID-19 disrupted the implementation of the student-led mental health strategy, it was felt that the mediums by which the interviews took place (i.e., face-to-face and virtual) did not have a significant impact upon participants’ responsiveness, which the researchers attributed to participants’ familiarity with virtual working/social interactions by the time of the interviews.

The link EP for the school supported the implementation of the student-led mental health strategy. As a result, they were able to purposively select participants who had actively participated in the developmental phases of the strategy to provide insightful accounts relating to the research aims. As the strategy was student-led, their views were seen as central to the data gathering process. Despite rapport building opportunities with student participants prior to the commencement of their interview, the students’ contributions were relatively limited when compared with the views of other stakeholders. It is possible that a focus group consisting of all student representatives may have produced a more in-depth account of student perspectives on implementation. Once the strategy is well-established within the school, gaining the views of the wider student population may provide an alternative perspective.

Finally, this study details an exploratory single case study analysis, conducted in one North West secondary school. Consequently, the researchers acknowledge the highly contextualised nature of the research. Certain facilitative factors that were identified, including the provision of additional funding and increased access to the EP service, may apply less well in different settings. Despite this, local insights may prove useful in developing EP practice within the area of supporting student-led mental health strategies.

Implications for professional practice and directions for further research
Recognising the potential for peer-to-peer support, the government outlined commitments to strengthen the available evidence base relating to this model of strategy development
The present, small-scale study provides tentative evidence to advance understanding of the factors that may facilitate, or hinder, the implementation of a school-based mental health strategy. Disseminating information relating to factors affecting implementation to stakeholders during the initial stages of development may support the identification of, and ability to challenge, potential barriers and maximise facilitative factors (Wignall, 2021). The proposed ecological model may therefore have significant utility for educational stakeholders seeking to introduce a student-led mental health strategy within school settings.

This novel strategy holds the potential to inspire similar projects within other educational psychology services and stimulate whole-school strategy and policy development. As evidence-based practitioners, EPs continually review research and theoretical perspectives to inform their practice. Owing to EPs specialist knowledge of existing frameworks, such as Hart’s Ladder of Participation (1992) and Implementation Science (Kelly & Perkins, 2012), members of this profession are well-placed to develop an understanding of student participation and implementation processes. Thus, involvement in such projects serves as an exciting opportunity for EPs to utilise their skills across the five core functions, namely assessment, consultation, intervention, training, and research (Fallon et al., 2010), to support the development, implementation and evaluation of student-led approaches that are grounded in psychological research.

Simultaneously, by engaging in research projects that seek to evaluate the implementation and impact of whole-school approaches, EPs are able to contribute to, and continually expand upon their understanding of student-led practices. This enables psychological knowledge to grow and develop in a society in which it is embedded. Existing literature indicates that student-led initiatives have often been lacking in formal monitoring and evaluation (Berg et al., 2016). Future efforts could employ baseline and follow up measures of mental health outcomes that could contribute to improvements and developments to ensure the continuity of the strategy. This would be of significant interest to the UK EP and International School Psychologist communities in terms of replication in other school settings.
Along with the present study, there is only one published example of EPs’ involvement in supporting student participation in the development of school-based mental health strategy (Atkinson et al., 2019). Consequently, a contextual knowledge gap exists surrounding the development of an adapted approach within primary school settings. Furthermore, there is a methodological knowledge gap pertaining to the extent to which a student-led mental health strategy can improve mental health outcomes for CYP. Future mixed-methods longitudinal research, with a larger sample size, would be fruitful in addressing contextual and methodological knowledge gaps within the field.

References


https://www.research.manchester.ac.uk/portal/files/188962448/FULL_TEXT.PDF


Paper Three: The dissemination of evidence to practice

Word Count: 5,913 (including tables and figures)
This paper will consider the concepts of EBP and practice-based research, exploring their application within the context of educational psychology. A summary of the implications for the research detailed in Paper One and Paper Two will be outlined across the research site, local and organisational level, and professional level. Finally, a specific strategy for promoting and evaluating the dissemination and impact of the current research will be discussed.

Part One: A generic overview of concepts of evidence-based practice and related issues such as knowledge transfer and practice-based research/ evidence.

Evidence-Based Practice
The concept of EBP originated in the field of medicine and healthcare, defined by Sackett et al. (1996, p.7) as “the conscientious, explicit and judicious use of current best practice evidence in making decisions about the care of individual patients”. A fundamental principle of EBP is that there must be a clear link between professional practice and research (Fox, 2003). Briner (2019) emphasised the importance of utilising reliable and trustworthy sources of evidence to inform high-quality decision-making to enable desired outcomes to be achieved. It is proposed that the integration of best available, empirically supported research will lead to reduced inconsistencies between practitioners and service provision (Fox, 2003).

Within the context of medicine, EBP is underpinned by the ‘Hierarchy of Evidence’, a core principle that is used to give weight to studies based on the rigour of their research methods (Fox, 2003). The traditional hierarchy, illustrated in Figure 7, privileges positivist scientific
approaches, placing systematic reviews of randomised controlled trials (RCTs) at its pinnacle. Deemed to be the ‘gold standard’ of research methodologies, this research design maximises internal validity, allowing for causal inferences to be made (Boyle & Kelly, 2017). According to the hierarchy, qualitative studies, and those based on expert opinion, are considered an inferior form of evidence (Segwick & Stothard, 2021).

Figure 7: Hierarchy of Evidence (adapted from Fox, 2003)

Evidence-Based Practice and Educational Psychology

EBP has been extended to a variety of disciplines, including educational psychology (Lane & Corrie, 2006). The American Psychological Association (APA) Presidential Task Force was tasked with aligning psychology with other professions by defining and explicating principles of EBP applicable to the field (APA, 2006). The association defined evidence-based practice in psychology (EBPP) as:

“The integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. The purpose of EBPP is to promote effective psychological practice and enhance public health by applying empirically supported principles of psychological assessment, case formulation, therapeutic relationship, and intervention.” (APA, 2006, p. 180).

Practitioner EPs are guided in their practice by regulatory bodies and professional associations, including the BPS (2018), the HCPC (2016) and the AEP (2018), that outline
expectations and requirements to engage in EBP. Despite stipulations within practice guidelines, the aforementioned research hierarchy has attracted criticism within the profession (Boyle & Kelly, 2017; Fox, 2003). O’Hare (2015) purports that there is a narrative within the EP literature that EBP is wholly synonymous with academically validated research. Although regarded as ‘best evidence’, RCTs are often not feasible within educational settings and/or pose ethical implications if used (Frederickson, 2002). Such experimental designs tend to utilise large, homogenous samples that can be difficult to recruit within educational settings (Sedgwick & Stothard, 2021). Additionally, due to the highly controlled conditions of RCTs, individual differences and stakeholder perspectives are often not accounted for (Boyle, 2012; Reason & Woods, 2002), which can be integral to intervention efficacy or failure. Thus, a range of different designs should be employed, including qualitative research, to provide rich, contextual data that complements evidence derived from RCTs (APA, 2006).

Critics of the hierarchy of evidence offer an alternative framework, namely the ‘typology of evidence’, that emphasises the importance of matching RQs to specific methodologies (Petticrew & Roberts, 2003). This approach asserts that certain types of evidence should not be valued more highly than others. Instead, a more functional approach is highlighted, recognising that some research designs may have greater utility when addressing particular RQs and that mixed methods approaches can be employed to prevent binary decision-making between quantitative or qualitative designs. Adopting this approach holds potential within the educational psychology profession as it enables the exploration of key questions, such as “what... works, for whom, in what circumstances, in what respects and why?” (Boyle & Kelly, 2017, p. 34), which, in turn, informs professional judgement.

O’Hare (2015) explored EP’s understandings and use of evidence in practice, asserting that EPs “had rather confused and incomplete understandings of EBP” (p. 172). Consequently, an expanded model of EBP in EP practice was proposed, adapted from the work of Briner et al. (2013) and Barends et al. (2014) (see Figure 8). This model consists of four distinct sources of evidence, namely ‘evaluated external research evidence’, ‘evidence from the local context’, ‘perspectives of those affected by the decision’ and ‘practitioner expertise and judgement’. All sources of evidence are deemed integral to practice; however, there is flexibility within the model in which the size of the circles will vary for each practice.
decision, in line with the type and amount of evidence available. O'Hare (2015, p. 205) purports that this model “provide[s] EPs with a more balanced, holistic understanding of EBP that emphasis[ing] the interaction of multiple types of evidence that have to be considered critically, conscientiously, judiciously and explicitly”. Thus, no one form of evidence should be undermined as a lesser source for the purposes of EBP.

Figure 8: The four elements of EBP, adapted from Briner et al. (2009) and Barends et al. (2014)

Evidence-based practice in school mental health provision

There is a growing consensus that the school environment is uniquely placed to provide increased access to mental health services that endeavour to support the emotional education and development of CYP (Greenberg, 2001; Weare; 2015). Despite increasing emphasis on the provision of high-quality EBPs in community-based settings (McHugh & Barlow, 2010; Rotheram-Borus, 2012), reviews indicate that school-based mental health services are often implemented without consideration of empirical research evidence (Langley et al., 2010). This science-to-practice gap has significant implications for the effectiveness of services delivered and profound consequences for overall public health (Baker et al., 2021). Thus, exploration of factors unique to the education system are needed, to support stakeholder understanding of EBPs in real-world contexts.

The success of school-based efforts that are designed to foster students’ mental health and wellbeing can not be solely attributed to the intervention, but rather to the way in which
they are embedded within a school context that experiences extensive daily demands and competing priorities (Banerjee et al., 2016). Owens et al. (2014) reported that there is a dearth of literature exploring the implementation of EBPs for mental health under typical school conditions, and the factors that influence their uptake. Moreover, despite emerging evidence indicating the benefits of student participation in whole-school approaches to mental health (Atkinson et al. 2019; Weare, 2015), little is known about how students can support, and lead on, the implementation of such interventions.

Given the importance of the school environment in improving access to EBPs for student mental health, this thesis endeavoured to explore key variables affecting the uptake of services, along with factors that impact on the successful implementation of intervention efforts. Paper One conceptualised findings from a SLR of the barriers and facilitators to adolescent mental health help-seeking within the school environment. This allowed the researcher to explore the existing evidence base of up-to-date literature to explore the factors that may facilitate and hinder the uptake of school-based support. Key considerations for educational professionals were drawn upon to promote mental health help-seeking propensity in adolescents within the school environment.

**Practice-Based Evidence in Educational Psychology**

Fallon et al. (2010, p.4) stated that “Educational Psychologists are fundamentally scientist-practitioners who utilise, for the benefit of CYP, psychological skills, knowledge and understanding through the functions of consultation, assessment, intervention, research and training”. The term ‘scientist-practitioner’ intimates the need to adopt an integrative model of practice. This requires the utilisation of rigorous research studies drawn from the evidence-base, complemented by practitioner expertise, in which individual differences, context and stakeholder views are acknowledged (Barkham & Margison, 2007). As well as being users and consumers of research, EPs make a distinctive contribution to knowledge, creating a contextualised and ecologically valid evidence base (Barkham & Mellor-Clark, 2003). This involves the safe trialling and adaptation of techniques in natural settings to develop an “inclusive, practitioner-led research base” (Woods et al., 2014, p.34), a process known as PBE. Consistent with the APA definition of EBP, PBE champions the use of available evidence and experiential practitioner skills to adapt to localised needs.
According to O’Hare’s (2015) model, PBE is encapsulated within the ‘practitioner expertise and judgement’ circle (Figure 8). Dutton (1995) proposed a model conceptualising three strategies used by experienced practitioners to transform their experience into professional practice. This includes ‘pattern recognition’ (recognising patterns within familiar experiences), ‘knowing-in-action’ (using pre-existing knowledge and experiences to engage in spontaneous problem-solving) and ‘naming and framing’ (framing problems theoretically and in a way that indicates a solution). This would suggest that, with growing experience, EPs become increasingly competent in engaging in an iterative cycle of translating EBP into practice to support the development of their own frameworks of PBE.

Practice-Based Evidence in School Mental Health
EBP in school mental health has been based on the premise that RCTs could document effective interventions that practitioners can apply in educational settings to improve mental health outcomes for CYP. However, research exploring implementation and dissemination has challenged this perspective, noting the impact of macro and micro factors that can have a mediating impact on the implementation of EBPs. PBE has been proposed as a method of enhancing the knowledge base to support school settings to adopt innovative strategies to support the implementation of evidence-based interventions (Kratochwill et al., 2012).

Despite increasing recognition of the importance of the school environment in supporting the mental health needs of CYP (DoH & DfE, 2017; Weare, 2015), there is a relative dearth of research illustrating student participation in school-based mental health approaches. To the researcher’s knowledge, there is currently only one published example of PBE relating to the development of a student-led mental health strategy (Atkinson et al., 2019). Further research is needed to report on effective practices and build a knowledge base to close the research-to-practice gap.

Consequently, the empirical study detailed in Paper Two sought to explore key factors affecting the implementation of a novel student-led mental health strategy, contributing to emerging literature relating to how such approaches can be supported to succeed. It is the intention that the findings will be used to provide guidance to school-based professionals seeking to employ a mental health strategy lead by students within their own settings,
subsequently contributing to the evidence base through practice-based research. As EPs can play an integral role in the promotion of effective implementation practices, implications for the profession are highlighted.

Part Two: A generic overview of the evidence on effective dissemination of research and notions of research impact

Dissemination strategies
There are evident deficiencies between the transfer of research-based knowledge and its use within practice (Wilson et al., 2010). Dissemination of research is integral in ensuring effective processes for maintaining the research-to-practice continuum. Wilson et al. (2010, p.2) defined dissemination as:

“A planned process that involves consideration of target audiences and the settings in which research findings are to be received and, where appropriate, communicating and interacting with wider policy and health service audiences in ways that will facilitate research uptake in decision-making processes and practice”.

This intent of this information distribution is to strategically communicate research findings to target stakeholders, and to raise awareness, knowledge and commitment to action (Harmsworth et al., 2001). To this end, skilfully constructed and deployed dissemination strategies hold the potential to increase the likelihood that stakeholders will engage in implementation behaviours, increasing the delivery of high-quality approaches, and ultimately leading to improved outcomes. Baker et al. (2021) asserted that increased focus and study on dissemination activities within the field of school mental health is needed to improve the mental health of CYP.

Dissemination in education
There is an evident lack of clarity about what constitutes dissemination. Wilson et al. (2010) conducted a systematic scoping review to identify organising frameworks designed for use by researchers to guide dissemination activities. Thirteen of the 20 included dissemination frameworks were underpinned by the Persuasive Communication Matrix, based on the work of Lasswell (1948). McGuire (1969) purported five variables that influence the impact of persuasive communications, namely: 1) the source of communication 2) the message to be
communicated 3) the channels of communication 4) characteristics of the audience and 5) the setting in which the communication is received. Within Wilson et al.’s. (2010) review, one identified framework that met the inclusion criteria was that of Harmsworth et al. (2001). The authors proposed a definition of dissemination that encapsulated three of the key variables of persuasive communication: “Delivering and receiving of a message, the engagement of an individual in a process and the transfer of a process or product”.

Harmsworth et al.’s. (2001) framework was designed to support the dissemination of educational development projects. The authors asserted the importance of planning dissemination activities prior to the commencement of research, to ensure the active engagement of users and encourage a sense of ownership amongst the intended audiences. It was postulated that careful consideration must be given to the objective of sharing their findings at the outset of the research planning (Sedgwick & Stothard, 2021). Therefore, three purposes of dissemination in education are proposed, including dissemination for awareness, understanding and action (Harmsworth et al., 2001). Firstly, dissemination for awareness targets audiences that would benefit from recognition of the research activities and outcomes, without needing detailed knowledge. Secondly, dissemination for understanding involves purposively targeting certain groups that would benefit from a deeper understanding of the research. Finally, dissemination for action refers to targeting audiences that are equipped with the necessary skills, knowledge and understanding of the research and positioned to bring about sustainable change.

**Dissemination strategy for the current research**

To ensure the robust application of scientific research findings in practice, key implications for dissemination practices were drawn from the work of Brownson et al. (2018), which highlights the importance of stakeholder engagement in research and evaluative processes. To this end, the present research project took place as part of the requirements of the University of Manchester’s Doctorate in Educational and Child Psychology. This course operates on a research commissioning model, in which research topics are derived from the needs of the EP community and educational professionals, for use in the field. Consequently, there is a stakeholder group comprised of student wellbeing ambassadors, the research site’s SLT and the trust’s EP service, who are awaiting the dissemination of findings.
When considering the target audience beyond the immediate stakeholder group, a wider dissemination strategy is needed, outlining how the research will be shared and by what means. Dissemination approaches should be adapted according to the context in which they are delivered (in ways that evoke interest), demonstrate utility, and align with the skill set of the targeted audience (Brownson et al., 2018). This requires the utilisation of a range of media sources and outputs. Traditionally, publication in academic journals has been a key method for sharing scientific findings; however, researchers have begun to explore more contemporary approaches, such as the use of social media (Oliver & Cairney, 2019). The provision of clear summaries and syntheses of research activities via these methods allows for information to be ‘pushed’ to the target audience, as opposed to relying on the audience to ‘pull’ research from published literature (Edwards, 2015).

Evaluating the impact of dissemination

The principal aim of disseminating research is to achieve impact; however, defining and measuring impact can present challenges (Brownson et al., 2018). Previous endeavours focussing on the journal- and author-level metrics have been criticised for being misused as a proxy of the quality or scientific impact (Gasparyan et al., 2017). As a result, researchers have begun to explore alternative metrics, such as altmetrics, which complement traditional measures by aggregating mentions in other outlets, such as blogs, social media and usage in policy documents (Thelwall et al., 2013). Harmsworth et al. (2001) proposed that, to review and measure progress of dissemination, clear targets need to be established at the outset. The authors suggested linking targets to five purposes of dissemination, including 1) awareness 2) support and favourability 3) understanding 4) involvement 5) commitment. Setting realistic and achievable targets that focus on quality rather than quantity is of paramount importance.

Part Three: A specific summary of the policy/ practice/ research development implications from Paper One and Paper Two at: the research site; organisational level; professional level.

Summary of research findings

The thesis is comprised of two papers: a SLR, Paper One, and an exploratory case study, Paper Two.
Paper One synthesised existing research to explore the barriers and facilitators to mental health help-seeking in adolescents. The findings highlighted key barrier themes, namely: mental health stigma; practical barriers; negative attitudes and perceptions; and knowledge barriers. Two pertinent facilitator themes were also elicited, including: mental health literacy; and wellbeing and community factors. The importance of integrating targeted interventions and whole school approaches into the school environment was emphasised. Possible foci for intervention efforts are proposed, including approaches that endeavour to minimise stigma, reduce practical barriers to accessing support, and promote both connectedness and help-seeking literacy. Dissemination of the findings may have significant utility in informing professionals working within education to support adolescent mental health. The review also highlights implications for the EP role in working collaboratively with education staff to support the implementation of school-based approaches to mental health.

Paper Two detailed an empirical investigation that sought to examine the barriers and facilitators to the implementation of a novel student-led mental health strategy in one secondary school. Emergent themes gained from four interviews were categorised into four levels (student, staff, school, and wider community factors), leading to the development of an ecological model for implementation. This proposed model, along with recommendations for future replication, are intended as useful guidance for educational stakeholders seeking to introduce a school-based student-led mental health strategy.

Implications for the research site

Whilst there is growing evidence and increasing expectation through government policy for school-based mental health provision, adolescents’ reluctance to seek help continues to hinder prevention and early detection efforts (DoH & DoE, 2017; Rickwood et al., 2007). The findings from Paper One elicited a key barrier to mental health help-seeking relating to stigma. This prompts consideration of universal and targeted approaches within the school context that endeavour to actively minimise stigmatising attitudes. During the student paired interview, it was evident that the student ambassadors had recognised the impact of stigma at the research site and were contemplating how they may address this barrier at the whole-school level. This may serve as an opportunity for the school’s link EP to support student leaders to develop innovative methods that address the biological, psychological,
and social aspects of mental health to facilitate help-seeking behaviours and reduce mental health stigma.

Knowledge barriers and negative perceptions relating to support services were also found to impede help-seeking propensity. Thus, there is a clear rationale for the exploration and development of methods to increase the visibility of, and access to, EP support and that of wider services that operate within the school context. At present, the school currently uses a system in which a referral to the EP is gatekept by adults with the school's SLT. The potential benefits of implementing a self-referral system for young people who are deemed to be Gillick competent, without the need for parental permission, are two-fold. This would address barriers relating to accessibility of services and potentially provide a less stigmatising approach.

In Paper Two, participants who were actively involved in the implementation of a novel student-led mental health strategy highlighted the importance of ensuring the longevity of the approach. Kelly and Perkins (2012) noted that sustainability of an intervention is aided by attention to evaluative methods that can provide feedback to stakeholders on the quality of implementation and impact of the programme. This raises implications for the research site in establishing formal outcome measures to provide evidence of the strategy's effectiveness in supporting student mental health, and to support an iterative cycle in which processes and practices continue to develop and improve. Such measures will be integral to ensuring that the strategy has continued benefits to students within the changing landscape of the organisational environment and fluctuating systemic conditions in which it is embedded (Kelly & Perkins, 2012). Scheirer (2005) purported that programmes that are well-implemented and demonstrate local impact are likely to generate enthusiasm from stakeholders and to be sustained over time.

In accordance with a governmental research review of peer support programmes (DfE, 2017), the findings of Paper Two highlighted succession planning and continued recruitment as key factors in ensuring programme longevity. Previous research, conducted by Smith and Watson (2004) proposed potential benefits of implementing a rolling programme in which previous student leaders are utilised to train future ambassadors to ensure continuity of the approach. Additionally, previous literature reporting on the value of training was echoed in Paper Two (MBF, 2011). To address this, early induction of student ambassadors has been
recommended (Parsons et al., 2008). This highlights important implications for the research site in developing formalised induction processes, outlining plans for recruitment and training, to ensure leaders are adequately prepared and equipped for their role.

**Implications at the local/organisational level**

The research site in which the empirical study took place forms part of a MAT in the North West of England. Consequently, not only do the research findings derived from Paper One and Paper Two have important implications for the individual context of the school, but for the practice of the wider trust and that of the trust-based EP service. At present, the trust has established student-led mental health strategies in two of its secondary schools. Within the trust, there are additional mainstream and specialist secondary provisions, and mainstream primary provisions. Although individual contextual factors relating to the different settings will need to be considered, the findings derived from both papers may inform the development of trust-wide, student-led approaches that endeavour to reduce stigma and promote the wellbeing of pupils within all school settings. Key findings derived from Paper Two may also be utilised by policy holders and writers to inform adaptations to their pre-existing mental health policy, advocating for increased student participation in their efforts to address the mental health needs of pupils across schools within the trust.

Moreover, the researcher, in their role as a TEP for a local authority (LA) service, reflected on how the findings of this thesis could support the development of their own practice and that of the EP team. The researcher was on placement throughout the COVID-19 pandemic and was involved in supporting the return to schools, following periods of closures. The impact of the pandemic has had an inevitable impact on decision-making at the EP service level, in light of changing LA priorities. To this end, supporting the mental health needs of CYP during this time has been of principal importance. The researcher is in discussion with the service’s Principal EP and Lead Practitioner EP specialising in SEMH to explore how the findings of Papers One and Two may be used to inform policy and practice at the organisational level within the team.

**Implications at the professional level**

In terms of practitioner utility, the findings of Paper One and Paper Two may be of significant interest to the UK EP and International School Psychologist communities with regards to replication in other school settings. This project also has considerable utility for
school senior leaders who may seek to introduce a student-led mental health strategy within their schools. Previous literature asserts that effective dissemination has the potential to transform target stakeholders into “change agents” (Baker et al., 2021, p. 792), who are motivated to enact implementation behaviours. Subsequently, these behaviours can lead to higher quality school-based mental health provision.

The LA in which the researcher is currently on placement has recently been awarded funding to extend the MHST programme across the borough. This team have been tasked with boosting early intervention and providing mental health support for CYP in schools within the authority. In recognition of complementary expertise between teams, a steering group has been formed between the EP team and the MHST to discuss opportunities for joint working. A key implication elicited from the systematic review detailed in Paper One related to bolstering connections between school-based mental health professionals. Following discussion with the Lead Practitioner EP, the researcher is going to become a regular attendee at the meetings to explore ways to support ongoing opportunities for collaboration across the two teams. This work would be supportive of governmental proposals outlined in the mental health green paper, representing a collaboration between the DoH and the DfE (DoH & DfE, 2017).

Despite emerging research recognising the potential of student-led mental health approaches in secondary school, a contextual knowledge gap exists within the literature. To the researcher’s knowledge, there is no published research documenting the exploration of pupil leadership in the development of a whole-school approach to mental health in primary schools. Additionally, a methodological knowledge gap is also evident relating to the extent to which student-led approaches can lead to positive mental health outcomes for CYP. Consequently, this poses implications for areas for future research. Longitudinal studies, employing a mixed methods design and larger participant group, may prove valuable in the measurement of mental health outcomes over time.

**Part Four: A specific strategy for promoting and evaluating the dissemination and impact of the research (Paper One and Paper Two).**

There is a growing body of school mental health research aimed at producing generalisable knowledge to address science-to-practice gaps to increase CYP’s access to evidence-based
mental health services (Baker et al., 2021). Along with successful implementation, effective dissemination has been identified as an integral process for addressing such gaps. Thus, there has been a renewed focus on dissemination science as a critical step in effecting change (Brownson et al., 2018).

Harmsworth et al. (2001) proposed a three-level framework to effectively disseminate educational development projects, including dissemination for awareness, dissemination for understanding and dissemination for action. The researcher utilised this framework to support the development of a dissemination strategy. For each target group, consideration is given to the method and vehicle of dissemination, along with proposed timescales. A summary of the strategy is outlined below in Table 2.
<table>
<thead>
<tr>
<th>Purpose</th>
<th>Target Groups</th>
<th>Method</th>
<th>Vehicle</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissemination for awareness</td>
<td>Educational practitioners</td>
<td>Systematic literature review paper</td>
<td>Publication in a peer-reviewed academic journal</td>
<td>Ongoing – December 2022</td>
</tr>
<tr>
<td></td>
<td>EPs</td>
<td>Empirical research paper</td>
<td>Social media platforms (e.g., Twitter)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Academics interested in school-based mental health provision</td>
<td>Sharing of abstract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research site</td>
<td>Methods of dissemination to be selected by student leaders</td>
<td></td>
<td>Student-led vehicles of dissemination to be decided by student leaders</td>
<td>Ongoing – July 2022</td>
</tr>
<tr>
<td></td>
<td>Feedback in staff meetings (e.g., Special Educational Needs Co-ordinator [SENCo] network and EP team meeting)</td>
<td></td>
<td>Presentations (e.g., PowerPoint) and discussion</td>
<td>Email correspondence</td>
</tr>
<tr>
<td>Dissemination for understanding</td>
<td>EPs (local, regional, and national)</td>
<td>Annual North West EP Continuing Professional Development Conference</td>
<td>Presentations (e.g., PowerPoint) and discussion</td>
<td>December 2022</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>TEPs</td>
<td>Co-delivery on seminars at the University of Manchester’s Doctorate in Educational and Child Psychology Course</td>
<td>Sharing publications</td>
<td></td>
<td>January 2023 – June 2023</td>
</tr>
<tr>
<td>Dissemination for action</td>
<td>Research site (e.g., school staff, SENCos, trust EPs, students)</td>
<td>Feedback in staff meetings (e.g., SENCo network and EP team meeting)</td>
<td>Presentations (e.g., PowerPoint) and discussion</td>
<td>Ongoing – December 2022</td>
</tr>
<tr>
<td>Local Authority EP team</td>
<td>Team meetings</td>
<td>Presentations (e.g., PowerPoint) and discussion</td>
<td>Synthesis of findings in monthly team meeting</td>
<td></td>
</tr>
</tbody>
</table>
Dissemination for awareness

The process of disseminating for awareness involves sharing the research activities and outcomes with larger audiences, to build an identity and profile within the field.

Publication in academic journals remains to be one of the most common methods by which researchers disseminate their research (McVay et al., 2016). Dissemination at the national level, thus far, has involved submission of Papers One and Two to the peer-reviewed journal *Educational Psychology in Practice*. This journal is of relevance to practicing EPs working primarily across UK contexts. EPs possess specialist knowledge and expertise that can support the promotion of wellbeing at the broader systems level (Roffey, 2016). Consequently, it was felt that publication in this journal would stimulate ideas for the professional to have a raised profile in this area. At the time of writing, Paper One has been published. Paper Two is under review. The impact of publication will be measured via citation and/or number of article views provided by the publishers over time.

The potential of social media as a platform for disseminating research to the public is becoming increasingly recognised (Tunnecliffe et al., 2015). Of note, social media rapidly became a crucial medium of communication that allowed for enhanced connectivity between educational professionals and academics during the COVID-19 pandemic. This was evidenced in a 61% rise in web traffic during this time (Khan et al., 2021). ‘Twitter’ has been identified as the most active platform for disseminating articles. Therefore, the researcher intends utilise this site to promote awareness of their publication and key research findings across the EP community, and across wider disciplinary boundaries. Links to the online abstract of the research article and visual summaries will be provided with assigned hashtags to specifically target differing fields of education (e.g., #TwitterEPs, #ADayInTheLifeOfAn_EP, EduTwitter, #SLTchat, etc.). Engagement with research through this platform can be easily monitored and evaluated using altmetric data.

Dissemination for understanding

Dissemination for understanding involves targeting specific audiences that are likely to benefit from a deeper understanding of the research findings and implications. The unique contribution of EPs in supporting student participation in decision-making relating to school-based mental health provision has been highlighted within the literature (Atkinson et al.,
2019; Hall, 2010). In recognition of the relevance of Paper One and Paper Two to the profession, the researcher intends to disseminate regionally at the UK’s North West EP CPD annual conference that takes place in December. At this conference, practicing EPs from the North West of England come together to disseminate and consume up-to-date research and the latest developments relating to practice, and debate topical issues within the field. Presentation at this conference will provide EPs across different service with an opportunity to consider and explore how they may be able to utilise specialist knowledge to promote student participation in whole-school mental health strategies.

Furthermore, the researcher also intends to extend dissemination efforts relating to Paper Two within the developing profession by targeting TEPs. To this end, the research will be shared through co-delivery on an existing seminar on ‘Whole School Approaches to Mental Health’ for the ‘mental health, wellbeing and therapeutic practice’ module on the Doctorate in Educational and Child Psychology at the University of Manchester in the 2022-2023 academic year. There is also potential for further contributions on ‘topic choice’ seminars to deliver an additional session to disseminate the finds of Paper One and their relevance to EP practice. It is the intention that this will inspire TEPs who are developing their practice to consider innovative methods of supporting student mental health at the systemic level.

Written/electronic evaluations at the delivery of both sessions will be used to gather data relating to the impact of this dissemination method. To this end, questions will be asked regarding how the target audience intend to utilise the knowledge gained and apply it to their practice.

Dissemination for action

The final stage of dissemination involves sharing the research findings with those who are in a position of authority and are equipped with the necessary skills and knowledge to effect change.

With regards to dissemination for action, the researcher intends to share the findings with key staff at the research site by presenting at the trust’s EP team termly meeting in summer 2022 and at the summer term SENCo network meeting. The EPs and SENCos within the trust work collaboratively and liaise regularly at planning meetings to consider their priorities for the academic year. Therefore, these educational professionals have been purposively
selected as they are likely to hold discussions surrounding the ways in which they can work creatively and systemically to support the mental health needs of the students in their schools. Enhancing educational professionals’ awareness and knowledge of the facilitative implementation processes highlighted in Paper Two will likely increase the likelihood that they will invest their time and devote resources to such an approach, generate enthusiasm within the school community and encourage programme fidelity (Fixsen et al., 2005; Hodge & Turner, 2016; Wandersman et al., 2008). Equally, the sharing of information relating to implementation barriers will also enable hindering factors to be addressed in future implementation efforts (Wignall, 2021).

As student involvement and leadership was central to the empirical study outlined in Paper Two, dissemination to this stakeholder group is integral. Egli et al. (2019) asserted the importance of appropriately sharing research findings with CYP to demonstrate respect for their active participation in the research process. Dissemination to this group is grounded in the principles of children’s rights (The United Nations, 1989) and the values child-centred methodological approaches (Punch, 2002). As aforementioned, standard modes of dissemination typically rely on information sharing via published articles in academic peer-reviewed journals, presentations at professional conferences and information syntheses shared on social media. Egli et al. (2019) notes that this can be a key barrier as such pathways are not necessarily child friendly. To address this, the researcher is in discussions with the student representative group who participated in the development of the student-led mental health strategy in Paper Two, to elicit their views on appropriate and effective channels of dissemination. The student ambassadors intend to discuss this with the wider representative group at their next meeting and feedback to the researcher to ensure that their views are acted upon.

Furthermore, the researcher is due to attend joint meetings between members of the EP team with their LA placement and the MHST operating within the borough. A primary responsibility of the MHST is to support school staff to embed a culture of awareness of emotional wellbeing and good mental health, in a non-stigmatising manner, through the provision of whole-school approaches. Consequently, the findings of Paper One and Paper Two are pertinent to the group’s mission and supportive of wider legislative proposals outlined in the UK government’s mental health green paper (DoH & DfE, 2017). The
researcher intends to utilise their platform within these meeting to facilitate discussions relating to how student participation can be encouraged in the development of school-based mental health strategies, to ensure reduced stigma and enhanced accessibility. Moreover, it is hoped that involvement in the steering group will lead to training opportunities for designated MHLs to support the application of EBPs and implementation science, to ensure high fidelity of research findings for the benefit of service users.

Conclusion

The current paper has discussed the concepts of EBP and PBE, with relevance to the EP role. To address the science-to-practice gap, there is a need to improve effective dissemination practices, both in general, and in the field of school mental health (Baker, 2021). To encourage the consumption of, and active engagement with the research, a carefully considered dissemination plan is proposed to share the findings of Paper One and Paper Two at the research site, local and organisational level, and wider professional level. It is hoped that the sharing of information will raise awareness of the research activities and their implications, to enact action within the field of school-based mental health provision. Dissemination activities are currently ongoing and will continue to be monitored and evaluated, to ascertain their impact.

References


Department for Education. (2017). *Peer support and children and young people’s mental health*. Department for Education.


https://www.research.manchester.ac.uk/portal/files/197820127/FULL_TEXT.PDF

Appendices

Appendix A: Educational Psychology In Practice Author Guidelines

Instructions for authors

Thank you for choosing to submit your paper to us. These instructions will ensure we have everything required so your paper can move through peer review, production and publication smoothly. Please take the time to read and follow them as closely as possible, as doing so will ensure your paper matches the journal’s requirements.

For general guidance on every stage of the publication process, please visit our Author Services website.

For editing support, including translation and language polishing, explore our Editing Services website.

Contents

- About the Journal
- Open Access
- Peer Review and Ethics
- Preparing Your Paper
  - Structure
  - Word Limits
  - Style Guidelines
  - Formatting and Templates
• **References**
• **Taylor & Francis Editing Services**
• **Checklist: What to Include**
  
  • **Using Third-Party Material**
  
  • **Submitting Your Paper**
  
  • **Publication Charges**
  
  • **Copyright Options**
  
  • **Complying with Funding Agencies**
  
  • **My Authored Works**

**About the Journal**

*Educational Psychology in Practice* is an international, peer-reviewed journal publishing high-quality, original research. Please see the journal's [Aims & Scope](#) for information about its focus and peer-review policy.

Please note that this journal only publishes manuscripts in English.

*Educational Psychology in Practice* accepts the following types of article: Research Article, Practice Article, Review Article.

**Open Access**

You have the option to publish open access in this journal via our Open Select publishing program. Publishing open access means that your article will be free to access online immediately on publication, increasing the visibility, readership and impact of your research. Articles published Open Select with Taylor & Francis typically receive 95% more citations* and over 7 times as many downloads** compared to those that are not published Open Select.
Your research funder or your institution may require you to publish your article open access. Visit our Author Services website to find out more about open access policies and how you can comply with these.

You will be asked to pay an article publishing charge (APC) to make your article open access and this cost can often be covered by your institution or funder. Use our APC finder to view the APC for this journal.

Please visit our Author Services website if you would like more information about our Open Select Program.

*Citations received up to 9th June 2021 for articles published in 2016-2020 in journals listed in Web of Science®. Data obtained on 9th June 2021, from Digital Science's Dimensions platform, available at https://app.dimensions.ai


**Peer Review and Ethics**

Taylor & Francis is committed to peer-review integrity and upholding the highest standards of review. Once your paper has been assessed for suitability by the editor, it will then be single blind peer reviewed by independent, anonymous expert referees. If you have shared an earlier version of your Author’s Original Manuscript on a preprint server, please be aware that anonymity cannot be guaranteed. Further information on our preprints policy and citation requirements can be found on our Preprints Author Services page. Find out more about what to expect during peer review and read our guidance on publishing ethics.

**Preparing Your Paper**

**Structure**

Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

**Word Limits**
Please include a word count for your paper.

A typical paper for this journal should be no more than 6000 words

**Style Guidelines**

Please refer to these quick style guidelines when preparing your paper, rather than any published articles or a sample copy.

Please use British (-ize) spelling style consistently throughout your manuscript.

Please use single quotation marks, except where ‘a quotation is “within” a quotation’.

Please note that long quotations should be indented without quotation marks.

**Formatting and Templates**

Papers may be submitted in Word format. Figures should be saved separately from the text. To assist you in preparing your paper, we provide formatting template(s).

Word templates are available for this journal. Please save the template to your hard drive, ready for use.

If you are not able to use the template via the links (or if you have any other template queries) please contact us here.

**References**

Please use this reference guide when preparing your paper. An EndNote output style is also available to assist you.

**Taylor & Francis Editing Services**

To help you improve your manuscript and prepare it for submission, Taylor & Francis provides a range of editing services. Choose from options such as English Language Editing, which will ensure that your article is free of spelling and grammar errors, Translation, and Artwork Preparation. For more information, including pricing, visit this website.

**Checklist: What to Include**
1. **Author details.** Please ensure all listed authors meet the [Taylor & Francis authorship criteria](https://www.tandfonline.com/tandfonline). All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors’ affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted. Read more on authorship.

2. Should contain an unstructured abstract of 200 words. Read tips on [writing your abstract](https://www.tandfonline.com/tandfonline).

3. **Graphical abstract** (optional). This is an image to give readers a clear idea of the content of your article. It should be a maximum width of 525 pixels. If your image is narrower than 525 pixels, please place it on a white background 525 pixels wide to ensure the dimensions are maintained. Save the graphical abstract as a .jpg, .png, or .tiff. Please do not embed it in the manuscript file but save it as a separate file, labelled GraphicalAbstract1.

4. You can opt to include a video abstract with your article. [Find out how these can help your work reach a wider audience, and what to think about when filming](https://www.tandfonline.com/tandfonline).

5. Between 5 and 6 keywords. Read [making your article more discoverable](https://www.tandfonline.com/tandfonline), including information on choosing a title and search engine optimization.

6. **Funding details.** Please supply all details required by your funding and grant-awarding bodies as follows:

   For single agency grants
   
   This work was supported by the [Funding Agency] under Grant [number xxxx].

   For multiple agency grants
   
   This work was supported by the [Funding Agency #1] under Grant [number xxxx];
[Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

7. **Disclosure statement.** This is to acknowledge any financial or non-financial interest that has arisen from the direct applications of your research. If there are no relevant competing interests to declare please state this within the article, for example: *The authors report there are no competing interests to declare.* [Further guidance on what is a conflict of interest and how to disclose it.](#)

8. **Supplemental online material.** Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare. Find out more about [supplemental material and how to submit it with your article](#).

9. **Figures.** Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our [Submission of electronic artwork](#) document.

10. **Tables.** Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.

11. **Equations.** If you are submitting your manuscript as a Word document, please ensure that equations are editable. More information about [mathematical symbols and equations](#).

12. **Units.** Please use [SI units](#) (non-italicized).

**Using Third-Party Material**

You must obtain the necessary permission to reuse third-party material in your article. The use of short extracts of text and some other types of material is usually permitted, on a limited basis, for the purposes of criticism and review without securing formal permission. If you wish to include any material in your paper for which you do not hold copyright, and
which is not covered by this informal agreement, you will need to obtain written permission from the copyright owner prior to submission. More information on requesting permission to reproduce work(s) under copyright.

Submitting Your Paper

This journal uses Routledge's Submission Portal to manage the submission process. The Submission Portal allows you to see your submissions across Routledge's journal portfolio in one place. To submit your manuscript please click here.

Please note that Educational Psychology in Practice uses Crossref™ to screen papers for unoriginal material. By submitting your paper to Educational Psychology in Practice you are agreeing to originality checks during the peer-review and production processes.

On acceptance, we recommend that you keep a copy of your Accepted Manuscript. Find out more about sharing your work.

Publication Charges

There are no submission fees, publication fees or page charges for this journal.

Colour figures will be reproduced in colour in your online article free of charge. If it is necessary for the figures to be reproduced in colour in the print version, a charge will apply.

Charges for colour figures in print are £300 per figure ($400 US Dollars; $500 Australian Dollars; €350). For more than 4 colour figures, figures 5 and above will be charged at £50 per figure ($75 US Dollars; $100 Australian Dollars; €65). Depending on your location, these charges may be subject to local taxes.

Copyright Options

Copyright allows you to protect your original material, and stop others from using your work without your permission. Taylor & Francis offers a number of different license and reuse options, including Creative Commons licenses when publishing open access. Read more on publishing agreements.

Complying with Funding Agencies
We will deposit all National Institutes of Health or Wellcome Trust-funded papers into PubMedCentral on behalf of authors, meeting the requirements of their respective open access policies. If this applies to you, please tell our production team when you receive your article proofs, so we can do this for you. Check funders’ open access policy mandates here. Find out more about sharing your work.

My Authored Works

On publication, you will be able to view, download and check your article’s metrics (downloads, citations and Altmetric data) via My Authored Works on Taylor & Francis Online. This is where you can access every article you have published with us, as well as your free eprints link, so you can quickly and easily share your work with friends and colleagues.

We are committed to promoting and increasing the visibility of your article. Here are some tips and ideas on how you can work with us to promote your research.

Queries

If you have any queries, please visit our Author Services website or contact us here.

Updated 25th February 2022
Appendix B: Letter confirming ethical approval

Dear Miss Emma Barlow, Mr George Thomas, Prof Kevin Woods

Study Title: Evaluating a Student-Led Mental Health Strategy

Environment, Education and Development School Panel PGR

I write to thank you for submitting the final version of your documents for your project to the Committee on 02/09/2020 11:58. I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.

COVID-19 Important Note

Please ensure you read the information on the Research Ethics website in relation to data collection in the COVID environment as well as the guidance issued by the University in relation to face-to-face (in person) data collection both on and off campus.

A word document version of this guidance is also available.

Please see below for a table of the titles, version numbers and dates of all the final approved documents for your project:

<table>
<thead>
<tr>
<th>Document Type</th>
<th>File Name</th>
<th>Date</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent Form</td>
<td>Consent Form-Staff Qualitative</td>
<td>07/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Consent Form</td>
<td>Gillick Competent Pupil Consent Qualitative</td>
<td>07/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Participant Information Sheet</td>
<td>Participant Information Sheet (Staff)</td>
<td>07/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Participant Information Sheet</td>
<td>PIS Pents Qualitative</td>
<td>07/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Participant Information Sheet</td>
<td>PIS GC Qualitative</td>
<td>07/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Letters of Permission</td>
<td>DBS</td>
<td>07/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Participant Information Sheet</td>
<td>PIS NCG Qualitative</td>
<td>07/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Consent Form</td>
<td>Pupil Assent NCG Qualitative</td>
<td>07/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Consent Form</td>
<td>Pupil Assent NGC Qualitative</td>
<td>07/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Additional docs</td>
<td>Thesis Risk Assessment</td>
<td>13/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Additional docs</td>
<td>In brief Sheet</td>
<td>13/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Additional docs</td>
<td>Distress Protocol</td>
<td>13/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Additional docs</td>
<td>Description of copyrighted psychology-GCI</td>
<td>14/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Additional docs</td>
<td>Description of copyrighted psychology-Connectness</td>
<td>14/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Additional docs</td>
<td>Thesis-Interview Schedule</td>
<td>14/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Additional docs</td>
<td>Survey Questions</td>
<td>14/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Data Management Plan</td>
<td>Final DMP</td>
<td>22/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Letters of Permission</td>
<td>Email for Participant Recruitment-Qualitative</td>
<td>22/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Letters of Permission</td>
<td>Email for Participant Recruitment-Patient Qualitative</td>
<td>22/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Letters of Permission</td>
<td>Email for Participant Recruitment-Staff Qualitative</td>
<td>22/07/2020</td>
<td>1</td>
</tr>
<tr>
<td>Consent Form</td>
<td>Gillick-competent opt-out consent</td>
<td>02/09/2020</td>
<td>1</td>
</tr>
<tr>
<td>Consent Form</td>
<td>Pualntal opt-out consent</td>
<td>02/09/2020</td>
<td>1</td>
</tr>
<tr>
<td>Participant Information Sheet</td>
<td>PIS Pents Qualitative</td>
<td>02/09/2020</td>
<td>2</td>
</tr>
<tr>
<td>Participant Information Sheet</td>
<td>PIS GC Qualitative</td>
<td>02/09/2020</td>
<td>2</td>
</tr>
<tr>
<td>Participant Information Sheet</td>
<td>PIS NCG Qualitative</td>
<td>02/09/2020</td>
<td>2</td>
</tr>
</tbody>
</table>
This approval is effective for a period of five years and is on delegated authority of the University Research Ethics Committee (UREC) however please note that it is only valid for the specifications of the research project as outlined in the approved documentation set. If the project continues beyond the 5 year period or if you wish to propose any changes to the methodology or any other specifics within the project an application to seek an amendment must be submitted for review. Failure to do so could invalidate the insurance and constitute research misconduct.

You are reminded that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a secure University computer or kept securely as a hard copy in a location which is accessible only to those involved with the research.

For those undertaking research requiring a DBS Certificate. As you have now completed your ethical application if required a colleague at the University of Manchester will be in touch for you to undertake a DBS check. Please note that you do not have DBS approval until you have received a DBS Certificate completed by the University of Manchester, or you are an MA Teach First student who holds a DBS certificate for your current teaching role.

**Reporting Requirements:**

You are required to report to us the following:

1. **Amendments**: Guidance on what constitutes an amendment
2. **Amendments**: How to submit an amendment in the ERM system
3. **Ethics Branch and advice contact**
4. **Data screens**

We wish you every success with the research.

Yours sincerely,

[Signature]

Dr Kate Rowlands

Environment, Education and Development School Panel PGR
Appendix C: Gillick competence checklist

<table>
<thead>
<tr>
<th>Educational Psychology Service – Gillick competence checklist (school staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1: Young person information</strong></td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Gender:</td>
</tr>
<tr>
<td>D. o. B.:</td>
</tr>
<tr>
<td>Chronological age:</td>
</tr>
<tr>
<td>School:</td>
</tr>
<tr>
<td>Academic year:</td>
</tr>
</tbody>
</table>

| **Section 2: Parent/ carer/ Social Worker information**                                       |
| Name of parent(s)/ carer(s)/ Social Worker with parental responsibility for Looked After Children (delete as appropriate): |
| Address:                                                                                       |

| **Section 3: School staff information**                                                       |
| Name of school staff member:                                                                  |

| **Section 4: Gillick competence check**                                                       |
| In order for a child/ young person to be deemed ‘Gillick competent’, they must meet the following criteria: |
| A child/ young person is deemed to be Gillick competent if they have sufficient understanding and intelligence to fully understand what is involved in a proposed service (e.g., Educational Psychology Service involvement), including its purpose, nature, likely effects and risks, and chances of success, and the availability of other options (see https://www.cqc.org.uk/guidance-providers/gps/nigelsurgery-8-gillick-competency-fraser-guidelines). |

| Please answer the following question by circling one option: In your professional opinion, does the child/ young person named in Section 1 meet the above criteria for Gillick competence? YES / NO |

| **Section 5: Justification of professional opinion**                                           |
| Please use the space below to briefly justify your professional opinion, as stated in Section 4, by alluding to information arising from records (including specific diagnoses), interviews with the young person and/ or relevant others (e.g., parent[s]/ carer[s]; school staff) and/ or direct assessment (e.g., functional assessment; standardised assessment): |

| **Section 6: School staff declaration**                                                       |
| Signed (school staff): Date:                                                                 |

130
### Appendix D: Research database example

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Abstract</th>
<th>Publication</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leavy, Ge</td>
<td>Adolescent Mental Health Problems and Suicide</td>
<td></td>
<td>2020</td>
<td>School-based, sole focus not on help-seeking</td>
</tr>
<tr>
<td>Martinez, A</td>
<td>Filipino help-seeking</td>
<td></td>
<td>2020</td>
<td>SLR</td>
</tr>
<tr>
<td>Cage, Eli</td>
<td>Barriers to School-based education</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Halladay, J</td>
<td>Teacher-student relationship as a potential facilitator</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Sager-Ouri</td>
<td>Improving mental health among</td>
<td></td>
<td>2020</td>
<td>Exploring the impact of intervention</td>
</tr>
<tr>
<td>Yamaguchi, A</td>
<td>A quasi-experimental study</td>
<td></td>
<td>2020</td>
<td>SLR</td>
</tr>
<tr>
<td>Aguirre</td>
<td>What are the background increasing rates of mental health problems among</td>
<td></td>
<td>2020</td>
<td>Explores help-seeking, but not sole focus</td>
</tr>
<tr>
<td>True, Thanh N</td>
<td>A high prevalence of mental disorders in adolescents has been</td>
<td></td>
<td>2020</td>
<td>Not reported</td>
</tr>
<tr>
<td>Mok, K</td>
<td>Evaluation of factors associated</td>
<td></td>
<td>2020</td>
<td>Not reported</td>
</tr>
<tr>
<td>Shi, Wei</td>
<td>Background A large number of Chinese suffer from common mental</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Coleman-Farris</td>
<td>Background Autism-related mental health issues are at increased risk of developing</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Gonczynski</td>
<td>Evaluating the impact of mental health problems,</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>DeLuca, J</td>
<td>PREVENTICAL</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Wei, Yi-feng</td>
<td>Mental Health Educators play a significant role in addressing student mental health issues</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Isaac, Core-Conceptual</td>
<td>This qualitative study explored the fit between on-reserve First Nations and</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Clark, Lauren</td>
<td>Anxiety Spectrum Objectives Stigmatisation attitudes towards mental illness are an</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Quintyne, F</td>
<td>How hospitalisation can be effective in reducing the</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Kim, Eun J</td>
<td>Pathways from</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Berry, G</td>
<td>Views of youth on mental health problems and its prevention</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Bird, Matthew</td>
<td>This study investigated six National Collegiate Athletic Associations (NCAA)</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Oxlade, N</td>
<td>Childhood Mental Health</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>King, Christ</td>
<td>How should low-income youth with autism spectrum disorder (ASD) be helped</td>
<td></td>
<td>2020</td>
<td>Doesn’t explore help-seeking</td>
</tr>
<tr>
<td>Fischbein, I</td>
<td>Pharmacy: Objective To examine and compare the prevalence of mental health issues</td>
<td></td>
<td>2020</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Karaffa, K</td>
<td>Mental Health Veterinary medical students may be at increased risk for a variety of mental health issues</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Muscari, E</td>
<td>Help-Seeking Romantic partners are thought to have an influence on mental health</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Wang, Cixi</td>
<td>Association Despite the growth in school-based mental health services (SE</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Kam, Branc</td>
<td>Mental Health The present study examined the direct and indirect experience</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Pretorius, C</td>
<td>Young Peers Background: Young people frequently make use of the internet</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Coughlin, B</td>
<td>Making the transition</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Stewart, G</td>
<td>Predicting risk</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Sear, L</td>
<td>Help-seeking Background: While the onset of many mental health problems</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Aitken, R</td>
<td>University students have a high prevalence of mental illness</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Pretorius, C</td>
<td>Mental Health: Young people are particularly vulnerable to experience</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Rodriguez, J</td>
<td>Provider</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Le, Long K</td>
<td>The Cost of the</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Raines, Y</td>
<td>Mental Health Research Industries that individuals who have high levels of depression</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Ibrahim, No D</td>
<td>Decreasing Background Mental illness rates among young people is high, particularly</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Dunley, P</td>
<td>Why is it so? Mental illness and other subclinical mental health issues are a</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
<tr>
<td>Planey, A</td>
<td>It is well documented that African American/Black youth</td>
<td></td>
<td>2019</td>
<td>Participants too old</td>
</tr>
</tbody>
</table>

131
Appendix E: Review framework for qualitative evaluation research

Educational and Psychology Research Group
Critical Appraisal Review Frameworks

Qualitative Research Framework

The University of Manchester Educational Psychology Critical Appraisal Review Frameworks were first developed in 2011 (Woods, Bond, Humphrey, Symes & Green, 2011). Since then the frameworks have been developed and extended as flexible tools for the critical appraisal of a wide range of qualitative and quantitative research that may be drawn upon by practising psychologists. This 2020 version of the qualitative research framework is designed to support critical appraisal of qualitative research, whether broadly an evaluation or investigation study.

The frameworks have been widely used and adapted in many published systematic reviews of evidence. Recent versions of the qualitative research framework have been used, or adapted for use, in evidence reviews by Akbar & Woods, (2019); Tomlinson, Bond and Hebron (2020); Simpson and Atkinson (2019); and Tyrell and Woods (2018).

If using, or adapting, the current version of this checklist for your own review, cite as:

References


<table>
<thead>
<tr>
<th>Criterion/ score</th>
<th>R1</th>
<th>R2</th>
<th>Agree %</th>
<th>R1</th>
<th>R2</th>
<th>Agree %</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear aim of research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. aim/goal/question of the research clearly stated,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>importance/utility justified</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriateness of the research design</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. rationale vis-à-vis aims, links to previous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>approaches, limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear sampling rationale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. description, justification; attrition evaluated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriateness of data collection method</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. methods link to research aims, rationale for method</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well executed data collection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. clear details of who, what, where, how; intended/</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>actual (if modified) effect of execution on data quality;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>data saturation considered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis close to the data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e.g. researcher can evaluate fit between categories/ themes and data, participant ‘voice’ evident</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of explicit reflexivity <em>e.g.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>impact of researcher (vis-à-vis cultural/ theoretical position; researcher-participant relationship)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>limitations identified</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>data validation (e.g. inter-coder checks/ peer moderation/ consultation)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>researcher philosophy/ stance evaluated</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>conflict of interest statement included</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Negative case analysis, <em>e.g.</em> e.g. contrasts/ contradictions/ outliers within data; categories/ themes as dimensional; diversity of perspectives.</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evidence of researcher-participant negotiation of meanings, <em>e.g.</em> member checking, methods to empowering participants.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Valid conclusions drawn</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>e.g. data presented support the findings which in turn support the conclusions; comparison to previous studies</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergent theory related to the problem, <em>e.g.</em> links to previous findings/ explanation of changes or differences/ abstraction from categories/ themes to model/ explanation.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transferable conclusions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>e.g. contextualised findings; limitations of scope identified.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of attention to ethical issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. presentation, sensitivity, minimising harm, feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensiveness of documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. schedules, transcripts, thematic maps, paper trail for external audit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity and coherence of the reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. clear structure, clear account linked to aims, key points highlighted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total | Max 20 | Mean % agree | Mean % agree |

Kevin Woods, 23.4.20
Appendix F: Review framework for quantitative evaluation research

Doctorate in Educational and Child Psychology
Critical Appraisal Review Frameworks

Quantitative Research Framework

The University of Manchester Educational Psychology Critical Appraisal Review Frameworks were first developed in 2011 (Woods, Bond, Humphrey, Symes & Green, 2011). Since then the frameworks have been developed and extended as flexible tools for the critical appraisal of a wide range of qualitative and quantitative research that may be drawn upon by practising psychologists. This 2020 version of the quantitative research framework amalgamates previous quantitative frameworks to support critical appraisal of quantitative research, whether broadly an evaluation or investigation study.

The frameworks have been widely used and adapted in many published systematic reviews of evidence. Recent versions of the quantitative research frameworks have been used, or adapted for use, in evidence reviews by Flitcroft and Woods (2018); Simpson and Atkinson (2019); Tomlinson, Bond, & Hebron (2020); Tyrell & Woods (2018).

If using, or adapting, the current version of this checklist for your own review, cite as:

References


<table>
<thead>
<tr>
<th>Criterion</th>
<th>Score</th>
<th>R1</th>
<th>R2</th>
<th>Agree %</th>
<th>R1</th>
<th>R2</th>
<th>Agree %</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Design (evaluation studies only)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of a randomised group design</td>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Comparison with treatment-as-usual or placebo, OR</td>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Comparison with standard control group/ single case experiment design</td>
<td></td>
<td>1</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of manuals/ protocols for intervention/ training for intervention</td>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fidelity checking/ supervision of intervention</td>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data gathering</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear research question or hypothesis</td>
<td></td>
<td>1</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>e.g. well-defined, measureable constituent elements</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate participant sampling</td>
<td></td>
<td>1</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>e.g. fit to research question, representativeness.</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate measurement instrumentation.</td>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>e.g. sensitivity/ specificity/ reliability/ validity</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of multiple measures</td>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Comprehensive data gathering**  
| *e.g. context of measurement recorded (e.g. when at school vs at home)* | 1 0 |
| |  |
| **Appropriate data gathering method used**  
| *e.g. soundness of administration* | 1 0 |
| |  |
| **Reduction of bias within participant recruitment/instrumentation/administration**  
| *e.g. harder-to-reach facilitation; accessibility of instrumentation* | 1 0 |
| |  |
| **Response rate/completion maximised**  
| *e.g. response rate specified; piloting; access options* | 1 0 |
| |  |
| **Population subgroup data collected**  
| *e.g. participant gender; age; location* | 1 0 |
| |  |
| **Data analysis**  
| |  |
| **Missing data analysis**  
| *e.g. Level and treatment specified* | 1 0 |
| |  |
| **Time trends identified**  
| *e.g. year on year changes* | 1 0 |
| |  |
| **Geographic considerations**  
| *e.g. regional or subgroup analyses* | 1 0 |
| |  |
| **Appropriate statistical analyses (descriptive or inferential)**  
<p>| <em>e.g. coherent approach specified; sample size justification/sample size adequacy</em> | 2 1 0 |
| |  |
| <strong>Multi-level or inter-group analyses present</strong> | 1 0 |</p>
<table>
<thead>
<tr>
<th></th>
<th>Mean % agree</th>
<th>Mean % agree</th>
<th>Mean % agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total (investigation studies)</strong> (max=20)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total (evaluation studies)</strong> (max=29)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix G: Record of Weight of Evidence A final scores

<table>
<thead>
<tr>
<th>Paper</th>
<th>Methodology</th>
<th>Weight of Evidence A Score (Researcher 1)</th>
<th>Weight of Evidence A Score (Researcher 2)</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Qualitative Score</td>
<td>Quantitative Score</td>
<td>Qualitative Score</td>
</tr>
<tr>
<td>Chen (2014)</td>
<td>Quantitative</td>
<td>-</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td>Clark (2020)</td>
<td>Mixed methods</td>
<td>10</td>
<td>13.5</td>
<td>-</td>
</tr>
<tr>
<td>Haavik (2017)</td>
<td>Quantitative</td>
<td>-</td>
<td>11</td>
<td>-</td>
</tr>
<tr>
<td>MacLean (2013)</td>
<td>Qualitative</td>
<td>12.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mariu (2011)</td>
<td>Quantitative</td>
<td>-</td>
<td>12.5</td>
<td>-</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Researcher</th>
<th>Methodology</th>
<th>Year</th>
<th>Quality</th>
<th>Bias</th>
<th>Size</th>
<th>Risk</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratnayake (2019)</td>
<td>Quantitative</td>
<td>11.75</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11.75</td>
</tr>
<tr>
<td>Wang (2019)</td>
<td>Quantitative</td>
<td>15.75</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15.75</td>
</tr>
<tr>
<td>Wang (2020)</td>
<td>Mixed methods</td>
<td>9</td>
<td>10.5</td>
<td>13.75</td>
<td>9.5</td>
<td>-</td>
<td>10.5</td>
</tr>
<tr>
<td>D'Avanzo (2012)</td>
<td>Quantitative</td>
<td>5.5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5.5</td>
</tr>
<tr>
<td></td>
<td>(Excluded)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix H: Semi-structured interview schedule

<table>
<thead>
<tr>
<th><strong>Introduction</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Could you tell me about your (job) role?</td>
</tr>
<tr>
<td>What has been your involvement in the student-led mental health strategy to date?</td>
</tr>
<tr>
<td>What was the rationale for creating a student-led mental health strategy?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Implementation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>From your perspective, could you tell me about the process of implementing the student-led mental health strategy so far?</td>
</tr>
<tr>
<td>What are the facilitators that have helped you to implement the student-led mental health strategy so far?</td>
</tr>
<tr>
<td>- Student factors (recruitment, ambassadors)</td>
</tr>
<tr>
<td>- Staff factors</td>
</tr>
<tr>
<td>- School factors</td>
</tr>
<tr>
<td>- Wider community</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Future implications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there anything specific about the context of your school that you feel has helped or hindered the implementation of the student-led mental health strategy?</td>
</tr>
<tr>
<td>What do you think is important to ensure the continued implementation of the student-led mental strategy?</td>
</tr>
<tr>
<td>If you were to give advice to another school that was looking to introduce a student-led mental health strategy, what advice would you give them?</td>
</tr>
</tbody>
</table>
Is there anything I did not ask that you thought I would have asked?
Appendix I: Sample of coding for thematic analysis

Emma Barlow
Facilitator: staff involvement (KQ2) (6)

Emma Barlow
Facilitator: STT knowledge and understanding of mental health needs (KQ2) (6)

Emma Barlow
Facilitator: still understanding of the breadth of the EP role (KQ2) (6)

Emma Barlow
Facilitator: Unique context of the school trust (KQ3) (6)

Emma Barlow
Facilitator: Promoting the breadth of the EP role (KQ2) (6)

Emma Barlow
Facilitator: Openness of STT to strategic work with EPs (KQ2) (6)

Emma Barlow
Facilitator: STT knowledge of mental health and the role of the EP (KQ2) (6)

Emma Barlow
Facilitator: Openness to investing EP time into strategic working (KQ2) (6)

Emma Barlow
Facilitator: Unique context of the school (KQ3) (6)

---

Interviewer: Any sort of staff or school factors?

Emma Barlow: Well, we’re fortunate in our context that…we’ve got very few schools and quite a lot of EPs, or EP time in terms of the ratios. So we’re constantly speaking to schools about the breadth of our role and…we’ve always got oversight of schools’ development plans, so I guess as well as that, having a leadership team that is open to strategic collaboration with EPs…So at the start of each year, whether it’s student-led mental health strategy or…you know, something else, you know, like improving…you know, language within the Early Years. If it’s written on schools’ development plans, we as EPs see it at the same time that they’ve written it. And then when we’re having our first planning meetings of the year, we’ll say things like, “Oh, well you’re looking to develop language in Early Years, well we can help you with that if you want.” So yeah, senior leadership team knowledge and understanding around mental health, senior leadership sort of understanding of the role of the EP. There would also then be senior leadership team investment in EP time. It doesn’t necessarily apply to our trust but if schools were…if you were in a local authority that’s fully traded, for example, if schools were only buying one-to-one assessment time, that would be a significant barrier to this, so student-led mental health strategy being developed with an EP, involved. So they would have to have investment in EP time to the extent that EPs could do a strategic piece of work.

Interviewer: So I suppose that’s quite unique to your service, isn’t it then? That you have got a smaller amount of schools and have got potentially more time to do that strategic work and more probably opportunities to show the full breadth of the EP role really.

Emma Barlow: Yeah, like in terms of context, I’ll be honest with you, the school that I’m talking about, [name of school], they get around 11 or 12 days of EP time per term...

Interviewer: Oh wow!
people are now doing the job. You’ve even had things like... I mean I think the fleeces make a
difference.

Interviewer: Yeah, well I think to be honest, that’s one of the things the girls seem to think has
made the biggest difference. It’s the visibility, isn’t it? And they were saying about... so they... did
they design like a screensaver for the computers? And they were saying like the visibility’s the big
ting and like... [pupil] was saying, she’s had a few people come up to her... even one this morning
about bullying because she’s wearing the fleece, so yeah... it’s interesting, isn’t it?

Deputy head: But they did all of that beforehand, so it wasn’t just _______ [sound]

Interference: [00:26:25] starts tomorrow, here we go... and there we plumed Place to Be out really
slowly, didn’t we? We had the transfer of cases over from one... [from] [counsellor] to [deputy
SENCO], did it really carefully. It wasn’t a case of again, right well... [counsellor] in finishing next
week... we can hear right “if the end of term, didn’t we? And did it properly. So I think we really
carefully implemented it properly... so what advice would I give, is that the question?

Interviewer: Yeah.

Deputy head: Just think about... why do you need it? Is it really a problem? Because I don’t think you
should just launch one because... you think... well... there’s a solution looking for a problem because
some schools might not have that need.

Interviewer: Because strategies can be quite tokenistic, can’t they... at times, you know, it’s more
like... Oh we do this... but actually, is it... and especially with the student led aspect, I think. People
will say something’s student led but is it truly student led? So yeah, I think that’s important, isn’t it?

Deputy head: I mean, I don’t know what the context of another school within the trust is or others
but... I mean there will be a need, but it might be slightly different so again... I’m hugely generalising
so please don’t verbalise quote me but if you’re a more affluent parent accessing a grammar
school... he says with a child in a grammar school, I’m not affluent! But I have got a child in grammar
school, anyway! They might have access to external agencies that they would source from run
alongside... you know, so if you... they might have private counselling, they might have... other agency
involvement... and they might not think that accessing... you know, peer... mental health
ambassador is something that they want to do... so I don’t think that people should do it because
it’s... what people are doing now... but in these contexts... it’s huge because there isn’t that
infrastructure, is there? There isn’t that support and there certainly is a need... so I think one, do you
need it? If you don’t need it... look at something else like a Place to Be or something that might work
for you. If you do need it, think about have you got the expertise, we’re very lucky but not
everybody’s got that... we couldn’t have implemented counselling without a trained counsellor in
school... that’s just a fact, isn’t it? Because we’d have had to recruit... you need some external

Emma Barrow.

Facilitating increasing awareness of the strategy in
school (RQ1) (9)

Emma Barrow.

Facilitating slowly and carefully implementing new
strategy (RQ2) (6)

Emma Barrow.

Increasing school-based support (RQ3) (3)

Emma Barrow.

Ensuring there is an invitation to act and a rationale
for the strategy (RQ3) (9)

Emma Barrow.

Ensuring the strategy is not tokenistic (RQ2) (1)

Emma Barrow.

Ensuring that the strategy fits the unique context of
the school (RQ2) (1)

Emma Barrow.

Ensuring there is a need for the strategy (RQ2) (1)

Emma Barrow.

Ensuring the strategy fits with the context of the
school (RQ2) (9)

Emma Barrow.

Enlisting help from other professionals (RQ2) (8)

Emma Barrow.

Utilising pre-existing resources (RQ2) (3)
Deputy SENCO: Yeah, yeah. I wouldn’t say there was anything that’s really hindered any of the implementations or anything.

Interviewer: No. OK. That’s, that’s all. Um, did you suppose, if you were to give advice to another school that was looking to introduce a student-led mental health strategy, what advice would you give them?

Deputy SENCO: ...start off with a really, really strong action plan! And have everything laid out first and... and obviously have all that okayed, you know, go through it all with SLT and the head and everything... and... make your timelines... you know, when you want to have achieved certain things and... and then just work through it step by step.

Interviewer: So, what kind of things did you have in your action plan? I remember seeing it a while ago.

Deputy SENCO: Now you’re asking!

Interviewer: There were like different stages, wasn’t there? And I suppose you’ve mentioned about having timelines, so that must help with accountability and things like that. So when you meet and review... you can say, right, have we done this by the time together? Yes or no. And has that been helpful?

Deputy SENCO: Yeah, it was because obviously we had... when we first did it, we worked out all our timescales and then all our... when we had second lockdown, all our timescales got put back... so... we didn’t hit a lot of them, but it just couldn’t be helped, and it wasn’t anyone’s fault. But a lot of the... points were... a lot of the beginning ones were around the... my role... so it was put in... like... you know, dotting the i’s and crossing the t’s on the role and what was involved and how much time... was going to be put into this, that and the other; what the timetable would look like... what responsibilities I would have, who would my line manager be, you know, all of the logistics around my actual role itself. And then... then started looking at the surveys to gather all the data and the information to make a start point... and then we knew where we were working from... to work to, putting in CPD for staff... and then looking at the student ambassadors so that was like a little bit of a timeline in itself, so it was adding the student ambassadors... in...
Participant: I think everyone's quite passionate about it.

Interviewer: Yeah, that's what [EP] was saying to me, yeah... yeah. OK. And then, in terms of the students, like how is it sort of rolling on? Because obviously you will have just had an academic school year and people will have left, so is there more ambassadors now?

Participant: There is more.

Interviewer: Yeah.

Participant: Because we had two Year 11s that left but then... now we've... I think [deputy SENCO] recruited some more... so that's nice.

Interviewer: OK. Anything else about the students? So you said they're quite passionate... do they have like good ideas in the meetings? Is there things like that?

Participant: Yeah, I think... everyone contributes in some way.

Interviewer: Yeah. OK. What about staff factors? What's helped you in terms of the staff? How have they helped?

Participant: I'm speaking too much!

Interviewer: Have a think, don't worry!

Participant: ... like because they've had more training than us, so they know more about it, and they can teach us more about what we're doing.

Interviewer: Yeah. OK. So... staff training. And is there anything else that they've done to help out? Like, do they provide you with like resources or anything like that or...

Participant: ... yeah, I guess they...
Appendix J: Participant information sheet for adult participants

Evaluating the impact of a student-led mental health strategy: a mixed-methods approach

Participant Information Sheet (PIS)

You are being invited to take part in a research study that will explore your views on the student-led mental health strategy in your school. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully before deciding whether to take part and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

About the research

➢ Who will conduct the research?

Emma Barrow, a first year Trainee Educational Psychologist at the University of Manchester.

What is the purpose of the research?

To gather your views on the student-led mental health strategy in your school. This will hopefully provide a better understanding of the factors that affect the implementation of a school-based student-led mental health strategy.

I am interested in evaluating the student-led mental health strategy in your school, specifically around barriers and facilitators to implementation and outcomes of the project. Your participation will hopefully provide me with a greater understanding of the whole-school approach.

Will the outcomes of the research be published?

The findings of this research will contribute to the Trainee’s research product to fulfil the requirements of the Doctorate in Educational and Child Psychology Programme at University of Manchester. Findings may be used in future research and could contribute to research submitted for publication in a peer reviewed journal.

Disclosure and Barring Service (DBS) Check
The researcher has undergone an appropriate level of DBS check (as determined by their School and obtained via The University of Manchester).

Who has reviewed the research project?

The project has been reviewed by the University of Manchester Research Ethics Committee.

Who is funding the research project?

Funding has been provided from the DfE Initial Training for Educational Psychologists bid 2015-2019 £15,950 pa bursary.

What would my involvement be?

➢ What would I be asked to do if I took part?

You will be asked to partake in a virtual interview (you may be interviewed in pairs). The interview will last for approximately one hour and will be prompted by stimulus material that will be sent to you a week in advance, should you decide you would like to participate. The interview will explore your experience of the student-led mental health project in relation to the research aims. You will be asked to provide consent for your participation. You will have the right to withdraw at any point during the interview. The session will be recorded using an encrypted audio device and stored securely.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you decide that you would no longer like to participate in the study, then you can speak to the researcher at any point to inform them of your decision. If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised as we will not be able to identify your specific data. This does not affect your data protection rights. If you decide not to take part you do not need to do anything further.

Audio recordings are an essential requirement to your participation in the study. Should you feel uncomfortable with the recording process at any point during the interview, you are able to request that the researcher stops recording at any time.

Data Protection and Confidentiality

➢ What information will you collect about me?

In order to participate in this research project we will need to collect information that could identify you, called “personal identifiable information”. Specifically, we will need to collect:

➢ Names and signatures on written consent forms.
For audio recordings:

➢ Recordings will consist of voice only and will be obtained through interviews/ focus groups.

➢ Under what legal basis are you collecting this information?

We are collecting and storing this personal identifiable information in accordance with data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is “a public interest task” and “a process necessary for research purposes”.

➢ What are my rights in relation to the information you will collect about me?

You have a number of rights under data protection law regarding your personal information. For example, you can request a copy of the information we hold about you, including audio recordings.

If you would like to know more about your different rights or the way we use your personal information to ensure we follow the law, please consult our Privacy Notice for Research.

➢ Will my participation in the study be confidential and my personal identifiable information be protected?

In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

Only the study team at The University of Manchester will have access to your personal information, but they will pseudonymise it as soon as possible. Your name and any other identifying information will be removed and replaced with a random ID number. Only the research team will have access to the key that links this ID number to your personal information. In line with The University of
Manchester retention policy, data will be stored for a period of five years in secure locations on the researcher’s P Drive.

**Potential disclosures:**

- If, during the study, we have concerns about your safety or the safety of others, we will inform your GP/care team/family member.
- If, during the study, you disclose information about misconduct/poor practice, we have a professional obligation to report this and will therefore need to inform your employer/professional body.
- If, during the study, you disclose information about any current or future illegal activities, we have a legal obligation to report this and will therefore need to inform the relevant authorities.
- Individuals from the University, the site where the research is taking place and regulatory authorities may need to review the study information for auditing and monitoring purposes or in the event of an incident.

**For audio recordings:**

- The researcher will be responsible for transcription of interview data.
- All personal identifiable information will be pseudonymised in the final transcript.
- The pseudonymised transcription will be archived securely at the University of Manchester for a period of five years and then destroyed.
- Only the researcher will have access to the recordings.

Please also note that individuals from The University of Manchester or regulatory authorities may need to look at the data collected for this study to make sure the project is being carried out as planned. This may involve looking at identifiable data. All individuals involved in auditing and monitoring the study will have a strict duty of confidentiality to you as a research participant.

**What if I have a complaint?**

- **Contact details for complaints**

If you have a complaint that you wish to direct to members of the research team, please contact:
Minor complaints
In the first instance, please contact the researcher:
EMMA BARROW (Trainee Educational Psychologist)
emma.barrow-3@postgrad.manchester.ac.uk
Telephone Number: 0161 275 3511
School of Environment, Education and Development Ellen Wilkinson Building Oxford Road, University of Manchester

If you wish to make a formal complaint to someone independent of the research team or
if you are not satisfied with the response you have gained from the researchers in the first
instance then please contact

The Research Governance and Integrity Officer, Research Office, Christie Building, The
University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing:
research.complaints@manchester.ac.uk or by telephoning 0161 275 2674.

If you wish to contact us about your data protection rights, please email
dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie
Building, The University of Manchester, Oxford Road, M13 9PL at the University and we will
guide you through the process of exercising your rights.

You also have a right to complain to the Information Commissioner’s Office about complaints
relating to your personal identifiable information Tel 0303 123 1113

Contact Details

If you have any queries about the study or if you are interested in taking part then please
contact the researcher(s) EMMA BARROW (Trainee Educational Psychologist),
emma.barrow-3@postgrad.manchester.ac.uk, Telephone Number: 0161 275 3511 School of
Environment, Education and Development Ellen Wilkinson Building Oxford Road, University
of Manchester
Evaluating the implementation of a student-led mental health strategy

Who is Conducting the Research?

Our names are Emma Barrow and George Thomas and we work as researchers at the University of Manchester. I would like to invite you to take part in our research study about the student-led mental health strategy in your school.

Before you decide if you wish to take part, please make sure that you understand:

1. Why the research is being done

2. What your involvement in the project will be

Take your time to read through this information sheet before you decide if you wish to take part. Ask as many questions as you wish.

What is the Purpose of the Research?

We would like to gather your views on the student-led mental health strategy in your school. This will hopefully provide a better understanding of the factors that impact on the development of a school-based student-led mental health strategy.

Why Are We Doing Our Research?

The aim of our research is to understand how student involvement can impact on the development of a school-based mental health strategy. We are interested in investigating the things that helped when creating the strategy, and the things that made it difficult.

Why Have I Been Asked to Take Part?
We have asked you to take part because all children and young people in your school are being invited to participate.

**What Would I Be Asked to Do if I Take Part?**

If you decide to take part, we will ask you to:

- You will be asked to take part in a virtual interview (you may be interviewed in pairs) The interview will last for about one hour and you will be sent the questions before the interview, if you choose to participate. In the interview, you will be asked about your experiences of developing the student-led mental health project.
- You and your parents will be asked to provide permission for you to be able to take part. You can tell the researcher if you would no longer like to take part at any point during the interview.
- The session will be recorded using a secure audio device and stored securely.

**How Long is the Study?**

The study will take place over a period of approximately 16 months (September 2020-December 2021).

**Where will the Study Take Place?**

The study will take place in your school, South Shore Academy.

**Will my Participation in the Study be Confidential?**

In order to take part in the research we will need to know your name. Only the research team will have access to your information and we will ensure it is kept safe and secure.

We are keeping this information safe and following data protection law.

The University of Manchester is the Data Controller, which means that we will protect the information about you. All researchers have received training to do this and we will make sure that they keep your information safe.

We will make sure that no one knows you have chosen to take part in the study and will also not share any information you have given to us. To do this we will use a process called anonymising, which means that we will generate a secret code for you and make sure that your name is stored in a different place to the rest of the information you give us. We will also keep the information you give us for 5 years and then it will be safely destroyed.

You have a number of rights under data protection law, including the right to see any of the information you have shared with us. If you would like to know more about your rights or find out the legal reason we collect and use your information, please read through the Privacy Notice for Research or discuss it with your parent/guardian.
Do I Have to Take Part?

It is completely up to you if you wish to take part in the study. Make sure you think carefully and consider all the information contained in this sheet before you decide.

After you have decided you will be asked to sign an assent form that shows you understand and agree to take part in the research. Your parent/guardian may be asked to do the same (and sign a consent form) if they also agree for you to take part.

What if I Change my Mind?

You are free to withdraw from the study at any point without having to give a reason. If you decide to withdraw any data already collected will be used in the final analysis. Please remember that your data will be anonymised and you will not be identified in any way.

Who is Organising and Approving the Research?

The research is being sponsored by the University of Manchester.

The research has also been approved by the University Research Ethics Committee (UREC), a group of people who work to protect your safety, rights, wellbeing and dignity.

What Do I Do Now?

If you have any questions relating to the information contained in this sheet, please let me know:

Researcher: Emma Barrow

Research Supervisor: Dr George Thomas
Thank you for reading this
Appendix L: Consent form for adult participants

Participant Consent Form

Evaluating the impact of a student-led mental health strategy: a mixed-methods approach

Consent Form

If you are happy to participate please complete and sign the consent form below

<table>
<thead>
<tr>
<th>Activities</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I confirm that I have read the attached information sheet (Version 3, Date 10/06/2021) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.</td>
</tr>
<tr>
<td>2</td>
<td>I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set. I agree to take part on this basis.</td>
</tr>
<tr>
<td>3</td>
<td>I agree to the interviews being audio recorded.</td>
</tr>
<tr>
<td>4</td>
<td>I agree that any data collected may be published in anonymous form in academic books, reports or journals.</td>
</tr>
<tr>
<td>5</td>
<td>I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.</td>
</tr>
<tr>
<td>6</td>
<td>I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.</td>
</tr>
<tr>
<td>7</td>
<td>I understand that there may be instances where during the course of the interview information is revealed which means that the researchers will be obliged to break confidentiality, and this has been explained in more detail in the information sheet.</td>
</tr>
</tbody>
</table>
I agree to take part in this study.

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.

________________________            ________________________
Name of Participant            Signature            Date

________________________            ________________________
Name of the person taking consent            Signature            Date

One copy of this consent form will be given to the participant and one copy for the research team (original).
Appendix M: Consent form for Gillick competent student participants

**Evaluating the impact of a student-led mental health strategy**

Tell us if you want to take part by circling all that you agree with:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Do you understand what the study is about?</td>
<td></td>
</tr>
<tr>
<td>2  Have you asked all the questions you want to ask about the study?</td>
<td></td>
</tr>
<tr>
<td>3  Did you understand the answers to your questions?</td>
<td></td>
</tr>
<tr>
<td>4  Do you understand you can stop the study at any time without giving a reason?</td>
<td></td>
</tr>
<tr>
<td>5  Are you happy that things you tell the researchers, with your name removed, will be used in the books, articles or reports they write, and shared with other researchers?</td>
<td></td>
</tr>
<tr>
<td>6  Are you happy that things you say in the study will be looked at by people at the University of Manchester or other people who help to make sure that you are kept safe?</td>
<td></td>
</tr>
<tr>
<td>7  Are you happy for the interviews to be audio recorded?</td>
<td></td>
</tr>
<tr>
<td>8  Are you happy for researchers or people at other Universities to ask you to help with other studies in the future?</td>
<td></td>
</tr>
<tr>
<td>9  Do you understand that the researchers may have to tell your parents, guardians or teachers, things you said in the study if they are worried about you?</td>
<td></td>
</tr>
<tr>
<td>10 Are you happy to take part in the study?</td>
<td></td>
</tr>
</tbody>
</table>

If you don’t want to take part, don’t sign your name!
If you do want to take part, you can write your name below

________________________            ________________________
Name of Child                  Signature                  Date
________________________            ________________________
Name of the person taking assent Signature                  Date

1 copy for the participant, 1 copy for the research team (original)
Evaluating a Student Led Mental Health Strategy

Participant Debrief Sheet

Thank you for participating in the interview. We hope that you have found it interesting and have not been upset by any of the topics discussed. However, if you have found any part of this experience to be distressing and you wish to speak to the researcher, please contact Emma Barrow by email: emma.barrow-3@postgrad.manchester.ac.uk.

There are also a number of organisations listed below that you can contact for support.

### Support for young people

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling support that may be available in your school through talking to a teacher/school counsellor.</td>
<td></td>
</tr>
<tr>
<td>Talking to a family member and/or booking an appointment to talk with your GP.</td>
<td></td>
</tr>
<tr>
<td><strong>SHOUT for support in Crisis</strong></td>
<td>The UK’s first 24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. A place to go if you’re struggling to cope and you need immediate help.</td>
</tr>
<tr>
<td>Website: <a href="https://www.giveusashout.org/">https://www.giveusashout.org/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Child and Adolescent Mental Health Service (CAMHS) for 0-16 year</strong></td>
<td>The Child and Adolescent Mental Health Service (CAHMS) provide a service for children and young people (0 – 16 years) and their families who are experiencing difficulties ranging from significant emotional or behavioural problems to persistent mental health disorders.</td>
</tr>
<tr>
<td>Address: Whitegate Health Centre, 150 Whitegate Drive, Blackpool, FY3 9ES</td>
<td>Telephone: 01253 957166. Email: <a href="mailto:communications@bfwh.nhs.uk">communications@bfwh.nhs.uk</a></td>
</tr>
</tbody>
</table>
**Childline**

A free, private and confidential service where you can talk about anything. Whatever your worry, whenever you need help, we’re here for you online, on the phone, anytime.

Website: [https://www.childline.org.uk/](https://www.childline.org.uk/)

**Support for adults**

Counselling support that may be available in your school through talking your line manager or a school counsellor.

Talking to a family member and/ or booking an appointment to talk with your GP.

**Blackpool Fylde and Wyre Mental Health Forum**

This is a service for anyone living with mental health issues, carers, an interest in mental health. Address: Whitegate Lodge, Whitegate Dr, Blackpool FY3 9JW

E-mail: [mhforum@tiscali.co.uk](mailto:mhforum@tiscali.co.uk)

Website: [https://www.bfwmentalhealthforum.weebly.com](https://www.bfwmentalhealthforum.weebly.com)

**SHOUT for support in Crisis**

The UK’s first 24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. It’s a place to go if you’re struggling to cope and you need immediate help.

Website: [https://www.giveusashout.org/](https://www.giveusashout.org/)

**The Samaritans**

Whatever you’re going through, a Samaritan will face it with you. We’re here 24 hours a day, 365 days a year. Call 116123 for FREE

Website: [https://www.samaritans.org/branches/blackpool/](https://www.samaritans.org/branches/blackpool/)
Appendix O: Development of themes and sub-themes

Research Question 1: What factors acted as barriers and facilitators to a North West secondary school implementing a novel student-led mental health strategy?
Research Question 2: What key factors should school staff consider when planning to implement a novel student-led mental health strategy?
## Appendix P: Sample of thematic tables

### Research Question 1 Table

<table>
<thead>
<tr>
<th>Global theme</th>
<th>Theme (barrier/facilitator)</th>
<th>Sub-theme</th>
<th>Codes</th>
<th>Evidence</th>
</tr>
</thead>
</table>
| **RQ1: Community factors** | Impetus for a mental health strategy | Demographic of the school | Area of social deprivation | DH: P1 L28-32; P2 L 51-53; 57-66; P11 L 383-385; 389-399; P12 L 414-426; P12 L 511-515 | EP: P1 L32-42  
  MHL: P2 L 36-29 |
|              | Availability of mental health support | Lack of external support | DH: P7 L 245-247 |  
  MHL: P5 L 176-181 |
<p>|              | Cost of external support | | DH: P2 L 22-28 |  |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Pre-existing expertise of school staff</th>
<th>DH: P1 L 22-28; P 15 L 566-568</th>
</tr>
</thead>
</table>
| | Increasing school-based support | DH: P15 L 539-542; P11 L 386-389  
MHL: P5 L 179-182; P16 L 590-598 |
| | Need for support following the COVID-19 pandemic | S: P10 L 301-302 |
| | Rationale driven from legislative proposals/research | P6 L 253-259 |
| | Rise in mental health difficulties | - | DH: P8 L 269-275 |
| Unique context of the Multi-Academy Trust (MAT) | Increased access to services and resources | Sharing of good practice across schools within the trust | DH: P7 L 255-258; P12 L 443-449  
MHL: P4 L 137-144 |
<table>
<thead>
<tr>
<th>Concept/Category</th>
<th>Description</th>
<th>Relevant Text References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differing roles of the EP</td>
<td></td>
<td>EP: P2 L 53-60; P4 L 134-144; 149-159; 161-163: P7 L 278-282; P8 L 325-344; P8-9 350-358; P 9-10 L 385-395; 406-407</td>
</tr>
<tr>
<td>Unique contribution of the EP</td>
<td></td>
<td>MHL: P2 L 42-44; P2-3 L 74-82; P9 L 338-341</td>
</tr>
<tr>
<td>Multi-agency support</td>
<td>Training from wider professionals</td>
<td>MHL: P8 L 289-300</td>
</tr>
<tr>
<td>Availability of funding</td>
<td>-</td>
<td>DH: P2 L 53-57</td>
</tr>
<tr>
<td><strong>RQ1: School Factors</strong></td>
<td><strong>School ethos</strong></td>
<td><strong>Sense of connectedness</strong></td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Parental engagement</td>
<td>-</td>
<td>Parental mental health literacy</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**Parental mental health literacy**

- DH: P7 L 251-253
- P15 L 610-614

**School ethos**

- S: P13 L 403-406

**Supportive ethos**

- S: P10 L 301-302
- DH: P16 L 590
- MHL: P10 L 357-258; P14 L 515-520
<table>
<thead>
<tr>
<th>Global theme</th>
<th>Theme (barrier/facilitator)</th>
<th>Sub-theme</th>
<th>Codes</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Invitation to act</td>
<td>-</td>
<td>Ensuring the strategy is not tokenistic</td>
<td>DH: P15 L 547-549; P16 L 572-574; 588-589</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>EP: P18 L 738-749</td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td>-</td>
<td>Having training during the early stages of implementation</td>
<td>S: P16 L 514-515; 519-520</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DH: P13 L 482-483; 555-565</td>
</tr>
<tr>
<td></td>
<td>Co-produced mental health action plan</td>
<td>-</td>
<td></td>
<td>MHL: P12 L 436-439</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MHL: P12 L 436-439</td>
</tr>
<tr>
<td>Strong links between stakeholders</td>
<td>-</td>
<td>-</td>
<td>EP: P17 L 691-713; P18 L 731-733; P18 L 770-771</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Measure mental health outcomes</td>
<td>-</td>
<td>-</td>
<td>EP: P19-20 L 810-822</td>
<td></td>
</tr>
</tbody>
</table>