An Exploration of the Perceptions of Adolescent Mental Health and Multiagency Collaboration over Adolescent Mental Health

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Table 1: Contents

Abstract

The research is a qualitative exploration of perceptions of adolescent mental health and collaborative working concerning this. There are rising numbers of young people with difficulties relating to mental health and a need to develop closer links between services and schools has been identified (Department for Education, 2015b). However, there is not enough known about how agencies work together, despite their differences, in order to effectively support adolescent mental health. Part one utilised semi structured interviews to explore, in depth, how, educational psychologists (EPs), Children and Adolescent Mental Health Service (CAMHS) professionals and secondary school staff view adolescent mental health with regards to issues, practices, collaboration and how they view their own and other's roles in supporting young people with mental health difficulties. Part two consisted of discussion groups guided by the use of vignettes, in order to explore the ways in which, EPs, CAMHS professionals and secondary school staff problem solve both in their own professional group and in a multi-agency group to explore the commonalities and differences in this. Findings from part one indicate that there are differences in perceptions of adolescent mental health across these three groups, with particular regards to their own and each other's roles. Further to this findings indicate a lack of a shared understanding, characterised by a level of departmentalism. Findings from part two indicate that there are significant differences between the way in which schools, EPs and CAMHS professionals make sense of cases and in the way in which they work in their own professional group compared to how they work in multiagency groups. There were also indications that the differences that were found between groups in both part one and two, actually worked to increase the effectiveness of the

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approach in the multiagency groups, creating an enhanced and richer understanding of the problem given. Overall findings indicate that although on the surface thinking appears similar there are significant differences in thinking across EPs, CAMHS and schools in this area. Implications and recommendations for practice include; developing clarity and transparency regarding roles and fostering closer links by developing a shared understanding through opportunities for joint training.

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Introduction

Overview

Within this thesis the area of focus is adolescent mental health. The thesis is a report of the two part qualitative piece of research, using an exploratory design to explore perceptions of adolescent mental health across school staff, CAMHS professionals and EPs. Part 1 used semi structured interviews analysed using thematic analysis to explore different perceptions of mental health from the perspectives of school staff, CAMHS professionals and EPs. Part 2 used discussion groups, using vignettes developed from real life cases derived from professionals' experiences. The content of the discussions was analysed using thematic analysis to explore how these three groups of professionals consider cases with regard to adolescent mental health in a single agency group and how they make sense of cases in multiagency groups. Both parts were run simultaneously. The research was conducted in a large and primarily rural county in England.

Research Context.

The following research was conducted during my training to become an EP whilst on placement within a large EP service in the South West of England. The research allowed me to further explore a personal area of interest as well as aligning with an area of interest within the service I was working in as a trainee educational psychologist (TEP) for further exploration of collaborative working concerning mental health.

Area of Focus and Rationale.

The numbers of children and young people described as having mental health problems in schools has increasingly become a key area of focus over recent years. The Department of Education (2015a) stated that 9.8% of children and young people (aged 5-16) have a mental disorder that has been clinically diagnosed and of these 1.9% are diagnosed as having more than one category of mental disorder. In support of these findings the British Psychological Society (BPS) (2018) stated that one in ten young people have a diagnosable mental health condition, and further to this one in four young people show symptoms of a mental health difficulty such as anxiety, meaning that in every classroom there are likely to be multiple young people with a mental health need (BPS, 2018). In addition, the BPS suggest that only 25-40 % of these young people receive appropriate input at an early stage.

It is stated that not enough is known about how agencies work together, despite different views (Kelly, Rhodes, MacDonald and Mikes-Liu, 2018). With the drive towards improved joined up working, differences in the understanding across services with regard to adolescent mental health have the potential to pose difficulties (Department for Education, 2015b). The Department for Education acknowledge the need to develop closer links between services like schools and Children and Adolescent Mental Health Services (CAMHS) in order to improve knowledge and understanding of mental health issues (Department for Education, 2015b).

Chapter 1 Review of the Literature

1. Introduction

Throughout this literature review, the aim is to explore the literature concerning adolescent mental health and multiagency collaboration relating to adolescent mental health in the aim of highlighting the importance for further research in this area.

I have conducted this literature review using primarily the University of Exeter catalogue. The main databases used include; EBSCO, Education Research Complete and Psych Info. I also used Google Scholar to search for articles. I gained access to some literature, i.e. Government publications, directly from websites.

In order to search for these articles some of the main search terms included, inter-agency working, multi-agency, inter-professional, mental health, adolescent mental health, CAMHS, mental health in schools, education and mental health, multi-agency communication, barriers to multi-agency working, multi-agency / inter-agency collaboration. These were searched for using keywords in the title and abstract.

This literature review is divided into five sections; Context and Policy, Multiagency Working, Roles within Multiagency Working, Role of Schools and Training and Continued Professional Development (CPD).

Context and Policy

The numbers of children and young people described as having mental health problems in schools have been rising. The Department of Education (2015) stated that 9.8% of children and young people (aged 5-

16) have a mental disorder that has been clinically diagnosed and of these 1.9% are diagnosed as having more than one category of mental disorder. Further to this, an additional 15% have mental health problems which are categorised as less severe (Department of Education, 2015). More recently in support of these findings the BPS (2018) stated that one in ten young people have a diagnosable mental health condition, and further to this one in four young people show symptoms of a mental health difficulty such as anxiety, meaning that in every classroom there are likely to be multiple young people with a mental health need (BPS, 2018). In addition, the BPS suggest that only 25-40 % of these young people receive appropriate input at an early stage. In support of this it is reported that of those children and adolescents experiencing mental health needs, up to 70% had not experienced support or interventions at an early age (Mental Health Foundation, 2016). It could be argued that this is due to a lack of resources and possible lack of prioritisation regarding funding for preventative work or early help concerning children's mental health. Young Minds (2018), report that only 0.7% of the NHS budget is spent on children's mental health, and only 16% of this is spent on early intervention.

It is stated that not enough is known about how agencies work together, and overcome potentially different views (Kelly, Rhodes, MacDonald and Mikes-Liu (2018). With the drive towards improved joined up working, differences in the understanding across services concerning adolescent mental health have the potential to pose difficulties (Department for Education, 2015b). The Department for Education acknowledge the need

to develop closer links between services like schools and Children and Adolescent Mental Health Services (CAMHS) in order to improve knowledge and understanding of mental health issues (Department for Education, 2015b). The Government report 'Future in Mind' (Department for Health, 2011) highlights the importance of having a shared understanding across services and stated that further work is needed to increase understanding child and adolescent mental health across services in order to support a whole system approach. It is argued, however, that it has become a departmentalised, 'you do this' and 'we do that' situation (House of Commons Health Committee, 2014). There is arguably a clear need for improved communication between services backed up by an understanding of mental health needs across all services involved.

The World Health Organisation (WHO) define mental health as ''a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully'' (WHO, 2014). The Government publication, 'Departmental advice for school staff' (Department for Education, 2016) argued that the impact of specialist services like CAMHS only prioritising severe cases of adolescent mental health has resulted in other cases, which would have seen great benefit from such therapies being unable to access them (Department for Health, 2011). There is an argument that better access to mental health services and the need to address the issue of waiting times should be a made a priority (Department for Health, 2015).

O'Hare (2018) suggested that the government's plans to reduce waiting times for mental health services in certain areas to four weeks by

2022/23, will falter and be unsustainable due to the same demands and pressures that they are facing currently, these being money and lack of adequate training for those in the education sector, amongst other complexities. He suggests that in the process of trying to 'fix' children policy makers are missing the big picture and what is happening on a societal level, he suggests that until this changes there will be no significant and substantial improvements.

Multiagency working

Multi-agency working became increasingly important following the Every Child Matters agenda (Department of Education and Skills, 2004). Collaborative working in mental health has been increasingly viewed as the most efficient way in which to deliver services that are responsive to the needs of those who use them (Salmon and Rapport, 2005). The importance of multiagency collaboration is often emphasised and is noted as a key aspect in improving outcomes for young people (Department for Education, 2010). It is important to focus attention on the improvement of joint working to ensure that young people are helped effectively, working towards gaining the best outcomes for them (Department for Education, 2015b).

It is suggested that collaborative working is especially beneficial for particular groups of young people, one of these groups being young people with mental health difficulties (Kurtz, Thornes and Bailey, 1997). There are, however, many challenges faced within multiagency working. Sloper (2004) argued that the likelihood of multi-agency teams encountering problems is high, with particular emphasis on the creating

of collective goals and shared understandings. In support of this, Edwards, Daniels, Gallagher, Leadbetter and Warmington (2009) argue that agencies are challenged greatly by the task of joint working. Rose and Norwich (2014) suggest that the difficulties may stem from differing ideologies and priorities of the different professionals involved in the collaborative working. However, Frost and Robinson (2007) suggest that different values need not be a barrier to effective joint working, if shared goals are general enough, this can allow for differences in professional values. Swann and York (2011) describe 'THINKSPACE', which they present as a model of consultation involving different professionals working together (in this instance for looked after children). They describe how effective a model of joint working can be and the impact it can have on creating a shared understanding across agencies relating to the needs of the child. They described how a model can allow effective joint working across agencies. They found that the strength of the model came from the way in which the differences in approaches, knowledge and experiences were valued and utilised to create a bigger picture of the whole child. This suggests, much like Frost and Robinson (2007) that differences across professions need not be a barrier and can actually be a strength of joint working.

Gaskell and Leadbetter (2009) found that participants working in multi-agency teams felt that the experience provided an opportunity to be able to develop their knowledge and develop different skills, through the exploration of other paradigms. However, Rose and Norwich (2014) suggested that by the bringing together of different models of practice and knowledge may lead to one perspective being prioritised, which may

lead to some in the working group feeling undervalued and may lead to misunderstandings. Similarly, Swann and York (2011) argued that joint working works best when the 'team' of professionals working in collaboration use the time to be exploratory and reflective and are able to put aside any feelings of power, power imbalances or of being an authority. Swann and York (2011) suggested that within joint working across agencies, strengths of this approach arise from the bringing together of different knowledge and models from different professional training, experience and knowledge, which when used well can help to make better sense of problems and difficulties presented.

Rose and Norwich (2014) described how individuals in collaborating groups, through interaction and group processes, develop a commitment to the shared goals and hoped for outcomes. This commitment to the shared goals guides the way in which the individuals within the group work with each other in order to solve problems. However, problems may arise in the defining of the shared goal. As explored later within this literature review, a lack of a common language and shared understanding can mean the creation of shared goals is challenging. Conway (2009) states how the Government often cite multi-agency working as key to improving outcomes for young people. However, Conway suggested that 'this commendable policy recommendation often results in splits, divisions, rivalries and, paradoxically, a failure to communicate within and between services'' and ''this well intentioned policy will always be at risk of breaking down at vulnerable 'fault lines' in the system with children's needs falling into the gaps'' (p.18).

The Department for Health (2004) stated that multi-agency working with young people with mental health difficulties is challenging, there is a lack of understanding concerning roles and responsibilities compounded by different language used by different services which may lead to a lack of effective communication (Department for Health, 2004). There is an importance placed upon shared perceptions of responsibility in joint working, particularly of the shared responsibility and a shared goal, leading to a co-ordinated set of actions moving towards a joint goal (Rose and Norwich, 2014).

Edwards et al (2009) suggested that different professionals may interpret a child's difficulties differently, and that there is a need for practitioners to attune to how others may interpret and respond to a child's situation. Much like Gaskell and Leadbetter (2009), Edwards et al (2009) suggested that practitioners could learn from one another in order to create a shared understanding whilst still inputting their specialist knowledge. Edwards et al (2009) argued that it is through the interaction in multi-agency working that professionals can develop their ways of thinking about problems and concepts that they encounter, which often results in a shift in their perceptions, resulting in the creating of new versions of knowledge that contribute toward a shared understanding. In support of this, Frost and Robinson (2007) suggested that differences in knowledge, understanding and values need not be detrimental to the process of joint working. They argue that if adaptations are made to ensure that shared goals are general enough to be able to allow for these differences, problems need not arise from difference in creating a shared purpose. Shared goals have a key role to play in enhancing the

way in which individuals work jointly, particularly concerning problem solving (Rose and Norwich, 2014).

A common theme within the literature relating to effective joint working is communication and a lack of a common language between agencies (Vostanis, O'Reilly, Taylor, Day, Street, Wolpert and Edwards, 2012). The clarity of shared goals is key (Sloper 2004). It is however, heavily reliant on the understanding developed through effective communication. Communication systems must support this (Glenny and Roaf, 2008). Alistair Burt (Minister for Community and Social Care) argued that when it comes to mental health it is vitally important to ensure that young people are not falling through the gap that occurs when services do not communicate effectively with each other (Department for Education, 2015a).

Conway (2009) argued that joint working and improved communication are seen as a key to improving outcomes for vulnerable young people. However, Conway explores why amongst other things joint working often results in a failure to communicate not just between services but also within. Conway describes how it has been found that a significant contribution to failures to protect young people has arisen from poor communication between professionals. Although the Conway paper is looking at children in care, I would argue that the issue of communication translates to services working together for vulnerable children more generally including those with mental health difficulties. The Government white paper *'Care matters: Time for change'* (Department for Education and Skills, 2007) suggested that the different language used by different professionals may lead to misunderstandings and deficient

communication. They made a recommendation (amongst other recommendations) that there is a need to develop a common language. Allison, Roeger and Abbot (2008) noted that there is not a common language around mental health and across services, which only serves to increase the barriers. Reinke, Stormont, Herman, Puri and Goel (2011) also illustrated the need to build upon a common language around mental health in their findings, they felt that this was integral to close the gap between research and practice relating to mental health support in schools. In further support of this, findings from Wolpert, Humphrey, Belsky and Deighton (2013) also indicated that a common language should be pursued and encouraged.

Salmon and Rapport (2005) also argue that many of the difficulties faced when supporting young people's needs arise from difficulties in communication. They go on to suggest that problems arise when words have different meanings in different contexts; rather than, in a school and a specialist setting, one word may have different meanings. Difficulties are encountered when there is a belief that both sets of professionals are in agreement when in fact the two are thinking differently about a case and have a different understanding (Salmon and Rapport, 2005). In their study Salmon and Rapport found that although professionals felt comfortable to ask clarifying questions regarding facts about the child, they appeared inhibited to ask for clarification of terminology used (Salmon and Rapport, 2005).

Roles within Multiagency Working

Multi-agency working with young people with mental health difficulties is challenging, partly due to a lack of understanding concerning roles and responsibilities (Department for Health, 2004). There is an important aspect within joint working of clarifying and understanding one's own and others' roles when working collaboratively with other professionals. However, research has shown that this is often not the case, for example, Gaskell and Leadbetter (2009) explored EP's professional identity within multi-agency teams. They aimed to explore the changes in views when working within a multi-agency team. They found that when the EPs first joined multi-agency teams, they were often unclear about their contribution and role within the team, which lead to the perceived feeling of being de-skilled or having their perceived role challenged. Findings from this research did, however, show their role became clearer over time and the longer they worked in inter-disciplinary teams the more comfortable they became in knowing their contribution as an individual professional and the contribution made within the inter-disciplinary team. Findings also showed that the EPs felt that they gained a better understanding of not only their role and contribution but that of other professionals. Further to this, a finding that the authors felt was of particular note within this research was that the 'blurring' of the roles between the different professionals was seen as positive.

Rose and Norwich (2014) examined dilemma resolution in multi-agency work. They stated that within multi-agency working there is scope for specialist practitioners to feel that their role is diluted or their expertise is devalued. In support of this, Booker (2005) suggested that there may be

a perceived threat to professional identity when navigating multi-agency boundaries. However, as Gaskell and Leadbetter (2009) found, some professionals working in multi-agency teams felt that this way of working aided the development of their skills and allowed them to work creatively in a way which their usual role did not. Gaskell and Leadbetter (2009) also describe how research into the area of professional identity and multi-agency working has suggested that professional identity rather than being a barrier to multi-agency working could be seen as an integral element of an effective multi-agency team. Robinson, Anning and Frost (2005) suggested that the enhancement of professional identity is a key factor underpinning attitudes in multi-agency teams. However, in contrast to this, Hymans (2008) suggests that professional identity can be a barrier to effective joint working. Hymans describes a research study which used personal construct psychology as a tool to examine how professionals working within multi-agency teams construe both their individual role and their role within a team. The findings suggested that professional identity has the potential to produce barriers and dilemmas within multi-agency working. In support of this, Rose (2011) suggested that dilemmas may occur when a professionals feel defensive about taking a more generic role within a multi-agency team. This has the potential to lead to a compartmentalised view of the child (Rose, 2011). Feeling valued when working in an inter-disciplinary team appears to be a common barrier within multi-agency working. However, other research (Gaskell and Leadbetter, 2009) has found that joint working with other professionals can lead to feelings of being valued and offering a valuable contribution, not only this but in increasing the appreciation of the

contribution that other professionals and a team of professionals can make.

Although there is evidence to suggest that once working in a multi-agency team, differences can be embraced and utilised for a positive outcome (Rose and Norwich, 2014) unfortunately the idea of shared responsibility does not always translate into practice. In the paper, 'Children's and Adolescents' Mental Health and CAMHS' (House of Commons Health Committee, 2014) it is argued that agencies involved in mental health have become increasingly focused on their own issues. It is argued that it has become a 'you do this' and 'we do that' situation. They argue that this may be perpetuated by education policy that leads schools to focus on attainment leading to an expectation that CAMHS will deal with emotional wellbeing needs of young people. They argue that this has not been helped by the increasingly complex changes in the education system.

Atkinson, Jones and Lamont (2007) findings pointed to a clear need for a better understanding of each other's roles and the recognition of the skills each can bring to a situation. From the findings they suggested that training in mental health awareness and an improved level of understanding of mental health issues affecting adolescents would be beneficial, particularly in relation to enhancing a schools capabilities in dealing with issues and concerns.

Role of Schools

Mental health in school is an important area of research, DeSocio and Hootman (2004) argued that there is a clear relationship between an

individual's mental health and academic achievement. Sam Gyimah (Childcare and Education Minister) in a Government press release (2014) stated that ''developing young people's character can sometimes be seen as being separate from academic attainment, but mental health problems can be a real barrier to achievement'' (Department for Education, 2014, p.1). For young people with mental health problems it is increasingly likely that they will do less well at school, be more likely to participate in risky behaviour and become involved with drugs and alcohol (Department for Education, 2014).

In the House of Commons report 'Children's and Adolescents' Mental Health and CAMHS' (House of Commons Health Committee, 2014) it is stated that schools are the most convenient and accessible location for early intervention for mental health. Teachers often know the pupils well and are in a position to notice changes in behaviour that could be indicative of a problem and are able to act quickly to help (Department of Education, 2015). It could be argued, however, school staff are often ill equipped to deal with mental health, through lack of knowledge or appropriate training. Recommendations have been made by Government reports such as 'Children's and Adolescents' Mental Health and CAMHS' (House of Commons Health Committee, 2014) that teacher training should include a mandatory module on mental health and include modules of mental health in continued professional development in schools.

The challenge for schools is they feel the thresholds for mental health services are too high and they feel ill-equipped to deal with the problems arising (National Children's Bureau, 2015). However, Atkinson, Jones

and Lamont (2007) found evidence to suggest that schools had unrealistic expectations of CAMHS, they felt that schools have an unclear picture of what CAMHS can do and unrealistic expectations.

It could be argued that there is a need for close working relationships with those who have the knowledge and experience of supporting adolescent mental health, in order for schools and teachers to feel that they have the skills to be able to support adolescent mental health. In the Government paper 'Mental health and behaviour in schools: Departmental advice for school staff' (Department for Education, 2015b) schools stated what would be helpful to them in terms of working well with CAMHS. Some of the points made were relating to clarity in sharing information, understanding criteria, understanding what can be done effectively in schools to support young people below the threshold for CAMHS (Department for Education, 2015b).

The research into mental health in school has increased substantially, there are more possibilities to embed mental health support within schools (Greenberg, 2010). Parker, Robertson, Allen, Beezhold, Bhutto, Laverack, Parry, Smith and Wade (2013) however, found that this potential is not being met in UK schools, they suggest that there is a gap concerning raising the awareness of issues concerning mental health in schools. Many mental health promotion and prevention interventions have taken place in schools and it is argued that many schools have had a positive approach to helping support adolescent mental health needs (Graham, Phelps, Maddison and Fitzgerald, 2011).

There are many compelling arguments as to why schools are best placed to deliver mental health interventions e.g. increased access and decreased stigma (Wolpert, Humphrey, Belsky and Deighton, 2013). Whole school approaches to promoting mental health and wellbeing are beginning to have an impact on reducing stigma (Office for National Statistics, 2015). Further to this, educating young people about mental health through school lessons, is impacting on young people's attitudes to mental health and receiving mental health support (Young Minds, 2010). There is a need to reduce stigma to encourage young people to access support that is available. It could be argued that young people are more likely to access support at school due to the amount of time spent at school (Young Minds, 2010). In support of this, evidence indicates that young people are as much as 10 times more likely to access school support for their mental health needs than non-school support (Department for Education, 2015b). Further to this, teachers are often the first adult a young person will speak to when they feel they need support, however, when training teachers, there is little, if any training in mental health (DfE, 2015). Research into and the implementation of school based mental health interventions has grown substantially (Reinke, Stormont, Herman, Puri and Goel, 2011). It can be argued that schools are well placed to offer direct and immediate support. Young, Mulloy, Huckabee, Landoll, Miller, Miller, and Weist (2015) argue that due to the amount of time spent at school, as well as long waiting lists and limitations in relation to access to specialist services, school has become the 'de facto' mental health system for adolescents. This, however, is met with many barriers such as, lack of resources and a lack of staff

trained to deliver mental health interventions and support. Newlove-delgado, Moore, Ukoumunne, Stein, and Ford (2015) found that a third of young people (figures gathered in 2004 and 2007) reporting mental health difficulties had contacted a teacher regarding their mental health.

Reinke et al (2011) examined teachers' perceptions, attitudes and barriers towards supporting mental health needs within the school. Findings indicated that teachers feel under increasing pressure to deal with increasing mental health needs, without the additional training, time, resources and experience needed. Findings from this study, however, indicated that teachers feel that they have a role to play in the support of adolescent mental health needs within school. In support of this, however, Bostock, Kitt and Kitt, (2011) reported that newly qualified teachers who had had as little as one hour of training on mental health, recognised that they have a role to play in supporting young people with mental health issues. Wolpert et al (2013) argued however, that in terms of identification of mental health problems teachers are better at identifying behavioural issues than emotional issues, as they generally have more experience in dealing with behavioural issues within school settings. This poses significant challenges to teachers and impacts upon the pupils with mental health needs, as their emotional needs are more likely to be unrecognised by teachers, which may impact on the support they receive. Again this points at the importance of knowledge and understanding of the complexities and differences within mental health needs. In support of this, Nash and Schlosser (2015) report on a case study working with a secondary school concerning disruptive behaviour, they argue that a significant number of teachers did not have an

understanding of the psychological needs which underpin behaviour and understood the disruptive behaviour as defiance rather than a communication of need. It could be argued that this is improving, Bostock, Kitt and Kitt (2011) found that newly qualified teachers had a good knowledge and understanding of the impact of mental health problems on both learning and behaviour. It could be argued, however, that there is a need for a greater understanding, shared knowledge and a shared language in understanding and addressing these behaviours and barriers to learning (Nash and Schlosser, 2015).

Graham et al (2011) supported the concept that schools are appropriate sites for the promotion of mental health and that teachers are well placed to be able to identify and assist young people's mental health and well-being. The study explored teachers' views about supporting young people's mental health in schools. In contrast to Wolpert et al's (2013) findings, the findings from Graham et al (2011) indicated that teachers have a high awareness of the complexities and the extensive issues faced by adolescents and place high importance on mental health support. It was found, however, that teachers felt that issues accessing mental health services and a lack of training, experience and resources alongside time constraints lead to significant difficulties. Furthermore, findings indicated that teachers face issues relating to fear, powerlessness, feelings of inadequacy, low levels of self-efficacy and intense expectations concerning their capacity to support young people with mental health difficulties (Wolpert et al, 2013). Further to this, the Government report (Children's and Adolescents' Mental Health and CAMHS, 2014) found that young people felt that at times teachers were

'scared' to discuss mental health issues. Reinke et al (2011) explored teachers' perceptions of the needs, roles and barriers in supporting mental health in school. Findings show that from 292 participants all of whom were teachers, 75% reported either referring or working with a pupil with mental health difficulties in the previous year. When asked the extent to which they agreed with the statement 'I feel schools should be involved in addressing the mental health issues of students' (Reinke et al, 2011, p.6) 38% of teachers strongly agreed and 51% agreed. When asked 'I feel that I have the level of knowledge required to meet the mental health needs of the children with whom I work' (Reinke et al, 2011, p.7) only 4 % strongly agreed with only another 24% agreeing. Further to this, only 34% felt they had the skills to support young people with mental health needs. The findings, although only from one geographical area, which may limit generalisability to teachers trained in other areas, still indicate the considerable amount of mental health issues teachers can deal with in school, arguably without the appropriate training or support. Reinke et al, (2011) also reported that in terms of practical implications, training of teachers was needed in order to meet this need. With the increasing numbers of adolescents with mental health difficulties and the pressure on specialist services, this number has and more than likely will continue to rise. Weare (2015) stated that staff in some schools feel overwhelmed by the demands of dealing with adolescent mental health within schools and experience fearfulness that what they do to support young people with mental health difficulties will do more harm than good.

It could be argued that due to the high demand for specialist services, responsibility on teachers and schools has increased intensely with regard to young people's mental health needs (Reinke et al, 2011). Questions arise as to how effectively school staff are prepared in order to deal with the issues faced (Koller and Bertel, 2006). Hofkins (2014) suggests that the rise in need, coupled with the decrease in funding and provision for CAMHS and adolescent mental health in recent years has led to schools becoming the front line provision for adolescents presenting with mental health problems. The author argues that providing support for adolescent mental health has become a responsibility of schools due to cuts to the services that had previously provided the support schools needed to be able to deal with the rising issues of adolescent mental health. It can be argued schools need to ensure the difficulties that they face in dealing with increased responsibility arising from the decrease in the capacity of mental health services like CAMHS does not lead to the undermining of schools' core function, which is education (Hofkins, 2014).

In the paper, 'Children's and Adolescents' Mental Health and CAMHS' (House of Commons Health Committee, 2014), Myers suggests that the increase in CAMHS referrals is partly due to schools not feeling that they are equipped to deal with mental health needs. She argues that many of the referrals could have been dealt with at a school level prior to the problem escalating. It is reported that from a school point of view, the most significant problem faced is the level at which CAMHS will have involvement with a young person. They found that school felt that the

level at which CAMHS feel is appropriate to intervene is much higher than the point at which school felt intervention is needed (Hofkins, 2014).

Training and Professional Development

Previous research has highlighted the need for school staff to be trained to a greater extent in mental health (Vostanis, Taylor, Day, Edwards, Street, Weare, and Wolpert, 2011). The findings showed that not only do school staff need further training in mental health, it also highlighted the need for CAMHS practitioners to be trained further in education systems to better support mental health needs in schools (Vostanis et al, 2011). Vostanis, O'Reilly, Taylor, Day, Street, Wolpert, and Edwards (2012) suggested although that there is increasing training within education concerning the mental health needs of pupils, they found that there is little training for services like CAHMS in relation to education and education systems.

Teachers feel under pressure to deal with increasing mental health needs, without the additional training (Reinke et al, 2011). It could be argued that trained professionals within the school environment could alleviate these issues. Bostock, Kitt and Kitt (2011) reported that some newly qualified teachers had had as little as one hour of training on mental health. There have been recommendations that teacher training should include a mandatory module on mental health and modules of mental health should be included in continued professional development in schools (House of Commons Health Committee, 2014).

CAMHS practitioners highlighted concerns about their level of training and skill concerning knowledge and understanding of education services

and systems (Vostanis et al, 2012). It could be argued that this is likely to cause differences in thinking concerning mental health needs and support in schools. The study explored CAMHS practitioners' perceptions of training in educational systems and joint working. The findings showed that although the importance of having an understanding and competency in relation to education was acknowledged, some viewed a lack of this as an expected limitation of them, whereas others viewed it as an essential aspect of their role. The overall view, however, was that there is a lack of training for professionals and when training is received there is a lack of opportunity to embed the knowledge in context rather than it just being theoretical (Vostanis et al, 2012) which could be argued to have an impact on the support adolescents with mental health needs receive.

Agencies working together arguably need to have a better understanding of each other's roles and systems in order to effectively support adolescents with mental health needs. It could be argued that both those working primarily in education and those working primarily in mental health should be trained in part in both educational and mental health to effectively support adolescents with mental health needs (Vostanis et al, 2011 ; 2012). It could be argued that this deficit in knowledge contributes to the lack of shared understandings and shared perceptions between the services. The House of Commons Health Committee, 2014) suggested that this could be achieved through training and continued professional development.

Conclusion.

There is evidence of the positive aspects of collaboration and joint working concerning adolescent mental health. Many studies have focussed on one group e.g. teachers or EPs. Few studies, however, have compared different professionals' perceptions, specifically exploring the similarities, differences and common themes in how these groups perceive adolescent mental health in schools, how they perceive collaboration over adolescent mental health and how they perceive their own and others' roles. There is little on how this particular group (school staff, EPs and CAMHS professionals) collaborate, the commonalities and differences in the ways in which this group problem solve together as a single professional group and in a group with other professionals.

Therefore the aims of the proposed research are; in part 1, to explore, in depth, how the different professionals view adolescent mental health, how the professionals view collaboration and how they view their own and other's roles in supporting young people with mental health difficulties. In part two, the aim is to explore the ways in which these professionals problem solve both in their own professional group and in a multi-agency group explore the commonalities and different ways in which they problem solve. To highlight positive aspects of joint working to explore how these could be built upon to be able to effectively support adolescent mental health.

Chapter 2: Aims and Research Questions.

2. Aims

The aims of the current research are to explore the perceptions of adolescent mental health and collaboration concerning this, from three different but connected professional groups, EPs, CAMHS and professionals with a role in supporting mental health in schools and explore how these three groups work together regarding adolescent mental health. Further to this, it is hoped that this research can provide a better understanding of the issues and practices to be able to feed back to these professional groups. It is hoped that in the process a shared understanding of the perceptions of their own and others' roles and conceptualisations of mental health can be developed. In addition to this, it is hoped that the ways in which channels of communication could be improved between these professionals will be explored in order to further build upon collaborative working processes and to indicate, renew or revisit areas in which these professional groups can work together more effectively concerning adolescent mental health.

2:1. Part 1 Aims:

To explore, in depth, how these different professionals view adolescent mental health, how the professionals view collaboration and how they view their own and other's roles in supporting young people with mental health difficulties. This will be explored from the perspectives of EPs, CAMHS professionals and secondary school staff, in order to illustrate and better understand how the practices, issues, roles and collaborative

processes in regard to adolescent mental health are conceptualised and perceived by these three professional groups

2:1:1. <u>Part 1 Research Questions:</u>

1. How are mental health practices and issues in secondary schools perceived by school staff, CAMHS professionals and EPs?

2. How are perceptions of their own and each other's roles in mental health similar and different between secondary school staff, CAMHS professionals and EPs?

3. How do professionals view collaborative practices and challenges over adolescent mental health problems?

2:2. <u>Part 2 Aims:</u>

To explore collaboration and joint problem solving concerning adolescent mental health, to explore and illuminate the commonalities and different ways in which they problem solve. To explore how different professionals work together in approaching adolescent mental health problems. I will analyse the commonalities and differences between different professional groups in how they approach specific mental health problems and how they approach cases in a single agency group and in a multiagency group.

2:2:1. <u>Part 2 Research Questions:</u>

1. To what extent are there common- different approaches towards problem solving around adolescent mental health?

2. How do responses differ when in their own professional group and in mixed professional groups.

3. How do professionals from different professions work together in making sense of mental health cases?

Chapter 3: Designs and Methods:

In this section the way in which the participant's views were studied in order to address the research questions will be described.

3:1. Methodology

The methodological approach used in this research was exploratory and interactive with the aim to explore professional perceptions of adolescent mental health and how professionals deal with this

The methods were chosen to ensure that the perspectives of each participant and participant group could be heard in a rich and meaningful way and were selected in order to match the purpose of the study. The data collection methods were developed using approaches that fit with the philosophical approach of the research, taking a subjective view of knowledge using a constructive paradigm. Further details of this follow.

3:1:1. Ontological and Epistemological Standpoint:

The research sits within the philosophical positions of constructivism and social constructionism. I as the researcher have adopted this standpoint because I believe that knowledge is ultimately constructed by individuals, however, knowledge and reality can be socially constructed through shared meanings. I believe that although individuals have their own beliefs, often in services/schools some beliefs are socially constructed.

Warmoth (2000) described constructionism as, ''the constructionist position does not mean that people do not have ideas. But it does mean that people's ideas are ultimately given meaning by their social context.'' (p.1)

I believe that individuals will have their own beliefs. I also believe that due to working with adolescents and often with mental health, systemically schools and services will have their own socially constructed beliefs about adolescent mental health with their reality constructed through their everyday interactions and the specific language they use around this topic.

There are criticisms of constructive position that have been taken into consideration. It is suggested that by using this framework there is nothing to 'judge' the findings against, which is argued to result in a lack of ability to 'change' things (Bury, 1986). I would argue that this is not the case, I believe that through the highlighting of particular issues from one group to another, this will help to create an understanding across groups in order to further highlight where there are differences or misunderstandings and from this there will be a start point as to where things can be changed in the processes of creating a shared understanding. The constructive position can be seen to reflect a world view or paradigm, sometimes called interpretivism.

Schwandt, (2003) describes interpretivistm as; ''Interpretivism in general focuses on the process by which meanings are created, negotiated, sustained and modified'' (p.1).

3:1:2. Part 1

The semi structured interview used in part 1 of this research was based on the approach of Hierarchical Focussing (Tomlinson, 1989). Using a

tiered hierarchical approach, the questions were asked by first using a more generalised question relating to the topic. This allowed the participant to answer as general or focussed as the wished to. Prompts were used if the information volunteered spontaneously did not fully answer the question (see appendix 5 for semi structured interview schedule). This approach was used in order to minimise leading questions in the aim of gaining a deeper and more honest reflection of participants' opinions and perceptions, in a flexible and meaningful way. A conversational approach (Robson, 2009) guided the interview and ensured that the information gathered was rich and in depth enough to ensure that the research questions could ab answered. This approach was chosen as it strongly relates to the philosophical assumptions of the constructive position, Constructivism and constructionism on which the current research is based.

As stated above, the semi structured interview used in part 1 of this research was based on the approach of Hierarchical Focussing (Tomlinson, 1989). This approach was used to enable participants to express their views in their terms and not be guided too strongly by the interviewers agenda, in the aim to gain a deeper and more honest reflection of participant's opinions and perceptions, in a flexible and meaningful way. Therefore, the process followed is outlined below.

1. Initial analysis of the domain.
As suggested by Tomlinson, the area in which the research sits was extensively researched and from the literature a concept map was

developed in order to provide clarity in terms of which aspects of the broad area would be focussed on in the current research. The interviews were then developed from this concept map. Concept mapping was chosen at this initial point of development as a reliable way in which to conceptualise the main focal points from the literature in the area.

Daley (2004) stated that ''Concept maps are an important strategy in qualitative inquiry because they help the researcher focus on meaning.'' (p.1)

2. Selection of the research interview subdomain.

From the concept map, the subdomains to focus on in the current interview were selected. The area of focus is broad and therefore the key aspects in which to focus on were selected from the concept map, based on the research questions developed, awaiting potential further amendments if needed following the pilot stage of the research.

3. Construction of the interview agenda

Following the above processes, the construction of the interview agenda took place, at which point questions were structured so that each area chosen was stated and then expanded upon. In addition, following the process suggested by Tomlinson, some questions were structured with prompts in order to further focus as necessary in order to *'maximise the open-endedness of the process'* (Tomlinson, 1989. P. 164).

The interview that was developed in order to answer the above research questions was organised into 5 key areas, which, as stated, were developed through extensive review of the literature and further developed through concept mapping (see appendix 4 for concept map and interview schedule). These areas were as follows;

- Adolescent mental health in general

- Multiagency working

- Policy and legislation

- Role of schools

- Training and professional development

3:1:3. Part 2

The approach used within part 2 of the research used discussion groups, which were based upon focus group methodology and guided by the use of vignettes developed from real life cases. The focus group approach, as described by Wilkinson (1998) was chosen as a way of exploring participants, knowledge, beliefs and opinions. The discussion group, was used as a primary method of data collection.

Wilkinson (1998) stated that it is:

> As common to use focus groups as a research tool in their own right as it is to use them as part of a multi-method project. As a self-contained method, focus groups can be used either to explore new areas or research questions, or to examine existing areas or research questions from research participants' own perspectives. (p.189)

Discussion groups were used due to their flexibility and other strengths including;

Wilkinson (1998) states, ''Providing access to participants' own language, concepts and concerns; encouraging the production of more fully articulated accounts; and offering an opportunity to observe the process of collective sense-making in action'' (p.1).

In addition, due to the method not being 'tied' to a particular epistemology (Wilkinson, 1998), it therefore fit with the current framework. Further to this, Wilkinson (1998) describes how it links to a constructivist framework;

'Wilkinson (1998) adds, 'It does not utilize the notion of pre-existing ideas, opinions and understandings, located inside the heads of individuals, but, rather, presupposes that sense-making is produced collectively, in the course of social interactions between people'' (p. 1)

In order to guide the discussion groups, vignettes developed from real life cases relating to adolescent mental health were used (see appendix 7&8). Vignettes were used in order to provide a context to the discussions, elicit perceptions and beliefs about a given situation. This approach, arguably allowed participants, on their own terms, to define the situation given, referring to important points relating to their perceptions (Hughes and Huby, 2004).

Barter and Renold (1999) describe a strength of the use of vignettes as; ''Providing a less personal and therefore less threatening way of exploring sensitive topics'' (p.1) and ''Examining different groups' interpretations of a 'uniform' situation'' (p.2).

Hughes and Huby (2004) describe the importance of internal validity within vignettes, they describe this as; ''The extent to which the vignette captures the research topics under question'' (p.37).

One question he asks relating to the reliability of internal validity is whether existing literature and case study material has been drawn upon in the development process of the vignette. In order to ensure that the vignettes had internal validity, through a high level of authenticity, they were developed through semi-structured interviews (See appendix 7) eliciting real life experiences of cases from professionals in the domain. Literature in the area was also taken into account during development.

The design and implementation of the vignettes within the discussion groups was based on the approach suggested by Barter and Renold (1998). The process followed is outlined below.

1. *Stories must appear plausible and real to participants.* Vignettes within the current research were developed from real life cases, derived from semi structured interviews with professionals.

2. *Stories should avoid eccentric characters and disastrous event and reflect mundane occurrences.* Participants interviewed for the development process, were asked to think of a typical case to describe.

3. *Should contain sufficient context.* The interview schedule used to gain the details for the vignettes were developed in a way in which to ensure sufficient details would be gained, with the use of prompts when necessary. In addition, the interview was first piloted to ensure that it would elicit sufficient information.

4. *Avoiding socially desirable responses.* In order to avoid this, participants were given questions which would guide discussions and prompt to allow freedom for honest responses when needed.

5. *Stories in the vignette must be readily understood.* The vignettes were piloted, with professionals to ensure they were coherent, internally consistent and understandable.

3:2. <u>Sampling and Participants</u>
3:2:1. <u>Sample</u>

Samples for phase one and phase two were both opportunity samples (Robson, 2009). This sampling method was used as it was both time and cost efficient. The samples consisted of those in the target population who were willing to take part. Criticisms of the approach include that the sample may not be representative of the general population due to those choosing to participate may have done so due to strong views or opinions on the current topic (Robinson, 2013). However, the aim of the current research was to explore, illustrate and illuminate not to generalise and therefore this method of sampling was deemed most appropriate.

3:2:2. Recruitment and Inclusion Criteria

In order to recruit participants, emails were sent out to EP colleagues and secondary school SENCos who were known to me with an information sheet (see appendix 3) with details of the research and contact details, those willing to participate could contact me. Further to this, EP colleagues gave details of the research and contact details to school staff with whom they worked and those who wished to participate were able to contact me. In addition, in order to recruit CAMHS professionals, a contact within CAMHS passed on the details to colleagues and further to this the research was introduced at a CAMHS team day by a CAMHS manager and my contact details given to those who expressed an interest in participating.

Inclusion criteria.

The inclusion criteria for participation was, CAMHS professionals, secondary school staff with a role within adolescent mental health and EPs.

3:2:3. Part 1 Participants

A total of fifteen participants took part in interviews for phase 1 of the research. Six CAMHS professionals, five EPs and four secondary school staff. I had proposed that in order to get a varied sample from across the area, I wanted to interview professionals from the three main bases within this area, (based on EP and CAMHS services) in North, Central and South. This was due to practices potentially differing from base to

base, however, due to the difficulties in gaining participants this was not fully realised, however as mentioned above as the aim was to illustrate and illuminate this was not a significant limitation and therefore the sample was as follows;

Part 1 Sample

- Four secondary school staff; three SENCos and one member of pastoral support staff with responsibility for emotional wellbeing. Within the area in which the research took place there were two participants from schools in the South of the area, one from the North and one from Central.

- Five EPs; two from the South base of the area, one from the North base and two from the Central base.

- Six CAMHS professionals; two primary mental health workers, one senior primary mental health worker, one mental health nurse, one CBT therapist and one psychiatrist. Three from the Central base within the area and three from the North base.

3:2:4. Part 2 Participants

A total of sixteen participants took part in phase two, these included; five secondary school staff, five EPs and six CAMHS professionals. Similarly to phase one, it was proposed that in order to get a varied sample from across the area in which the research took place, groups consisting of participants from North, Central and South teams from across this area

would have been desirable, however, due to difficulties recruiting

participants and logistical difficulties relating to getting different

professional together at the same time, some of the groups were not of

equal spread across the area bases, however as was the case in phase

one this is not a significant limitation as the aim of the research was to

illustrate and illuminate views in the area concerning the topic of

adolescent mental health. See table 3 below for participant sample.

Participant bias

The issue of participant bias was considered throughout the data

collection and analysis stages. Possible limitations such as social

desirability bias, were fully considered. I was mindful throughout that

participants may have been responding in a manner in which would have

them seen in a particular way (Grimm, 2010), making them feel they

could not be wholly truthful or responding in a manner they perceived

that I as the research wished them to. During the data collection,

however, the participants appeared to give frank and honest accounts of

the context they were discussing (see example transcripts (appendix 6 &

9) and were reminded throughout that all data would be fully

anonymised.

Table 3: Single Agency Groups Structure

Single agency group 1	Single agency group 1	Single agency group 1
EP West	CAMHS Central	School staff Central
EP South	CAMHS North	School staff South
EP South	CAMHS North	

Following this the multiagency discussion groups consisted of eight participants over three groups. The aim was to have each group consisting of one participant from each participant group from those listed above, this was only partially realised. See table 4 below.

Table 4: Multiagency Groups Structure.

Multiagency group 1	Multiagency group 2	Multiagency group 3
1 CAMHS professional	1 CAMHS professional	1 CAMHS professional
1 EP	1 School staff	1 EP
1 School staff		1 School staff

The second multiagency group consisted of one school staff and one CAMHS professional only, as the EP was unfortunately unwell on the day of data collection and a replacement could not be found. As it had proven difficult to get the professional together due to busy schedules I decided to go ahead with the data collection.

3:3. Ethics

Ethical Approval was sought and granted from the Graduate School of Education, University of Exeter Ethics Board before data were collected (see appendix 1).

In line with the Health and Care Professionals Council (HCPC) Standards of Proficiency informed consent was gained from all participants prior to interviews commencing (see appendix 3 for information sheet and consent forms). All participants were asked to sign two copies of the consent forms, one copy for my records and one copy for them to keep. Participants were informed of their right to withdraw at any time, further to this contact details were left with participants in case

they wished to have any further information or withdraw. In addition, participants were informed that on request their individual transcripts could be sent to them and any amendments made prior to analysis. In line with the BPS Code of Ethics, confidentiality was maintained throughout the research and all data collected was anonymised and all transcripts were fully anonymised before use. All raw data collected was stored securely on a password protected computer only accessible to me as the researcher. Although no ethical issues arose from the research, I was mindful throughout of potential issues, such as the subject matter being of a sensitive nature, therefore the participants responses were fully taken into account with breaks offered when needed and recording suspended. The methods used allow the flexibility for participants to contribute as little or as much as they felt comfortable and although some prompts were used, as the researcher I was mindful about the sensitive nature of the topic, of the participant's responses and when prompts should or should not be used. In addition to this, I was mindful that there may have been aspects of conflict and challenge that arose between participants in phase two, particularly in the multiagency groups, therefore these were monitored carefully to ensure that all participants were comfortable throughout the process. It was reiterated that participants could withdraw at any time. Following the data collection my contact details were left with all participants and they were informed that they were able to contact me at any point following the interviews.

3:4. Design / Data Collection and Analysis

3:4:1. Part 1 Data Collection

Semi structured interviews were used to gather the data, this method of data collection was chosen for its flexibility and open questions to encourage open and honest answers from participants based on their experiences and knowledge, it also allowed freedom for the participant to give as much detail as they feel comfortable. In addition, flexibility of the method allowed for further prompting and the adaptation of style based on individual participants to ensure deep and rich data could be gathered.

A semi structured interview schedule (see appendix 5) was used as the method of data collection. A semi structured approach was used in order to focus the interview whilst still allowing for flexible and open discussion, in order to allow different perceptions to emerge. The interviews were recorded using a digital recording device and participants were informed that they may request to review their transcriptions or amend if they wished to.

The interview schedule were piloted in order to ensure that the questions were relevant, accessible and that responses from participants would be appropriate to answering the research questions. The interview schedule were then amended based on the outcome. The pilot participants consisted of an EP, a CAMHS professional and a secondary school Teacher, who had a role in student wellbeing.

 All interviews were ended by asking the participants if they had any further comments they wished to make and thanked for their participation in the study. At this point participants were reminded that if they wished

to see their transcripts, amend any of their responses or withdraw then they could do so at any time.

Limitations of using semi structured interviews, were considered. Limitations such as social desirability bias, participants responding in a manner in which would have them seen in a particular way (Grimm, 2010).

Interviews were conducted between October 2016 and November 2017. Interviews lasted between 35 minutes and 1 hour 20 minutes. The time was guided by participants and their responses to the questions as they could contribute as much as they wished. Prompts (see appendix 5 for interview schedule) were used when deemed necessary in order to gain further detail.

The limitations of the current design are considered in the discussion of phase1.

3:4:2. Part 2 Data Collection

In order to investigate the research questions, discussion groups were used as the method of data collection for part two. These were guided by the use of a vignette derived from real life cases. Discussion groups were selected as a method of data collection due to their strengths in terms of their flexibility.

Wilkinson (1989) described a particular advantage of using this method is in; ''Observing how people engage in the process of collective sense-making: how views are constructed, expressed, defended and (sometimes) modified within the context of discussions and debate with others'' (p.186).

It therefore suits the purpose of the current research, which is to elicit, views, opinions, knowledge and understandings and explore how these are expanded or advanced in different social contexts (within group and in mixed groups). In addition, the discussion groups were guided with the use of two vignettes, one for the single agency groups and one for the multiagency groups. These were based on real life cases (anonymised and adapted to ensure anonymity). The vignettes were developed from semi structured interviews with and EPs and CAMHS professionals (see appendix 7). In order to broaden the participant base, these participants were different to those taking part on part 1 or 2, in order to ensure that participants in the discussion groups did not have prior knowledge and therefore pre-conceived ideas in relation to the vignette. The vignettes were piloted and amended based on the outcome.

The vignettes (see appendix 8) were used in order to see how these groups problem solve and the approaches they take relating to the case set out in the vignette. This is in order to explore the similarities and differences and collaborative processes in the way in which they approach the case in a single agency group and in a multiagency group.

The discussion groups consisted of six separate groups. Firstly three discussion groups, each with just one set of professionals i.e. one group of only school staff, another group only EPs and another consisted only of CAMHS professionals (see table 3). Following this, three multiagency discussion groups, each with three participants, consisting of one participant from each participant group (see table 4).

All group discussions were recorded by a digital recording device and transcribed by me and the details of the cases derived through the interviews were then anonymised, amalgamated and details were amended to ensure there were no identifying case features within the vignettes. These transcripts were then analysed qualitatively (see below for details).

3:4:3. <u>Analysis</u>

Thematic analysis was used in order to analyse the data for both part 1 and 2. This method was chosen due to its flexibility and due to it fitting well as an analytic technique with an interpretive epistemology and an exploratory methodology.

Braun and Clark (2006) describe this how ''A rigorous thematic approach can produce and insightful analysis that answers particular research questions'' (p.5).

Thematic analysis was chosen as the method in which to analyse the data, allowing for the identification of themes to emerge from within the data sets (Braun and Clark, 2006). One of the main reasons why

thematic analysis was chosen as a data analysis tool was due to its compatibility with the constructive approach (Braun and Clark, 2006) and its flexible nature due to it not owing to one particular ontological or epistemological standpoint,

Braun and Clark (2006) describe, ''Through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data'' (pg.5).

Collecting the data via interactive means and transcribing the data myself allowed for a detailed prior knowledge of the data before analysis.
In line with Braun and Clark (2006) the following process was used.

Familiarising oneself with the data

Due to the methods of data collection, I was already somewhat familiar with the data and therefore came at the analysis with prior knowledge of what the data consisted of. I felt that it was important to immerse myself further into the data by actively listening back to and reviewing each interview on record following the interview itself, thinking about and searching at this time for meanings and any initial themes which may be generated from the individual data and the data set as a whole.

Braun and Clark (2006) described familiarising oneself with the data, ''Immerse yourself in the data to the extent that you are familiar with the depth and breadth of the content'' (pg.16).

I feel that through data collection and transcription I was able to achieve this.

Transcription of verbal data

All interviews were transcribed by me as the researcher, this was decided in order to ensure that I as the researcher felt connected to the data, immersed in the data and understood the data in a rich a meaningful way prior to analysis. It has been argued that the transcription can be seen as a vastly important step in analysis (Bird, 2005). During transcription and the reading and rereading of the transcripts, more meanings and initial codes and themes emerge informing the early stages of the analysis. All names or identifying information were anonymised during transcription.

Generating initial codes

Through the use of the software package NVIVO the transcripts were analysed as groups in three separate analyses (group one EPs, group two school staff and group three CAMHS professionals). During the first wave of analysis on each group initial codes were generated. This process allowed me to further immerse myself into the data.

Searching for themes

Throughout the analysis the data was analysed thoroughly, initial codes and themes were identified in such a way to ensure that themes are

more than the interview questions used to ensure that the themes came solely from the participant response data. For each group the initial codes were then refocussed into potential themes and from there themes and subthemes began to emerge.

Reviewing themes

Further to this within this phase of analysis emergent themes were then reviewed, re-organised and refined to ensure that the data within the themes was coherent and formed together to ensure that it provided meaningful evidence for a clear and definable theme.

Defining and naming themes

The final phase consisted of further refining the themes generated, the essence of what each theme conceptualised was defined. Subthemes and sub-subthemes were identified during this refinement, ensuring that the complexity of the themes was analysed thoroughly. I was mindful throughout the process that the evidence from data adequately evidenced the theme, I was aware of the potential pitfall of 'anecdotalism', as described by Bryman (2003) and therefore endeavoured to avoid this.

3:4:4. <u>Part 1 Analysis</u>

Semi structured interviews data were transcribed by myself and analysed qualitatively using thematic analysis. The software programme NVIVO was used to assist in the analysis. The initial analysis was at a group level e.g. school staff, EPs and CAMHS professionals. All four school staff interviews were uploaded into one project and analysed together, all

five EP interviews were uploaded into another, separate project and analysed together and finally all six CAMHS professionals interviews were uploaded into another project and analysed together. Following this, the themes from each professional group were organised into tables (see tables 5, 6, & 7 for RQ1, 8, 9 & 10 for RQ2 and 11, 12 & 13 for RQ3). The next phase of analysis was conducted by hand, the themes for each group were then separated into three areas relating to the three research questions. Following this, further analysis took place in order to determine which themes were common to all three groups, common to two groups or exclusive to specific professional groups.

3:4:5. Part 2 Analysis

For part 2, the transcripts were also uploaded and analysed by professional group. The three single agency groups (EP, CAMHS and school) were analysed in separate projects and the three multiagency groups were analysed together in a project separate to the other three. The themes that had emerged from each single agency group and the multiagency groups were set out into four tables (see tables 14 (overview), 15,16 & 17). The next stage of analysis was then conducted by hand, within this stage the themes which were common across groups and exclusive to groups were determined in order to highlight and explore where similarities and differences had emerged.

3:5. Quality of the data

The methods used allowed an openness to the discussions. Participants were open, honest and in some cases quite frank in their answers and

discussions. This openness, arguably increased the validity of

participants' responses. In addition, in part one, at certain points in the

interview the same questions were asked using different phrases in order

to assess consistency of responses. There were external checks

completed at regular points throughout the analysis for both parts

through peer checking at the point of coding to ensure that the themes

came solely from the participant response data and where beyond the

research questions in order to increase reliability. This was completed

through the checking of findings and interpretations against the raw data.

Chapter 4 Findings

Within this chapter the findings for both part one and part two will be reported. In both parts the findings are organised by research question.

4:1. Part 1 Findings

In this section the findings from part one will be reported. The overall aim of part one was to explore perceptions of mental health in secondary schools, from the perspectives of EPs, CAMHS professional and school staff.

As reported in Chapter 2, themes were found from the data through conducting thematic analysis. Through this, common themes and subthemes emerged these are reported below. The results for each research question are presented in the following section.

Figure 1: Venn Diagram Illustrating Colours Relating to Themes for All Questions in Part 1.

In the results reported below, within the text themes are coloured to correlate with the colours in the Venn diagram below.
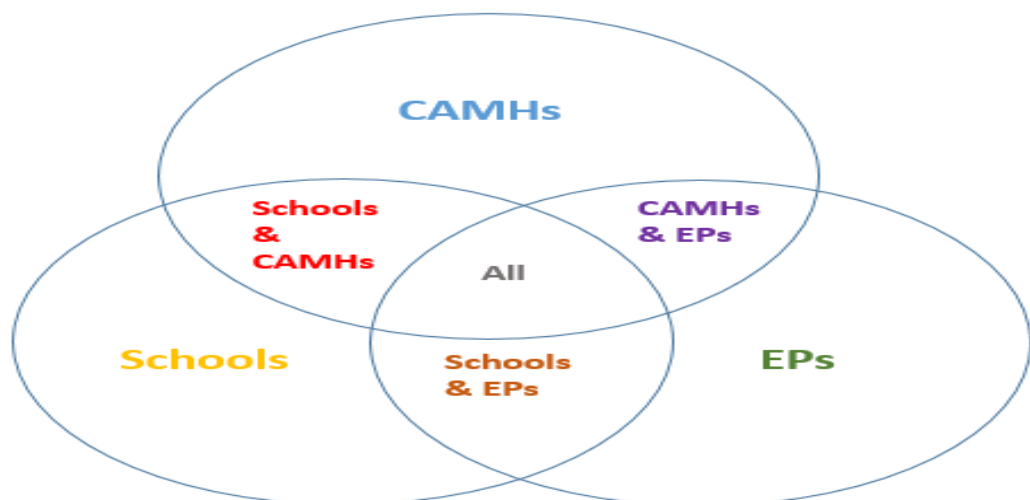
4:1:1. Findings for research question 1: *How are mental health practices and issues in secondary schools perceived by school staff, CAMHS professionals and EPs?*

From the analysis concerning research question one from the data collected from CAMHS professionals, five core themes were found, twenty subordinate themes and four sub-subordinate themes. From EPs, four core themes were found, fourteen subordinate themes and two sub-subordinate themes and from school staff, three core themes were found, nine subordinate themes and seven sub-subordinate themes (See tables 5, 6 & 7). From these, further analysis was conducted in order to ascertain which of these themes were common and different across these professional groups, the results of which are reported below.

Table 5: Core and Subordinate Themes: CAMHS Participants (RQ1)

CAMHS		
Theme	Subtheme	Sub-subtheme
Increase in Adolescent Mental Health and Causes	Models	
	Changes in Service Delivery	
	Funding	
	Thresholds	
	Increased Awareness	
	Environments	
		Social Media
	Increased Pressure	
The Impact of Increased Adolescent Mental Health Needs	On Services	
	Impact On Professionals	
	Impact On Learning and Outcomes	
	Impact On the Young Person	
		Advice Given
		Unhelpful Messages
		Sense of Self / Self Esteem
Young Person's Input (Into Their Mental Health Needs)	Ownership	
	Person Centred Approaches	
Needs	Changes in Funding	
	Nurturing Relationships	
	Listening and Communication	
Training	Bureaucracy	
	Supervision	
	Joint Training	
	Training Inadequacies	

Table 6: Core and Subordinate Themes: EP Participants (RQ1)

EPs		
Theme	**Subtheme**	**Sub-subtheme**
Increase in Adolescent Mental Health and Causes	Funding	
	Gaps in Provision	
	Increased Pressure	
	Increased Awareness	
The Impact of Increased Adolescent Mental Health Needs	Impact On the Young Person	
		Sense of Self / Self Esteem
	Impact On Learning and Outcomes	
	Impact On Support	
	Awareness	
	Different Views	
CPD	Lack of Time	
	Knowledge of Mental Health	
	Self-Motivated CPD	
	Knowledge of Other Systems	
		Transparency
Needs	Nurturing Relationships	

Table 7: Core and Subordinate Themes: School Participants (RQ1).

Schools		
Theme	**Subtheme**	**Sub-subtheme**
Increase in Adolescent Mental Health and Causes	Awareness	
	Environment	
		Culture
		Stigma
		Social Media
	Thresholds	
	Gaps in Provision	
	Increased Pressure	
The Impact of Increased Adolescent Mental Health Needs	Impact On the Young Person	
		Resilience
		Low Self Esteem
	On Services and Schools	
		Reactive Working
	On Learning and Outcomes	
		Capacity to Learn
Training	Inadequate Training	

Common Themes: All Professional Groups

There were commonalities across all three groups at a core theme level, these were; Increase in Adolescent Mental Health and Causes and The Impact of Increased Adolescent Mental Health Needs. From further analysis four common subthemes emerged, these were; Increased Pressure, Impact on Learning and Outcomes, Impact on the Young Person and Impact on Sense of Self and Self-esteem.

Theme 1: Increase in Adolescent Mental Health and Causes of This.

Within this the common subtheme Increased Pressure emerged. There is a common perception that schools in particular are under enormous pressure to meet targets which is in turn increasing the pressure that young people are under to achieve. Across all three professions this is perceived to be having a significant negative impact on adolescent mental health.

Theme 2: The Impact of Increased Adolescent Mental Health Needs.

Within this the common subtheme The Impact on learning and Outcomes emerged. Participants felt that for young people learning is not top of their agenda when they are suffering poor mental health and that they are not in a place to be able to take on new information at the rate which the current education system expects them to.

> *''It becomes all-consuming and you are not able to take on information in the way we'd want you to''* (School 1)

> *''We want well rounded adults who can do lots of different things and be different sorts of people but the pressure around academia doesn't really think about that at all''.* (CAMHS 4)

Another subtheme within this is, Impact On the Young Person. Participants across all groups discussed the impact that poor mental health has on the young person, in terms of their experiences of feeling low and the traumatic aspects of having negative thoughts and feelings

and the reality of trying to cope with that. Within this the sub-subtheme Impact on Sense of Self and Self-esteem, emerged. This was discussed alongside the '*cognitive skew'* (CAMHS 2) that young people can have relating to feelings of inadequacy due to the pressures and agendas of the education system. There was a sense that many young people going through the education system, are gaining a negative perspective of themselves based on their academic attainments, due to the education system only appearing to value high grades at the expense of other strengths of individuals, which is having a significant impact on their mental health.

> *''If you're constantly thinking you are not good enough, you are not going to try… you're going to have a cognitive skew to look at what's wrong''* (CAMHS 2)

> *''How can we make young people feel that their individuality is important so they can gain a sense of identity and self-esteem for whatever their skills are rather than, ''you're not an A* student so you're not worth being here'' sort of attitude'' (CAMHS 5)*

The drive for results, often at the expense of well-being, was a frustration shared by many participants. The importance of helping young people to see a different perspective and to be able to see beyond academic attainments was also discussed by all three groups.

Common Themes Across Two Professional Groups

Schools and CAMHS.

Across these two professional groups (10 participants in total), one common core theme emerged, this was; Training. Within this the subtheme Inadequate Training emerged. In addition, within Increase in Adolescent Mental Health and Causes there were two common subthemes and one common sub-subtheme which were; Thresholds and Environments with the sub-subtheme Social Media. Within The Impact of Increased Adolescent Mental Health Needs there was one common subtheme, this was; Impact on Services.

Theme 1: Training

The common theme of Training and subtheme of Inadequate Training emerged. Participants felt that training on mental health does not fully meet professionals' needs. One participant described a course they had been on as *'insulting'* and *'very basic'* (School 1). Participants also described frustration at how little time is spent during teacher training on the subject of mental health and that teacher training was not reflective of the current needs within schools.

''I am really acutely aware that at PGCE you get two weeks of training on special needs, I mean not even mental health just special needs, and I just think for goodness sake.'' (CAMHS 2)

Subthemes within the Core Theme Increase in Adolescent Mental Health and Causes.

Within this, a common subtheme between the schools and CAMHS groups was Thresholds. They perceived that part of the reason for the increase in adolescent mental health was due to high thresholds being a barrier to access. The CAMHS group were acutely aware of, and shared, frustrations relating to thresholds for the service.

''There is a massive gap of people who can't access services'' (CAMHS 1)

The subtheme Environment and the sub-subtheme theme of Social Media emerged. Participants discussed how environmental changes had impacted on young people's mental health, with particular focus on the rise of social media and the sense that young people have no escape from it.

''They can't leave things behind, Facebook and snap chat it's all of these things that continue way after school. '' (CAMHS 1)

Subthemes within the core theme The Impact of Increased Adolescent Mental Health Needs

Within this, a common subtheme between these two groups was Impact on Services. Participants felt that the increase in adolescent mental health cases is having a significant negative effect on services. They discussed the difficult dilemma faced regarding the raising of the thresholds due to demand, which has left a gap at the preventative end of services. This gap is perceived to be increasing needs but as needs increase so do thresholds due to demand, leading to conflicting priorities.

'The system is groaning under the weight of it'. (CAMHS 2)

CAMHS and EPs

Across these two professional groups (eleven participants in total), one common core theme Needs emerged and within this Nurturing

Relationships emerged. Further to this, within Increase in Adolescent

Mental Health and Causes there were two common subthemes these

were; Funding and Increased Awareness.

Theme 1: Needs.

Within this, the subtheme Nurturing Relationships emerged. Discussions

suggested that having key people and nurturing relationships is

perceived to be a protective factor.

''It's about children having someone they can identify with'' (CAMHS 1)

It was discussed that this is often a key recommendation both groups

make to schools in regards to adolescent mental health needs. This was

not discussed within the schools group, which is arguably an interesting

point, particularly in comparison to the depth in which it was discussed by

the CAMHS and EP group. This may suggest that this is not valued to

the same degree by the schools group as an intervention or strategy.

Subthemes within the Core Theme Increase in Adolescent Mental

Health and Causes

Within this the subtheme of Funding emerged. This was discussed in

relation to the current social and political context regarding the increase

in adolescent mental health cases. One participant described it as;

''Been stripped right back to the barest minimum'' (CAMHS 1)

Another commented on the shared awareness of difficulties relating to funding.

> *''Everyone knows there is not enough money, everyone knows there is not enough staff''.* (CAMHS 5)

The subtheme Increased Awareness also emerged. Participants felt that there has been a significant increase in the awareness of mental health generally in society and across education, which has reduced stigma leading to more people feeling able to seek support, which may be contributing to the increase in service demand.

> *''I don't know if that's about more people being aware of their mental health or ill health so talking a bit more about seeking help''* (EP 2)

Schools and EPs

Between these two groups (nine participants in total), for question one, no common core themes emerged. This is arguably an interesting finding given that schools and EPs typically work in partnership more often than they would with CAMHS professionals. This may be suggestive of more divergent thinking between these two groups than one might assume. Within Increase in Adolescent Mental Health and Causes, there was one common subtheme that emerged, which was; Gaps in Provision.

Subthemes within the Core Theme Increase in Adolescent Mental Health and Causes.

The subtheme Gaps in Provision, emerged. It was felt that the closing of services had left a significant gap in support for vulnerable young people.

''The closing of a lot of our support services… I think makes vulnerable families more vulnerable'' (EP 4)

''There is a real gap between the stuff around universal services and level four threshold'' (School 1)

Exclusive themes

Alongside the themes which were common to groups, core themes and subthemes exclusive to individual groups emerged. Although some of the core themes were common across two or three professional groups, some subthemes within these common themes differed. Through analysis more subthemes that were exclusive to individual groups than were common across two or three of the groups emerged. This may suggest that on the surface, these three groups have similar thinking, however, on a deeper level there may be differences in perspectives concerning adolescent mental health. This arguably could impact negatively on effective multiagency working, joint thinking and ultimately the service and support that young people receive. Themes and subthemes that are exclusive to a single agency are reported below.

CAMHS

One exclusive core theme from this group (six participants in total) emerged, this was Young Person's Input, and within this subthemes of Ownership and Person Centred Approaches emerged. In addition, there

were eight subthemes and two sub-subthemes that were exclusive to this professional groups that emerged within core themes that were common to two or all professional groups. Within Increase in Adolescent Mental Health and Causes, exclusive subthemes were Models and Changes in Service Delivery. Within The Impact of Increased Adolescent Mental Health Needs, an exclusive subtheme was On Professionals. A common subtheme within this core theme was Impact On the Young Person, however, within this, two exclusive sub-subthemes emerged, which were; Advice and Unhelpful Messages. Within the core theme Needs, exclusive subthemes were; Change in Funding and Listening and Communication. Within the core theme Training, exclusive subthemes were; Bureaucracy, Joint Training and Supervision.

Theme 1: Young Person's Input

There was evidence that there was a sense that young people should be more involved in their own treatments and plans for their mental health needs. Within this group there were differences in perceptions, however, concerning whether all young people are perceived to be prepared or equipped to be able have input.

> *''I've worked in CAMHS for 25 years and there is still something, magical, sitting with a young person and giving them the space to come up with a little plan for themselves''* (CAMHS 4)

> *''Some young people really struggle to acknowledge their own difficulties and of course they're 15, 16 or 13, 14, are they equipped to say well I know what's wrong I can pin point what it is?''* (CAMHS 1)

Within this, the subthemes Ownership and Person Centred Approaches emerged. There was a perception that in order for interventions to be successful it is important that young people have a sense of ownership over it.

> '' I say they need ownership of it when they are thinking of self-harming or killing themselves, that's happening at 2 in the morning it's not happening at 2 in the afternoon when I'm sitting in the office and they can phone me and have a chat about it'' (CAMHS 1)

I would argue that an interesting point within the analysis is that the theme Young Person's Input is exclusive to the CAMHS group. Schools and EPs despite often encouraging person centred approaches did not discuss this point in the same depth.

Subthemes within the Core Theme Increase in Adolescent Mental Health and Causes

Within this, the subtheme Models emerged. Although the perception that there has been a shift from the medical model was discussed, interestingly, there was no consensus, even within group, as to whether that was a positive or negative change. It could be argued that this is due to the differing areas in which participants had trained or worked previously, suggesting that across the country, there are different ways in which the use of different models is perceived.

> ''I think the medical model sometimes has a top heavy approach, I think it should be more systemic thinking about how the child could be part of the team'' (CAMHS 5)

''We moved away from psychiatric model, which wasn't ideal'' (CAMHS 1)

Another exclusive subtheme was Changes in Service Delivery, there was a sense that the service had moved away from the community due to demand. This is suggested to have had a negative impact on proactive working, resulting in people coming into the service at or close to crisis point.

'´I think also that there's been a move from community handling, so schools, social care, supporting foster carers properly, into a clinic, this causes huge problems'' (CAMHS 1)

''It was interesting moving down from (a big city) because in (the city) there is a better route than there is down (here). The problem with (here) is that people would get to such a crisis, such a pitch that they were actually quite sick before they got any service'' (CAMHS 2)

Subthemes within the Core Theme The Impact of Increased Adolescent Mental Health Needs.

Within this, the exclusive subtheme On Professionals emerged. Issues such as stress and staff burn out were discussed and the impact that this subsequently has on their ability to support the mental health needs of the young people.

''We are seeing more staff on burnout and stressed….People are pushing themselves to the limit despite being in a supportive team because we care'' (CAMHS 5)

> *''They are pulling their hair out they are stressed and feel ill-equipped to deal with mental health in the classroom''* (CAMHS 5)

Within this theme and the subtheme Impact on the Young Person, exclusive sub-subthemes Advice and Unhelpful Messages emerged. Similarly to the other professional groups the impact on the young person was a key topic of conversation, the impact on their learning, their wellbeing and their futures. There was a sense from the discussions that there is frustration felt due to the inadequacies of the system causing many young people to be let down by the services that are meant to be in place to help and support them.

> *''Such a shame, a lot of these young people are so bright they have the ability, they just need holistic support but again that goes back to resources and understanding, which is sad''* (CAMHS 5)

> *''My personal opinion is that this is not good enough for the young person''* (CAMHS 1)

There was evidence through the discussions that the pressure experienced by schools to perform is having a negative impact on young people's mental health. Across this data set there was evidence relating to the perception that to have a view beyond GCSE was not emphasised in schools in this area.

> *''It's interesting when I talk to teachers, they know we live in a lifelong learning society and what we actually get at 16 has minimal impact on life even 5 years*

later, it just gets you through that next door really but the pressure that's on children and young people at 16, even at 14 when you are choosing your GCSEs, 13 now with some doing 3 year GCSE programme, there is pressure that you have got to make this decision then'' (CAMHS 4)

''Knowing it doesn't have to be this pristine thing all the time really helps so that's the advice I've given'' (CAMHS 4)

Subthemes within the Core Theme Needs

Within this, exclusive sub-themes, Changes in Funding and Listening and Communication emerged. There were discussions concerning the vast need to improve mental health support. The issue of funding and the need for change in the way young people are approached and engaged by support services were discussed. Within the discussion there was also evidence that there is a perception that listening and communication between the services themselves and between services and young people is lacking.

''Those strict conversations that need to be had across agencies, whether they are public or private, in order to get the best outcomes for these kids but that's a tricky approach'' (CAMHS 2)

''My thought is that actually those 9 out of 10 just need a good listening to'' (CAMHS 1)

Subthemes within the core theme Training

Within this, exclusive subthemes Bureaucracy, Supervision and Joint Training emerged. There was a perception that the current training relating to mental health is insufficient or over complicated.

''I attend different seminars but most of the stuff doesn't grab me now because I think often it's about making simple processes quite complicated, bureaucracy of justifying an outcome or measure and outcome and I think there's a very simple way of doing that, 'how are you feeling about that?'' ;'' I feel a bit better'' and we've done that'' (CAMHS 1).

The importance of supervision was discussed alongside the positive aspects of good supervision. There was frustration within the CAMHS group that supervision is not prioritised.

''Everyone needs supervision and I don't agree with the fact that they don't seem to have it or the opportunity to have it or it's not seen as a priority'' (CAMHS 6)

The lack of joint training across services was a further frustration. The difficulties of getting professionals in a room together at the same time, despite the acknowledgement that it would vastly improve communication and nurture relationships between services was discussed.

''Those stupid 'you don't know, I don't know, maybe you know more than I do' conversations that go on in people's heads and see we were all competent. Forming relationships through joint training would be helpful'' (CAMHS 2)

Schools.

Although no core themes or subthemes emerged, sub-subthemes that were exclusive to the schools group (four participants in total), emerged

within common themes. Within Increase in Adolescent Mental Health and Causes and subtheme Environment, sub-subthemes exclusive to the schools group; Culture and Stigma, emerged. Within The Impact of Increased Adolescent Mental Health Needs and subtheme Impact On the Young person, the exclusive sub-subtheme Resilience emerged. Further to this, still within The Impact of Increased Adolescent Mental Health Needs, within the subtheme On Service and Schools, the exclusive sub-subtheme Reactive Working and within the subtheme On Learning and Outcomes, the sub-subtheme Capacity to Learn emerged.

Subthemes within the Core Theme Increase in Adolescent Mental Health and Causes

Within this and the subtheme Environment, the sub-subtheme Culture, emerged. The perception that culturally we do not acknowledge positives within ourselves and the impact that that can have on adolescent mental health was discussed.

> *''We fill in the gaps with negative stuff that's just human nature and cultural to a degree that were very self-abasing''* (School 1)

Although the reduction in stigma was discussed in other groups, the perception that there is still a stigma attached to mental health was evident within this group, and the impact that that has on people's willingness to seek and accept support was discussed.

''To get young people into a position where they feel like they can talk about mental health in the same way they can talk about their physical health is challenging because that is a social stigma'' (School 4)

Subthemes within the Core Theme The Impact of Increased Adolescent Mental Health Needs.

Within this and the subtheme Impact On the Young Person, the sub-subtheme Resilience emerged. There was a perception within the school group that resilience has been reduced in the adolescent population, due to a perceived need to be perfect, the sense that making mistakes is unacceptable rather than a learning opportunity was discussed.

''More fear about sitting exams, doing tests. There's a reduction in resilience, kids aren't willing to make a mistake they don't feel like they can make a mistake, it has to be spot on it has to be perfect so lots of anxiety'' (School 4)

The lack of proactive working was discussed briefly within other groups, however, reactive working was widely discussed within the school group. It was perceived that a significantly increased time is now spent reacting to rather than preventing mental health issues. This was perceived to be due to the increase in need and the reduction in resources.

''I find myself firefighting lots more rather than planning'' (School 4)

The schools group described the impact adolescent mental health has on the young person's capacity to learn. Although the impact on learning had been discussed widely by all groups, the idea that the young person

has a limited capacity and that mental ill health can fill that capacity was an interesting way in which the schools group conceptualised this difficulty.

> *''It becomes all-consuming and you also don't take on the information in the way we'd want you to. It's the biggest thing in your life, you don't have room for anything. We're working with some young people that literally describe themselves as full, they don't have room in their head for other information''* (School 1)

EPs

One exclusive core theme emerged, this was Continued Professional Development (CPD). Within this core theme, exclusive subthemes were; Lack of Time, Knowledge of Mental health, Self-Motivated CPD and Knowledge of Other Systems with the sub-subtheme Transparency. In addition, within The Impact of Increased Adolescent Mental Health Needs, exclusive subthemes were; On Support, Awareness, and Different Views.

Theme 1: CPD

Within this, there was a sense that there is a lack of knowledge in the area of mental health and although other groups discussed this relating to inadequate training the EP group focussed more on CPD and a lack of opportunities for through CPD.

> *'' In fact I haven't had enough CPD, it is something that I do push for but it feels like there has been less available''* (EP4)

CPD completed was felt to have been self-motivated rather than actively encouraged. Many reported that most of the learning they do concerning mental health is through their own learning in their own time.

''Most of my CPD has been after qualification and been self-motivated'' (EP 2)

''EPs who go and get their own training in say, family therapy because that's their interest in their own time. I don't feel as EPs we have time to do that so I haven't gone down that sort of route, it's frustrating really'' (EP 4)

Participants felt that they are limited in their knowledge about CAMHS systems and felt that there was a lack of transparency between systems, which is perceived to be limiting the impact that professionals can have.

Subthemes within the core theme The Impact of Increased Adolescent Mental Health Needs.

Within this, an exclusive subtheme was; On Support. Participants discussed how the increase in needs has impacted on the support they can give. Although other groups had discussed the impact on professionals and services, the EP group discussed how the levels of stress due to such a high increase in need has led to a 'blocked caring', suggesting that they perceive that professionals' stress levels due to their increasing workload can reduce their capacity to support young people.

''Staff working directly with the young people feel they can't cope, then you get that blocked caring'' (EP1)

The subtheme Awareness also emerged, in contrast to the other groups who discussed how the raising awareness of mental health needs is perceived to be related to the increase in people seeking support, the EP groups discussed it in relation to the impact it has had on schools.

''Schools are becoming more anxious, I try to promote training and having those conversations with school staff and try to raise awareness'' (EP5)

The subtheme Different Views also emerged. They discussed; how this was felt to be inevitable due to the differences in service views and values, the frustrations at not having a shared view over adolescent mental health and how it does not appear to be prioritised by government, and the impacts on the support schools provide.

'*'We are pluralist were not a unitarist, there are bound to be different views''* (EP5)

'' I don't feel there is much support or pressure from government for schools to look after their young people emotionally…..it's an important time and that includes seeing yourself as a social and emotional being, there's not really a lot of attention paid to that by the government, so some schools are very good and some schools sort of bypass that'' (EP4)

4:1:2. Findings for research question 2. *How are perceptions of their own and each other's roles in mental health similar and different between secondary school staff, CAMHS professionals and EPs?*

In research question two the following was found; from CAMHS professionals, three core themes were found, thirteen subthemes and eight sub-subthemes. From EPs two core themes, nine subthemes and three sub-subordinate themes. From schools two core themes, eleven subordinate themes and seven sub-subordinate themes emerged (See tables 8, 9 & 10). Again from these, further analysis was conducted in order to ascertain which of these themes were common and different across these professional groups, the results of which are reported

Table 8: Core and Subordinate Themes: CAMHS participants (RQ2)

CAMHS		
Theme	**Subtheme**	**Sub-subtheme**
Roles	Advocating	
	Support	
	Proactive Working	
	Departmentalism	
	Privatisation	Lost Knowledge
		Reduced Contact
	Confidence	Empowerment
	Relationships	
Ethos	Best Interests at Heart	
Role of Schools	Everyone's Role	
	Interventions	Early Help
	Ownership	
	Responsibility	Shared Responsibility
	Difficulties	Resources / Funding
		Differences in Provision
		Inconsistency

Table 9: Table Core and Subordinate Themes: EP Participants (RQ2)

EPs		
Theme	**Subtheme**	**Sub-subtheme**
Roles	Departmentalism	
	Autonomy	
	Support	
	Understanding of Others' Roles	
	Relationships	
Role of Schools	Time Spent at School	
	Duty of Care	Referring

	Systemic Issues	Approaches and Training
		Understanding
	Identifying Needs	

Table 10: Table Core and Subordinate Themes: School Participants (RQ2)

Schools		
Theme	**Subtheme**	**Sub-subtheme**
Roles	Ownership	
	Collaboration	
	Advocating	
	Support	
	Relationships	
Role of Schools	Understanding	Raising Awareness
		Relationships
	Capacity	
	Priorities	Attainment
		Teaching
	Difficulties	Funding / Resources
		Differences in Provision
	Responsibility	Shared Responsibility
	Identifying Needs	

Common themes: All professional groups

Through analysis two main themes which were common across the three professional groups emerged, these were; Roles and Role of Schools. From further analysis two common subthemes within the core theme Roles emerged, these were; Relationships and Support.

Theme 1: Roles

All three professional groups perceived that they had a role in supporting adolescent mental health, although the extent of that role differed between the three professional groups.

''Why should everybody be a specialist in mental health'' (School 2)

''That's our job to make sure that child is getting what they should be getting in order for them to move from where they are now to somewhere that is more productive'' (CAMHS 2)

Within this, the subtheme Relationships emerged. The relationships between professionals and relationships with young people were discussed. The importance of working together and connections were evident.

''It comes back to relationships, it's about people saying you do a little bit and we'll do a little bit and we will hold each other's hands on this'' (CAMHS 5)

''It's about connections and moving people on and we know how important connections are to the human species you know we don't thrive without connections'' (School 1)

The common subtheme Support emerged. All three professional groups' perception of a role within support was evident. Support for each other as professionals as well as support for the young people and their families.

''I think what's most important is that professionals feel held and contained with their worries about it, because if they're feeling supported then the young people they're working with will feel supported'' (CAMHS 4)

Theme 2: Role of Schools

The roles that schools have within supporting adolescents with mental health needs were widely discussed. All professionals felt that schools have a role, however, the scale of this role and perceptions about what

this role is differed. Schools perception of their role appeared less significant than what CAMHS and EPs perceive it should be, therefore within this core theme there were no common subthemes between the three groups. It could be argued that this divergent thinking could have a negative impact upon how EPs and CAMHS work with schools in order to support young people in a joined up and holistic way.

Common themes between two professional groups

Schools and CAMHS

Across these two professional groups (10 participants in total), no common core themes emerged. Within the two common themes, Roles and Role of Schools however, which were common to all three professional groups, there were subthemes and sub-subthemes common to these two groups. These were; Advocating, Responsibility with the common sub-subtheme Shared Responsibility and Difficulties with common sub-subthemes Resources / Funding and Differences in Provision

Subthemes within the core theme Roles

Advocating emerged as a subtheme, being an advocate for the young person, explaining their difficulties and helping others to understand them emerged between these two groups.

> *''Going in and advocating for them in a way of you know this is the struggle and this is where it might be coming from''* (CAMHS 1)

Subthemes within the core theme Role of Schools

Within this, common subthemes were; Responsibility with the common sub-subtheme Shared Responsibility, and Difficulties with common sub-subthemes of Resources / Funding and Differences in Provision. The perceptions that there is a responsibility for these young people from all who work with them, that the responsibility is shared and that mental health is everybody's responsibility was evident.

> *''From where I sit, I think that everyone who works with children and young people is a CAMHS worker. I think that everyone has a responsibility to have an awareness to at least acknowledge it as part of an overall picture''* (CAMHS 1)

> *''Obviously we do have responsibility but also there needs to be shared responsibility with specialists''* (School 3)

CAMHS and EPs

One common sub-theme emerged, this was Departmentalism. That there is only one common subtheme is arguably an interesting point, in that there appears to be little in common between these two groups in their perceptions concerning roles within supporting adolescent mental health.

Subthemes within the core theme Roles

Within this a common subtheme was Departmentalism. Contrary to the above discussions relating to a shared responsibility that was evidently common between schools and CAMHS, EPs and CAMHS professionals discussed the concept of departmentalism. Evidence from analysis

suggests that there is a sense of 'it's not my role, it's yours' from schools. The perceived reasons behind this were also discussed including emotional and 'defensive' reactions.

> *''For schools to say it's not really our business comes from that defensiveness and worry of having to deal with those who are feeling emotionally distressed''* (CAMHS 4)

Further evidence which offered explanations concerning departmentalism were discussed, one being the misunderstanding of other professionals' roles.

> *''I have had worrying conversations with CAMHS recently where they feel that our role is in cognition and learning and that we shouldn't be sticking our nose into social and mental health''* (EP 4)

EPs and Schools

Across these two professional groups (9 participants in total), there were two common subthemes to these two groups that emerged from within the common theme Role of Schools. These were; Identifying Needs and Understanding.

Subthemes within the core theme: Role of schools

Identifying Needs and Understanding were common subthemes across these two professional groups.

'*'We spend so much time with the students, we see so much of them, we are the ones who can notice whether their behaviours start to change which indicate that there could be some mental health problems''* (SENCo 2)

The perception that understanding is somewhat lacking was evident. There is an importance placed upon understanding the pressures that young people are under and the systemic elements that impact upon mental health e.g. exam pressure, social and peer pressure.

''We have how to deal with young people who are physically disabled and the things to have in schools to make that more accessible, we have the same from autism charities, we have the same for dyslexia 'this is how you do it', we don't have the same for mental health problems'' (SENCo 4)

Exclusive themes

Alongside the themes which were common, within each group, core themes and subthemes exclusive to one group emerged. Although some of the core themes were common across two or three professional groups some subthemes within these common themes differed. Themes and subthemes that are exclusive to a single agency are reported below.

CAMHS

One exclusive core theme Ethos and within this the subtheme Best Interest at Heart emerged. Within common core themes, exclusive subordinate themes and sub-subordinate themes emerged. In Roles these were; Proactive Working, Privatisation with sub-subthemes Lost Knowledge and Reduced Contact and Confidence with the sub-

subtheme Empowerment. Within Role of Schools, these were;

Everyone's Role, Ownership and Intervention with the sub-subtheme

Early Help. In addition, within Role of Schools, within the subtheme

Difficulties an exclusive sub-subtheme was Inconsistency.

Theme 1: Ethos

The culture, particularly within schools was discussed and a discourse

regarding the difference that a person or people can make in terms of

creating or changing an ethos within a school.

> *''There are pockets of excellence, it can inform how a school operate certainly at a SENCo, deputy head or head level. You can sense when you walk into a school whether there is awareness within that school about mental health and wellbeing, you can feel it its palpable in some schools''* (CAMHS 1)

The subordinate theme Best Interests at Heart emerged. There was a

perception that people work with young people because they have a

drive and passion to help them to succeeded and be happy. There was a

perception that despite professionals having this at the core of their work,

differences in opinion act as a barrier to holistic support.

> *''It makes me feel quite sad when we are fighting against each other when actually all we all want for the young person is the best thing.''* (CAMHS 5)

Subthemes within the core theme: Roles

Within this, Proactive Working, emerged as an exclusive subtheme. The

lack of time and resources for proactive working was a key point of

discussion. There was a sense that the work has become crisis driven and their role within preventative work is no longer a priority. There was a sense of disappointment and disdain that the current strain on the systems has resulted in this.

''This peak has been so crisis driven in the last couple of years, we're all focussing on the crisis end and we forgot about the early help stuff which is essential'' (CAMHS 5)

Privatisation was another subtheme that emerged. The perception that privatisation of services has been problematic and has had a negative impact on the support they feel they can provide was apparent.

''The biggest problem that has happened to us in mental health is the purchase provider split, you've got people buying mental health services who don't understand the complexities of it'' (CAMHS 2)

Within this, sub-subordinate themes of Lost knowledge and Reduced Contact emerged. CAMHS participants felt that incidental conversations which were perceived to happen prior to privatisation are now missed, negatively impacting on support and knowledge.

''Some very useful advice and insight gets lost'' (CAMHS 1)

''I have less contact with EPs because the time allocated means they are attending less meetings and within that you lose the sorts of '' oh I've picked up one of yours, any thoughts on this or that'' those little chats that are helpful.'' (CAMHS 1)

Confidence with the sub-subordinate theme of Empowerment emerged. Evidence suggests that there is a perception that schools in particular lack confidence dealing with adolescent mental health. This is despite a perception that schools have the skills and knowledge to be able to support young people with their mental health needs. There was evidence of a perception schools need services to empower them to realise their own skills.

'*'You go into a school and they say we need specialist help, actually you don't you're already doing it, I'm not going to do anything else. I might say 'well done, keep doing it' but there's not this magic formula''* (CAMHS1)

'*'For me the collaborative bit is as much about empowering and acknowledging that it's a tough job''* (CAMHS 1)

<u>Subthemes within the core theme</u> Role of Schools

Within this, exclusive subthemes were; Everybody's Role, Ownership and Interventions with the sub-subordinate theme Early Help. There was a perception that mental health has unintentionally become a specialist area. It was perceived by CAMHS participants that mental health should be part of everybody's role in the same way safeguarding has been over the past few years.

''There's that bit about mental health being everyone's business'' ….. ''I think we've got into a bit of a habit of looking at mental ill health as a specialist thing that only specialists can deal with'' (CAMHS 4)

Within this theme and within the subthemes Difficulties, an exclusive sub-subtheme Inconsistency emerged. There was evidently some frustration within the CAMHS group that inconsistencies between schools, particularly at the point of transition, can exacerbate a young person's difficulties.

> ''I often find that you might be quite a nurturing primary school but then the secondary setting is so different, I'm not sure all secondary schools accept that…. the kind of link between the primary and the secondary whether the primary are doing too much and need to flag difficulties earlier or secondary schools aren't doing enough hits hard'' (CAMHS 4)

Schools

Within the theme Roles, subthemes exclusive to the schools group Ownership and Collaboration emerged. Within the theme Role of Schools, exclusive subthemes emerged, these were; Capacity, Understanding with the sub-subthemes Raising Awareness and Relationships. In addition, still within this theme the subtheme Priorities emerged with the sub-subthemes Attainment and Teaching.

Subthemes within the core theme: Role of schools

Capacity emerged from within this, there were perceived issues relating to capacity. They discussed the desire to be able to do more to support young people's mental health needs being impacted upon by other priorities within the school environment such as attainment, compounded by the pressure to gain results. Within the perceptions of one's roles

here, some placed a higher importance on supporting mental health needs than others.

> *''I've got a teaching commitment they cannot just come to my door whenever they are feeling low''* (School 2)

> *''I think we need to take some steps forward in terms of making mental health more of a priority''* (School 4)

<u>EPs</u>

Within Roles, exclusive subthemes and sub-subthemes emerged these were; Autonomy and Understanding of others' roles. Within Role of Schools exclusive subthemes were; Time Spent at School, Duty of Care with the sub-subtheme Referring and Systemic Issues with the sub-subthemes Approaches and Training and Understanding.

<u>Subthemes within the core theme: Roles</u>

Within the theme Roles, the subthemes Autonomy and Understanding of Others' Roles emerged. The theme Autonomy is interesting, particularly in light of the evidence that EPs have least in common thematically with the other groups in their perceptions of roles. Within this the concept of professional identity arose.

> *''How do you defend your own professional identity and how do you engage with others?''* (EP 5)

''Eventually what happens is you begin to get professional hybrids and that's what you need in a multiagency team and to do that you need to be confident about your own professional domain, open to traversing others' and having yours traversed'' (EP5)

<u>Subthemes within the core theme</u> <u>Role of schools</u>

Within the theme Role of Schools, exclusive subthemes were; Time Spent at School, Duty of Care with a sub-subtheme Referring. Systemic Issues with the sub-subthemes Approaches and Training and Understanding.

The evidence suggests that EPs perceive that schools should be taking a more holistic view of supporting the child. EPs perceive that school staff are in a position to take on more of a key role in support due to the amount of time young people spend at school.

''Young people are at school for a lot of their life so school should reflect all aspects of them as a human being not just their cognition'' (EP4)

The perception that all professionals within the system have a duty of care to the young people they work with was evident, as was the need for appropriate referrals. The need to support schools to make referrals was evidenced during analysis. Systemic issues was another subtheme that emerged within this group.

''Is a school a building or is a school the staff and actually when you can do all the training in the world, then half the staff could leave, it has to be a real

systemic and systematic ongoing commitment to staffing and staff knowledge''
(EP1)

''You always get those teachers who don't tend to quite get it and they are using old school approaches which increase anxiety and lead to things deteriorating'' (EP 2)

''A lot of good work can happen there if the school staff are sufficiently trained'' (EP3)

4:1:3. Findings for research question 3. *How do professionals view collaborative practices and challenges over adolescent mental health problems?*

From the analysis for research question three, within the CAMHS group three core themes, seven subordinate themes and seven sub-subthemes emerged. From the EP group, three core themes, seven sub themes and three sub-subthemes emerged. Within the Schools group four core themes and thirteen subthemes and two sub-subthemes emerged (See tables 11, 12 & 13). In addition, further analysis was conducted in order to ascertain which of these themes were common and different across these professional groups. The results of these analyses are reported below.

Table 11: Core and Subordinate Themes: CAMHS Participants (RQ3)

CAMHS		
Theme	**subtheme**	**Sub-subtheme**
Understanding	Shared Understanding	Privatisation
	Relationships	
Difficulties	Communication	
	Time Constraints	
	Capacity	
Collaboration	Key People	Families
	Difficulties	Pressures
		Limited Resources
		Conformity
		Funding
		Paperwork

Table 12: Core and Subordinate Themes: EP Participants (RQ3)

Eps		
Theme	**Subtheme**	**Sub-subtheme**
Understanding	Shared Understanding	Shared Language
		Models
		Mixed Messages
	Relationships	
Difficulties	Capacity	
	Thresholds	
	Time Constraints	
	Understanding Other Systems	
Collaboration	Relationships	
	Need for Supervision	

Table 13: Core and Subordinate Themes: School Participants.

Schools		
Theme	**Subtheme**	**Sub-subtheme**
Understanding	Shared Understanding	
	Expectations	
	Relationships	
Difficulties	Thresholds	
	Reaching Crisis Point	
	Time Constraints	
	Capacity	
	Understanding Other Systems	
Inconsistency	Information and Skill Sharing	
	Communication Difficulties	
	Departmentalism	
Collaboration	Strengths	
	Difficulties	Availability
		Limited Resources

Common themes: All professional groups

From analysis three core themes which were common across the three

professional groups emerged, these were; Understanding from which,

through further analysis, two common subthemes emerged, these were;

Shared Understanding and Relationships. The second common core

theme was Difficulties with the subthemes Capacity and Time Constraints. The third common core theme to emerge was Collaboration.

Theme 1: Understanding

From the analysis there was a perception that on an individual level professionals have a good understanding, however, systemically it was suggested that the agencies may not show the same level of understanding. There was agreement across services that there are inconsistencies within services in terms of a level of understanding concerning adolescent mental health.

> *''I think it depends more on the individual within the agency very often rather than the agency itself we have some people who work amazingly, there are some individuals or the agency itself who think if we put this young person into CAMHS everything is going to be alright and often that isn't what the young person needs''* (CAMHS 3)

The common subtheme, Shared Understanding emerged. There was evidence of a perceived shared understanding on an individual level, but not a systemic level. Evidence suggests perceived barriers within this concerning the understanding of roles, more specifically the roles in supporting the young person. This could be argued to have a negative impact on the support and care that young people receive and arguably be seen as a fault line within multiagency working.

> *'*	*'Shared understanding? On an individual level I would say yes there is but on a corporate level I would say there isn't''* (CAMHS 1)

>*''I think with people on the ground there is very much a shared understanding of the Issue''* (School 4)

>*''I think there are shared understandings, I think the tricky point comes in regard to our roles in that''* (EP 1)

The subtheme of Relationships emerged here. Across all professions when discussing the concept of understanding the importance of relationships was evident.

>*''It's about developing good relationships and working out how we understand the constraints that each professional group has and work with that''* (EP 1)

Theme 2: Difficulties

Within this there was evidence of the frustration that professionals feel due to the difficulties they face relating to collaborative working. Common subthemes, Time Constraints and Capacity emerged. There was evidently a desire and will to be able to work effectively within a multiagency approach, however, the logistics of limited time, resources and capacity were widely discussed by all.

>*''It's a big problem, it is very hard to get collaboration with CAMHS especially, I know that's not a person's fault that is just the result of the system. It is highly frustrating.''* (School 4)

>*''There doesn't seem to be a lot of joint working and intervention anymore, they just don't have the capacity''* (EP1)

''That overwhelming sense of too much going on, too much to do, where do you find the time to do it'' (CAMHS 1)

Theme 3: Collaboration

All three groups discussed collaboration, both positive and negative aspects of collaborative working and the inherent difficulties.

''Everybody is really important in making a change for that child…. it can be really good but it can also be really poor, which is a shame'' (CAMHS 6)

''Where there is a will, capacity and understanding of others roles that there is nothing that can't be tackled but you have to have all three if one of those is missing then collaborative working breaks down'' (EP 1)

''I think based on some of the disparities in the perceptions of mental health and how its supported, collaboration is probably the most important element but I think it's also one of the biggest challenges'' (EP 2)

Common themes between two professional groups

Schools and CAMHS

Within these two professional groups there were no common core themes that emerged, however, within core theme Collaboration the subtheme Difficulties with Collaboration emerged, and within this the common sub-subtheme Limited resources.

<u>Subthemes within the common core theme:</u> Collaboration

Difficulties with Collaboration with the sub-subtheme Limited Resources

emerged, an awareness of the difficulties faced was evident.

> *''Big problem, it is very hard to get collaboration with CAMHS especially, I know that's not a person's fault that is just the result of the system. It is highly frustrating.''* (School 4)

> *''It's not so much that the collaborative bit isn't working but I think it's an overall difficulty that we have now with lack of support and depleting resources''* (CAMHS 1)

> *''Pressures are around the limited and decreasing resources available''* (CAMHS 1)

<u>CAMHS and EPs</u>

No common core or subthemes exclusive to these two groups emerged.

Collaboration was a core theme common to all three groups, however,

interestingly, between these two groups, within this core theme all

subthemes differed. There was a shared perception that collaboration

should be happening and that it is an important aspect of supporting

young people with their mental health needs, however, that there are

significant challenges to making it happen was evident through the lack

of common subthemes within this theme.

<u>EPs and Schools</u>

Within the common theme Difficulties, common subthemes of Thresholds

and Understanding Others Systems emerged.

<u>Subthemes within the core theme:</u> Difficulties

Within this, Thresholds emerged as a common subtheme. The frustration with thresholds was evident from analysis. The understanding of CAMHS thresholds, from the point of view of schools and EPs, was in contrast to CAMHS perceptions of their thresholds. The evidence from analysis showed stark differences between these two groups and the CAMHS group in regard to the perception of the seriousness of the need.

> *''There is a tension that when we recognise that a young person has got considerable needs that the school is struggling to meet and I feel I have done all I can do, they seem to be still way under meeting a threshold for CAMHS''* (EP 4)

The subtheme Understanding Others' Systems emerged. Again, there was evident frustration concerning the differences in perceptions and the misunderstanding of each-others roles. This could be argued to be a key barrier in regard to effective multiagency working across these professional groups.

> *'It's made me realise that they misunderstand our role and don't think our role is what we think it is and when I have explained our role they have not been very receptive to it which has been an interesting experience, being told get back in your box and do an IQ test''* (EP 4)

> *''CAMHS don't understand the pressures of the education system as well, whereas in education we have had a lot of input and training to some degree on the impact that mental health can have''* (School 2).

<u>Exclusive themes</u>

Alongside the themes which were common, within each group core themes and subthemes exclusive to one group emerged. Although some of the core themes were common across two or three professional groups some subthemes within these common themes differed. Themes and subthemes that are exclusive to a single agency are reported below.

<u>CAMHS</u>

There were no exclusive core themes within this group, however, through further analysis exclusive sub and sub-subthemes within common core themes emerged. Within the theme Understanding this was; Privatisation. Within the core theme Difficulties, the exclusive sub theme Communication emerged. In the core theme Collaboration, exclusive subthemes were; Key People with the sub-subtheme Families. Also within the core theme Collaboration and the subtheme Difficulties with Collaboration, exclusive sub-subthemes that emerged were Pressures, Conformity, Funding and Paperwork.

Theme 1: <u>Understanding</u>

Within the subtheme Shared Understanding the sub-subtheme of Privatisation emerged. There was evidence of a perception from CAMHS that the privatisation of services posed a barrier to the shared understanding that is integral to effective collaboration.

"Not that they don't care about the young person but they have got this other set of objectives going on because of the organisation that they are in and that makes it very difficult for them" (CAMHS 3)

<u>Subthemes within the core theme: Collaboration</u>

Exclusive subthemes were; Key People with the sub-subtheme Families. Only this group spoke of families in regards to collaborative working whereas others spoke more about professionals collaborating. From this it could be argued that more emphasis is placed upon collaboration with families within the CAMHS systems.

Within this theme and the subtheme Difficulties with collaboration, exclusive sub-subthemes emerged these were; Pressures, Conformity, Funding and Paperwork. The perception that the pressures that services are under are posing a barrier to collaborative working was evident in the CAMHS group and the impact that has on the support given to the young person.

"Sometimes, because we are all rushing around we forget the heart of what collaborating is and we are getting a lot of agencies getting defensive saying 'it's not us' and the young person gets left floundering" (CAMHS 5)

Within the sub-subtheme Paperwork, there was evidence of a frustration in regards to the systems put in place, systems with the aim of aiding multiagency working are evidently felt to have had the opposite effect.

''Everybody feels they don't have time to do the piece of paperwork, it never gets opened and that piece of collaboration never happens. Its things like that that are creating barriers'' (CAMHS 5)

Within this the sub-subtheme Conformity emerged. The concept that by following a set of rules and boundaries put in place by systems, the creative aspects of collaboration are lost.

''Could have been foreshortened and a lot cheaper, if you've been a bit more flexible and imaginative about it'' (CAMHS 4)

''Increased expectation of conformity as much as anything else'' (CAMHS 1)

Funding was another sub-subtheme to emerge. The frustrations concerning funding and the impact on collaborative working were evident.

''The other thing that really gets in the way of collaborative working is a lack of funding'' (CAMHS 2)

''At the moment its difficult water, we are in difficult times because a lot of our universal services have been cut'' (CAMHS 5)

Schools

One exclusive core theme within the schools group emerged; Inconsistency with the subthemes Information and Skill Hharing, Departmentalism and Communication Difficulties. In addition, within common core themes, exclusive subthemes emerged. Within

Collaboration, the subtheme Strengths emerged and within Difficulties with Collaboration the sub themes Availability and Capacity emerged. Within Understanding the sub theme Expectations emerged. Within Difficulties, Reaching Crisis Point emerged.

Theme 1: Inconsistency

Perceived inconsistencies in the support that is given was evident within the school group, different people within services and inconsistencies in messages given to young people from different services.

> *''Giving a consistent message to the student, to think that they will get the support and things will improve and everyone is there for them instead of tugging at the in different directions''* (School 1)

Information and Skills Sharing emerged as a subtheme. There was a sense that effective collaboration should mean skills and information are shared to ensure the best support, however, there is a perception that this is not happening currently.

> *''Sharing good practice, resources, looking at alternative methods also having an eye into what's going on in different schools. We would all like to be talking to each-others all the time, what's working but we don't necessarily always have the time to do that''* (School 4)

Another subtheme that emerged was Departmentalism, and the difficulties that this causes was discussed.

> *''I think we've lost sight of the young person and gone into our own processes and procedures you can go to a TAC meeting for instance and health will have an agenda, schools with have an agenda, you know, GPs never come to TACs, the parents have another agenda, and the young person will have another agenda and actually everyone's fighting their own ideas their own bit''* (School 4)

A further subtheme was Communication Difficulties, the feeling that schools are subject to a lack of communication with regards to working collaboratively was discussed.

> *'There's no feedback to us because MASH have trumped the school so social services are involved we don't get asked to meetings you know there's a lot of missed communication''* (School 1)

Subthemes within the theme: Understanding

The subtheme Expectations emerged from within this theme. The perception that there are difficulties with understanding was common across the groups, however, the concept that this is because of unmet expectations was evident within the schools group in particular.

> *''Some of it I get is because we have an assumption and expectation that they can't meet''* (School 1).

Subthemes within the common core theme: Difficulties

Reaching Crisis Point emerged as a subtheme. The perception that young people have to reach crisis point before they reach threshold for support was discussed across other groups, however, within the schools group this was much more widely discussed. This could be argued to

evidence divergent thinking across the groups concerning an understanding of what constitutes 'crisis point' in regard to adolescent mental health needs.

> *''You've got to be in crisis and then some, you've got to prove you're in crisis then so that's the frustration''* (School 1)

Theme 4: Collaboration

The subtheme Strengths emerged. The schools group were the only group to discuss strengths of collaborative working at length. It could be argued that this is because schools are often more confident with supporting adolescent mental health when working with the support of outside services such as EPs or CAMHS.

> *''I think it allows you to gain more experience quickly, it allows you to support the young person in a way that is collaborative not just school, share strategies offer support, I think that is crucial''* (School 3)

The subtheme Availability also emerged. The perceived difficulties of collaborating with professionals from EP and CAMHS was evidently a frustration for schools.

> *''Getting people here, getting people involved, getting people at meetings, to even talk on the phone about a young person is really hard''* (School 4)

The subtheme Capacity also emerged. The lack of capacity and the difficult impact that has on the ability schools feel they have to support

adolescent mental health was clear.

> *''The work load, to prove the young person has a mental health issue or mental health diagnosis is massive, we don't have the capacity to do that''* (School 1)

<u>EPs</u>

Within the common theme of Understanding and the subtheme Shared Understanding, exclusive sub-sub themes were; Shared language, Models and Mixed messages. In addition, within the common core theme Collaboration, exclusive subthemes Relationships and Need for Supervision emerged.

Theme 1: Understanding

The concept of a Shared Language around adolescent mental health emerged within this theme. There was a sense that a shared language, agreed upon across services would be beneficial. This group perceived the currently lack of shared language poses a significant barrier to effective joint working.

> *''The barriers probably of language and expectation''* (EP 4)

The Models from which different professionals work was perceived to create additional barriers to collaboration and understanding. The idea that there is a particular way of working with young people based on a medical or environmental model rather than a more holistic approach was discussed within the EP group exclusively, arguably suggesting that EPs are perhaps the most open to working across these models.

''There are certain environments that are more likely to give rise to mental health difficulties. I think the education system probably see that slightly different to the medical profession and that is a difficulty for a shared way of working and understanding'' (EP 2)

The sub-subtheme Mixed Messages also emerged. The messages that are given to parents, young people and schools from the professionals involved was discussed. The difficulties schools in particular face when they are receiving different messages from different services in regards to strategies and advice was discussed.

''Thinking about a shared understanding, if we are giving different messages to schools then maybe we are expecting lot of them to have a clear perspective and approach. I think to have almost to have an (area) wide strategy for mental health which has an agreed way of looking at it which incorporates the views of EPs with CAMHS and with other professionals'' (EP2)

Subthemes within the core theme: Collaboration

Relationships and understanding the constraints of other professional groups and respecting their roles and the difficulties they experience was an important sub theme within this core theme. Need for Supervision was a subtheme exclusive to this group, the perception that good supervision can have a significantly positive impact, to not just collaborative working but in the support given to young people with mental health needs became evident.

''Supervision, I think it would be first of all safe, secondly ethical, thirdly respectful, fourthly competence and confidence, you know have a major impact'' (EP5).

4:2. <u>Part 2 Findings</u>

In this section the findings from part two will be reported. The overall aim of part two was to explore collaboration and joint problem solving around adolescent mental health. Exploring how different professionals work together in approaching and making sense of adolescent mental health problems.

<u>Table 14: Comparative Themes Across Groups; Common and Specific Themes, Subthemes and Sub-subthemes for All Groups.</u>

Themes	Sub themes	Sub-subthemes	Multi Agency group	CAMHS group	EP group	Schools group
Themes common across all groups (sub themes may be common across all, three or two groups or specific to one group)						
Desired outcomes			x	x	X	x
	Understanding		x	x	x	x
	Feeling Safe and Happy		x	x	x	x
	Inclusion		x	x		
	Engagement		x			
	Reduced Risk of Exclusion		x			
	Improved communication		x			
	Plan			x		
	Reduced Risk of Self-harm			x		
	Good Attendance				x	
	Build Resilience					x
Themes Common between three groups (subthemes may be specific to one group)						
Multiagency working			x	x	x	
	Communication		x		x	
	Holistic Support			x		
	Departmentalism		x			
		Disconnect	x			
	Lack of Information		x			
	Inconsistency				x	
	Understanding				x	
	Training				x	
Relationships			x	x	x	

	With Families			x			
	With the Young Person			x			
Themes Common across two groups (subthemes may be specific to one group)						
Young Person's Involvement				x	x		
	Young Person's voice			x	x		
	Being Done to Not With			x			
	Blame			x			
	Understanding				x		
Strategies				x	x		
	Managed Move			x	x		
	Break From the Young Person		x				
	Unhelpful Strategies			x			
		Inconsistency	x			
		Blame	x			
Resources				x			x
	Time			x			
	Gaps in Provision			x			
Need For Further Information					x	x	
Interventions						x	x
	Confidence					x	
	Skills Based Approach					x	
	Based on Individual Needs						x
Themes specific to one group						
Labelling Vs Systemic Thinking				x			
Protective Factors				x			
	Strengths			x			
	Feeling Successful			x			
	Feeling Safe			x			
Learned Behaviours				x			
	Family Views			x			
Engagement				x			
	Building an Understanding			x			
Lack of Resources					x		
Parents					x		
Concerns						x	
	Agendas					x	
	Systemic Issues					x	

Joined Up Thinking						x
Access to Support						x
	Time Issues / Waiting Lists					x
Pressure on Schools and Services						x
Inconsistency						x
	Difference in provision					x

4:2:1. Findings for research question 1: *To what extent are there common- different approaches towards problem solving around adolescent mental health?*

Common Themes across All Groups

There was only one theme that emerged across all groups, this was the theme Desired Outcomes with the common subthemes Understanding and Feeling Safe and Happy.

Theme 1: Desired Outcomes

The emergence of this theme and subthemes across all groups, may suggest that across these three professional groups a common goal is to build an understanding of the individual in cases and work towards helping young people to feel safe and enable them to feel more positive in terms of their wellbeing and ultimately feel happier.

Understanding

Although this subtheme emerged from within all groups, it did differ somewhat between groups. Within the single agency groups the focus was on building an understanding, helping the young person develop their own understanding of their needs and building peer understanding.

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''About building skills that they can actually understand their own anxiety and how to manage it themselves'' (EP)

''Find ways we can deal with them, we all have bad days we all have little niggles but as long as you can find coping strategies'' (School)

''Teach other young people to be tolerant and understanding'' (CAMHS)

Within the Multiagency group a focus on building a shared understanding across professionals and parents was evident. I would argue that this clearly evidences how thinking around issues is developed and furthered within the multiagency groups.

''That shared understanding not just him but his parents and the staff it's everyone involved having an understanding'' (Multiagency)

Feeling Happy and Safe

The desired outcome of feeling happy and safe emerged across all groups. Interestingly the idea of being happy *and* safe were often thought of together, this may suggest that these groups feel that happiness and feeling safe are mutually exclusive.

''That he is happy…for me the desired outcome would be for this young person to feel safe whether that's at home or school or both'' (Multiagency)

'*''That he would feel safer and happier''* (CAMHS)

''My outcomes would be that she's happy to come to school'' (EP)

''To get them happy and well, we need to get rid of the anxiety and make her feel safe'' (School)

Common themes across multiple groups

There were two themes that were common across multiple groups. These were; Multiagency Working and Relationships. These emerged from within the CAMHS, EP and Multiagency groups. These are reported below.

Themes common between CAMHS, EP and Multiagency groups.

Theme 1: Multiagency Working

From the group discussions the positive aspects of joint working were discussed. However, a discourse emerged concerning a weak link in the multiagency approach, regarding a disconnect when agencies are involved, but not working jointly. Where in potentially important aspects of the case are being missed. The idea of joint assessments was discussed as a way to potentially circumvent this difficulty. The idea of building information around the case through reading other professional reports and joint assessments, where possible was discussed as a way to guide assessment.

> *''Despite what appears on the face of it to be a multiagency input, it's not clear what that input is, things have continued to deteriorate so it makes me feel like potentially something is being missed''* (EP)

> *''That could be helpful to do a joint assessment or if there is a report that to help influence how we approach this young person's partnership''* (CAMHS)

The school group did not discuss multiagency working, which was interesting considering their discussions concerning their need to have outside agencies to support them.

Themes 2: Relationships

The importance of relationships emerged from these three groups. The groups' response to the vignette was to identify where relationships could be built and the impact that those relationships could have on re-engagement. The schools group did not identify relationships as a key point to discuss within the group. Where the theme Relationships emerged as a theme within the Multiagency groups, the theme was discussed in more depth (See RQ3)

> *''It's about that relationship, having that one person in school who they genuinely trust and have a good relationship with so at least once a day they have a conversation that is affirming and supportive'' (EP)*

> *''She said 'I really get on with that pupil coach and actually if they were able to meet me I could phase in' '' (CAMHS)*

Themes common across two groups

There were more commonalities in the way in which CAMHS group and the EP group explored the problem than the school group and EP group or the schools group and CAMHS group. There was only one common theme between the EP group and School group and no common themes between the school group and CAMHS group. Themes are reported below.

Themes common between EP and School group discussions

One common theme emerged from discussions, this was Interventions. This is reported below.

Theme 1: Interventions

Within this theme there were similarities and differences in what was discussed, e.g. both groups discussed specific interventions such as CBT approaches, however, the school group talked about interventions more anecdotally whereas EPs discussed the interventions more generally. In addition, within this theme, subthemes differed between these two groups (discussed later).

''Good evidence based approaches for supporting anxiety we know CBT, mindfulness type stuff'' (EP)

''Our year 9's were doing a CBT course in their PSHE class, which we will roll it out to the rest of the school'' (school)

Themes Common between EP and CAMHS Group Discussions

Only one theme common to these two groups only emerged, Need for More Information. These two groups also had three other common themes which were also common with other groups, Relationships and Multiagency working, and Desired Outcomes (see above).

Theme 1: Need for More Information

The CAMHS group discussed the need for more information as often being the reality of situations. That this is common between these two groups and not the schools group is likely to be linked to the way in which EP and CAMHS professionals differ from school staff in the way in

which they work generally, as they tend to gather information and schools are often then the recipient of this.

> *''I feel I would want to get to know her a bit through the school and talk with parents and other professionals''* (CAMHS)

Themes common between CAMHS and School group discussions

There were no common themes that emerged through discussions. From observation within the multiagency groups, however, participants from both these groups had many similar thoughts around the vignette. It could be argued that this finding further highlights the importance of facilitating joint working and joint thinking to further expand thinking concerning cases.

Themes from single agency group discussions

There were more themes that were exclusive to groups than were common in regards to their exploration of the problem presented. Each group appeared to explore the problem and generate ideas differently. Different aspects of the problem presented were focussed on. A break-down of the themes for each professional group follows.

Themes exclusive to EP group discussions

The EP group had more core themes in common with other groups than were exclusive to their own group. Within these common core themes, however, there were subthemes exclusive to the EP group that emerged. There was only one core theme exclusive to the EP group that emerged through discussion. Themes and subthemes are reported below.

Theme 1: Concerns

Concerns was the only core theme that emerged, within this the subthemes Agendas and Systemic Issues emerged. Unlike the other groups the EP group set out the concerns during initial discussions, and discussions thereafter were somewhat guided by these. In addition, the EP group considered the wider environment, this differed from the other groups who focussed more on the concerns regarding the presenting behaviour.

Within this the subtheme Agendas emerged. The EP group discussed the wider environment and spent time thinking about reasons for the request from a school point of view and where that was arising from.

> *''Concerned about the schools request for an EHCP, I would be concerned about what the agenda is behind that and whether that is essentially railroading the child into some sort of alternative provision or whether they have got a clear plan of what they would do with that EHCP''*

The subtheme Systemic Issues emerged. The issues that may be maintaining the young person's anxiety and what could be done systemically to help manage it were explored. They were the only group to explore this in depth.

> *''There's systemic issues… what can we do to adapt then systems in school''* (EP1)

> *''Think from my experience parents of anxious young people are nearly always anxious themselves'' (EP3)*

In addition to the exclusive core theme that emerged from within the EP group, there were exclusive subthemes that emerged from within themes common with other groups. These are reported below.

Subthemes within the core theme Multiagency Working

Within the common core theme Multiagency Working, exclusive subthemes were Training, Understanding and Inconsistency.

Training

The EP group spent time thinking around the training they are able to provide in order to support schools.

> *''I have introduced the idea that the school have training from me about anxiety, what anxiety is and what they can do to support an anxious young person''* (EP)

Understanding,

Developing an understanding through EP practice was discussed. An understanding of cases and issues generally and an understanding of roles and appropriateness of referrals. It is perhaps understandable that the school group did not discuss this, however, this was not discussed within the CAMHS group, even though within part one it emerged that CAMHS professionals acknowledged that referrers do not always have a good understanding of the referral process or thresholds and therefore the appropriateness of referrals.

> *''The majority of us are good at giving difficult messages, some of the stuff around mental health can be hard to hear and to be able to talk openly and frankly about stuff like self-harm is a really difficult thing to do. I feel like as a professional group we probably get that right''* (EP)

> *''I think it's an issue where sometimes schools feel pressure to get professionals in regardless of the relevance of them just to say we have done something''* (EP)

Inconsistency

The group spoke about the different messages given by different professionals and how this can feel inconsistent and disjointed and not the most effective way of helping. This was discussed by other groups, and this had emerged within part one, however, in part two it emerged from the EP group only.

> *''They are juggling different advice from different professionals and then start ranking which professionals are most professional, which I think doesn't really make much sense because it isn't effective, were not working together everyone's separate just sending in report and some of them will agree and some of them won't''* (EP)

Subthemes within the core theme Interventions

With the common core theme **Interventions,** exclusive subthemes emerged these were; Confidence and Skills Based Approaches

Confidence

The idea of building confidence in school staff emerged as a role the EP group see for themselves. Again, the EP group appeared to be thinking more systemically around the case.

''I think one of our primary roles has to be in increasing staff confidence'' (EP)

Skills based approach

The EP group discussed support based on the positives and strengths of the young person, and looking at what skills could be developed through intervention.

> *'' I think it's really relevant in terms of having a skills based approach to it, are there skills that this young person needs to develop''* (EP)

Subthemes within the core theme Desired Outcomes

Within the core theme Desired Outcomes, an exclusive subtheme was Good Attendance.

Good Attendance

In comparison to the CAMHS group in particular, attendance appeared more important as an outcome to the EP group. I would argue that this is a key difference, it could be argued that this is evidence of divergent thinking which could cause difficulties in joint working. This is arguably linked to the subtheme inconsistency discussed previously. In comparison, when thinking about attendance the CAMHS group discussed this in terms of whether attendance is appropriate, rather than quantitatively 'good.

> *''I would expect them to be able to attend, to be in regular good attendance''* (EP)

> *''Better attendance, if that's appropriate for her to be at that school''* (CAMHS)

Themes exclusive to CAMHS group discussions

The CAMHS group also had more core themes in common with other groups than were exclusive to their own group. Within these common core themes, however, subthemes exclusive to the CAMHS group emerged. There were two core themes exclusive to the CAMHS, these were; Lack of Resources and Parents. These are reported below

Theme 1: Lack of resources

The theme Lack of Resources emerged only within the CAMHS group, interestingly within the other groups the participants focused more on what could be provided with the resources available. The CAMHS group

discussed the frustrations at the lack of resources. Arguably this suggests that this may have more of an impact on what CAMHS professionals feel they can do to support young people.

> *''That goes back to the resource thing, potentially what we are saying is that she needs an individualised patient specific care package that looks at her education, health, family, social, physical health needs, whoever needs to be involved can be involved but it comes down again to resources, money, funding, thresholds''* (CAMHS).

Theme 4: Parents

The CAMHS group were the only group to focus on the parental needs, which I would argue is interesting considering parents are often thought of as key stakeholders, certainly in terms of EP practice and as most professionals are aware parental attitudes often influence a young person's thoughts in terms of engagement.

> *''It highlights from the family perspective where they think the difficulty is and so it's much more client lead''* (CAMHS)

> *''I wonder how parents are feeling''* (CAMHS)

In addition to the exclusive core themes that emerged, there were exclusive subthemes that emerged from within core themes common with other groups. These are reported below.

Subthemes within the core theme Multiagency Working

Within the core theme Multiagency Working, an exclusive subtheme was Holistic Support.

Holistic Support

Within the discussions, all groups alluded to holistic support, however, only the CAMHS group discussed it explicitly.

> *''That's what I really like about the new team around the family assessment paper work because it puts responsibility back on everyone, it is holistic''* (CAMHS)

Subthemes within the core theme Young Person's Involvement

Within this which was common to the CAMHS group and the Multiagency groups (see research question 3 for details), an exclusive subtheme emerged, which was; Understanding.

Understanding

The CAMHS group discussed this in terms of building an understanding about the young person's needs through involvement from the young person and understanding it from their perspective.

> *''It's important to acknowledge that and say if we could make it different and help it to be different for you we would''* (CAMHS)

Subthemes within the core theme Desired Outcomes

Within this exclusive subthemes were; Plan and Reduced Risk of Self Harm.

Plan

The CAMHS group expressed that a desired outcome would be to have a robust plan that works for the young person. Within this, they did not discuss a plan in regards to the young person's context of school or home, rather they focussed solely on the young person.

"To have a good plan that works to the benefit of the young person and meets her needs" (CAMHS)

Reduced Risk of Self Harm

Within the CAMHS group, there was more of a focus on reducing the presenting behaviours. This could be attributed to how this group works and the problems that they deal with on a more regular basis than the other two groups.

"Make sure she's not self-harming more" (CAMHS)

Themes Exclusive to School Group Discussions

The schools group had the most exclusive themes and the least in common with the other groups. One explanation for this could be that schools experience difficulties more directly than the other two groups who sit outside of the 'problem'. There were four exclusive core themes that emerged within the school group, these were: Joined Up Thinking, Access to Support, with the subthemes Time Issues/ Waiting Lists and Crisis Point. Pressure on Schools and Services and Inconsistency with the subtheme Difference in Provision

Theme 1: Joined up Thinking

The group expressed that it makes sense to work in this way around cases. This theme may have emerged for the schools group in particular, due to their levels of confidence in regards to making decisions around adolescent mental health, they often feel the need for outside support, arguably having their thinking validated is somewhat more important for this group.

''It's that joined up thinking, it is so important that we are talking to CAMHS and CAMHS are talking to us… it just makes a bit of sense'' (School)

Theme 2: Access to Support

Access to services is known to be a barrier and frustration that schools encounter often. They discussed the difficulties in gaining access to services, however, they also discussed that once they do have access the support they get is very good.

''When you can get hold of someone they are pretty amazing but they are inundated aren't they it's not their fault'' (School)

''What I would like, once I have made contact with the CAMHS worker who is working with the young person, being able to access them'' (School)

Time Issues / Waiting Lists

The group discussed frustrations concerning the time it takes for a young person to be seen by professionals in services and the implications of this. It could be argued that this appears to be more of a frustration to this group in comparison to the other groups, where it was not discussed in the same depth.

''There is a 6 month wait and 6 months is not going to do them any favours'' (School)

Crisis Point.

The school group discussed the perception of the young person reaching crisis point before being able to access support. This subtheme links with the finding in part 1, the difficulties posed due to the divergent thinking around what constitutes crisis point for these different professions.

''We have got real crises going on'' (School)

Theme 3: Pressure on Schools and Services

This was discussed at length in the interviews in part 1. Only the schools group, however, discussed it at length in part 2. There was an understanding through discussions that everyone is under pressure.

*''They (services) are inundated aren't they, it's not their fault'' (*Schools)

''It is hard for the teacher if they haven't got a teaching assistant in class to leave 28/30 kids to go and deal with a child outside'' (Schools)

Theme 4: Inconsistency

School discussed frustrations around the inconsistency of professionals in services and the support that a young person might receive. They discussed frustrations at staff changes and the young person having to tell their 'story' multiple times to different professionals.

''Once you have that contact with CAMHS you are not talking to three different people and they are telling you different things all the time'' (School)

''Stick with the same person who knows the kid who knows their background who knows what has been put in place for them'' (School)

Differences in Provision

From comparison of participants within the same group but from different schools, it became apparent that there are different experiences of supporting mental health, which has resulted in differences in provision to support adolescent mental health.

''We do really need to look at for us like how we deal with children who have mental health issues, I don't think we have had enough cases in a sense for it to really scare us in order to put the measures in place'' (School)

In addition to the core themes that emerged from within the schools group that were exclusive to this group. There were subthemes exclusive to the schools group that emerged from within themes common with other groups. These are reported below.

Subthemes within the core theme Interventions

Within this an exclusive subtheme that emerged was Based on Individual Needs.

Based on Individual Needs

Arguably that this only emerged within the schools group is linked to the systemic related themes and subthemes that emerged from within the EP group. Schools, appeared to be thinking more on an individual basis whereas EPs focussed both on the individual and the context.

Subthemes within the Core Theme Desired Outcomes

Within this, the exclusive subtheme Building Resilience emerged.

Building resilience

Arguably this theme may have emerged due to the language used across the different professions. The word resilience is a commonly used word within education and a word that school staff use often. Whereas other participant groups, discussed this more implicitly, for example, when thinking about protective factors, from which a young person's resilience may be positively influenced.

4:2:2. Findings for research question 2: How do professionals from different professions work together in making sense of mental health cases?

There were many themes that emerged from analysis of discussions within the multiagency groups. Some themes, as reported elsewhere in this results section were common with one or more of the single agency groups, many more, however, emerged from within the multiagency groups only, suggesting the way in which this case was approached was evidently different when working in a multiagency group and thinking around these themes was evidenced to be expanded. There were different views which emerged within the multiagency groups, however, through some challenge of views and discussion around these often a consensus was arrived at, so where in the single agency groups there were some obvious differences in regards to thinking around the case, within the multiagency groups these differences did not so obviously emerge.

Multiagency groups themes

Theme 1: Labelling vs Systemic Thinking

Within the multiagency groups there was much discussion around labelling. There was a common consensus that seeking a label was not necessarily a positive strategy, and the danger of that label following that young person throughout their life and influencing their self-narrative. Given that this was a much discussed topic within these groups, it was interesting that the subject of labelling did not arise within the single agency groups.

> *''Not pathologising the child, how can we systemically support the family to get a better outcome for this young person''*

''It always makes me worry when parents are very focussed on a diagnosis because I always try to emphasise that it doesn't fix anything, giving a label isn't going to change anything''

''Challenging the behaviour label, not following him through his whole life because, and I guess that is the fear that you will then end up labelling something he cannot get away from and becomes a self-fulfilling prophecy''

Theme 2: Engagement

Engagement in the processes was an important topic of discussion within the multiagency groups, particularly re-engaging families. This was a topic discussed by all three multiagency groups and across all participants involved.

''I would be thinking about trying to reengage the family because that's coming from a systemic point of view''

Building an Understanding

Within the core theme Engagement, the subtheme Building an Understanding emerged. There was discussion around how helping the young person build an understanding of himself would impact on engagement. In addition, the groups discussed how developing a better understanding of the person's needs could improve engagement from the family and staff.

''To build that engagement.. I guess that is that shared understanding, not just him but his parents and the staff, everyone involved having an understanding of where the challenges are and also how they can support with the type of strategies that are useful for everyone, parents, him, staff''

Theme 3: Learned behaviours

Within the multiagency groups there were discussions centred on the home life. The groups discussed the difficulties faced in deciphering whether part of the presenting behaviour is influences by the home environment.

> *''It says that the father has mental health difficulties which maybe his behaviour has been similar to the young person who has been kicking off, the young person may be modelling that''*

Family views

Within the theme Learned Behaviours the subtheme Family Views emerged. There were differences within this theme, some professionals discussed this as the family views impacting negatively upon the young person's thinking around school. Others discussed this in regards to the difficulties the family are facing and them feeling side-lined or ignored and the difficulties that could cause in terms of engagement.

> *''I'm generalising, but parents act out their frustrations out in front of the young person don't they and that can impact their view of school''*

> *''We have got parents saying were not being heard''*

Theme 4: Protective Factors

The core theme Protective Factors, and within this the subthemes; Strengths, Feeling Successful and Feeling Safe emerged. Within the discussions around protective factors, different protective factors were introduced by different participants from different professions, however,

there was a consensus on each one and each factor was explored further by the groups as a whole.

Strengths

There was an agreement that the young person's strengths would be a key area to explore further as this would be an important aspect in planning to support the young person.

> *''I guess I am a bit interested in there doesn't seem to be anything about his strengths and what is getting him into school each day''*

> *''It sounds like everybody's very focussed on what is wrong and not what is right or at least ok''*

Feeling successful

There was agreement that success would be an important aspect of support. Discussions around how to build success into any support plans was common across the multiagency groups. There was further discussion concerning how this should be applied.

> *''That would mean staff would recognise his small successes, and make it real.. like 'I really like that question you have just asked me', being more mindful that that young person needs to be a little bit seen''*

Feeling safe

The concept of the young person feeling safe was discussed within the common core them Desired Outcomes in more detail. Within this core theme, however, feeling safe emerged as a perceived protective factor, which professionals within these groups agreed upon.

> *''I was about to pick up on that word safe, for this young person to feel safe whether that's at home or school or both I think both ideally wouldn't it''*

Subthemes Exclusive to Multiagency Groups within Common Core Themes

In addition to the core themes that emerged from within the multiagency groups only, there were core themes from the multiagency groups that were common with one or more of the single agency groups and within these there were subthemes that were exclusive to the multiagency groups (see table 14). These are reported below.

Subthemes within the core theme Young Person's Involvement

Within this, which was common between the multiagency groups and the CAMHS group, subthemes exclusive to the multiagency groups emerged, these were; Being Done To Not With and Blame.

Being Done To Not With

The idea that the young person is not involved enough emerged as a discussion point. Participants across professions agreed that this is often the case and despite a drive within these agencies to try and include the young person, it was felt that this often falls short of their expectation.

> ''Does he realise he is at risk of exclusion, it just seems like things have been done to him and discussed without him''

Blame

The idea that feelings of blame can hinder support was discussed within the groups. There was difference, some discussed this from the point of view of the young person, feeling that the young person is being blamed and some discussed this with regards to trying to avoid certain topics of discussion in cases that result in the perception of blame. In addition, they discussed the perception that the avoidance of blame potentially lead the family to pursue a particular diagnosis and label.

> ''Parents are trying to squeeze it to be johns fault and not anybody else's fault''

> ''They were like 'there must be something wrong with him' and it is clearly an avoidant attachment you know but they don't want to be seen as they have done wrong it's got to be about get a diagnosis''

Subthemes within the Core Theme Relationships.

Within this, exclusive subthemes were; With Families and With the Young Person. Again, similarly to other common core themes, within the multiagency groups the thinking was extended to include the subthemes reported below.

With Families

Although this subthemes emerged, again there were some differences in the way in which this was explored. All participants discussed the importance of relationships in ensuring continued engagement, however, the CAMHS participants within the groups discussed their concerns with regards to relationships with the family breaking down when they could not give the diagnosis the family wanted or when their views around this

are challenged. This lead to discussion and consensus within the group that it is about cultivating relationships through trust and honesty.

> *''We are already on the back foot in terms of trying to meet, engagement and creating a positive relationship because you can't say ok then we will give you an ADHD diagnosis but there clearly set on their belief''*

With the Young Person

All the multiagency groups discussed the importance of the young person feeling they have positive relationships, and the potentially fragility of these relationships.

> *''I think very clearly that the person needs a relationship with somebody''*

> *''He will probably be aware of the fact that he is at risk of exclusion so that generates in itself a distrust of well you are just looking for a reason to throw me out so why should I talk to you''*

Subthemes within the core theme Strategies

Within this, exclusive subthemes were; Unhelpful Strategies with the sub-subthemes Inconsistency and Blame. These are reported below.

Within the multiagency groups there were discussions around general and specific strategies. There was challenge and disagreement within one of the multiagency groups as to the effectiveness of particular strategies.

> *''I know they use exit cards in schools, I'm not convinced about those''*

> *''I talk about them as you buy yourself a bit of time you think about what you are doing and then able to come back in but it's not a get out of jail free card.''*

> *''But that is what they are used as quite often''*

Unhelpful Strategies

The groups discussed strategies that are often used which they deemed as both inappropriate and unhelpful.

> *''Because a lot of the time sitting in a therapy room is not the right thing for them''*

> *''Essentially we are setting this young person up to fail aren't we, we are trying to squeeze this young person into a system that is not understood or supported by the parents on the whole'*

Inconsistency

Within the subtheme Unhelpful Strategies the sub-subthemes Inconsistency and Blame emerged. Within this theme participants discussed the differences in thinking within professions, between professions and across contexts, and the difficulties this can cause.

> *''You almost feel you're a little bit of a lone wolf in the classroom each lesson this child is going to the structure the expectations are likely to be very different and the way in which it is dealt with''*

> *''Some teachers would see a naughty boy and others might see beyond the behaviour''*

Blame

The multiagency groups discussed blame in regards to parents feeling blamed and the impact that has on the support and engagement. They also discussed feeling blamed as professionals.

> *''If I felt I was going to be judged I wouldn't want to come here because if my son hasn't got a diagnosis then either your wrong or I am and you're not going to say your wrong so it must be me''*

''I think people blame us usually and it isn't about blame really is it''

Sub-subthemes within the subtheme Managed move

Within the core theme Strategies and the subtheme Managed Move (see research question 3), within the multiagency groups this was discussed further and the exclusive sub-subtheme Break from the Young Person emerged.

Break from the Young Person

The groups discussed managed moves mostly as an unhelpful strategy and with negative implications for the young person, however, within the discussions the perception that there may be some usefulness within it, giving space for a break to regroup emerged. There was some unease within this discussion and some challenge around this concept in term of priorities.

> '*'So once they are in another school, at least brings our school some breathing space, even though you know they are going to come back because the manage move is going to fail it just gives you that breathing space''*

Subthemes within the core theme Resources

Within this (see research question 3), the subthemes exclusive to the multiagency groups emerged, these were; Time and Gaps in Provision.

Time

The concept of time, specifically the lack of time, was discussed across multiagency groups, and the impact that this has in terms of working in an effective multiagency way.

''You know its resource restrictive isn't it because actually the time to get people in a room together to come up with a robust plan and have regular review type things its challenging and in the climate we are in where resources are stretched''

Gaps in Provision

The concept that the gap is becoming wider due to increased demand was discussed, this was a key frustration as participants felt the gap in provision for adolescent mental health between universal and targeted provision has been acknowledged for some time in policy.

''That gap is getting wider isn't it''

''We just keep referring and referring and actually nobody does anything''

Subthemes within the core theme Multiagency working

Within this, exclusive sub and sub-subthemes emerged, these were:
Lack of Information and Departmentalism with the sub-subtheme
Disconnect.

Lack of Information

The lack of information and the difficulties in the systems with regards to how information about young people is shared was discussed. This was mainly centred on how schools receive this information and how this information is shared within the school, due to multiple teachers having contact with the young person within secondary settings.

''You wouldn't see the EP report to know that there have been suggestions about XYZ''

'It would be passed down second hand, third hand''

Departmentalism

Discussions around roles emerged within these groups, and from this the subtheme departmentalism emerged.

> *''We would say they are not for us and close them which really, really frustrates me''*

> *''Who's role is this, because some CAMHS workers might argue that if it is around behaviour then they don't have a role perhaps''*

Disconnect

From within the subtheme Departmentalism the sub-subtheme Disconnect emerged. It is an illuminating point that despite a current focus on multiagency working and joint thinking that these sub and sub-subthemes would be discussed and agreed on between these professional groups.

> *''They all seem disconnected anyway''*

Subthemes within the Core Theme Desired Outcomes

Within this, exclusive subthemes were: Engagement, Reduced Risk of Exclusion and Improved Communication.

Engagement

This was discussed in terms what engagement would look like, which differed somewhat between participants.

> *''Trying to engage the family would be brilliant''*

Reduced Risk of Exclusion

This emerged as a desired outcomes within the multiagency groups.

''What would be great to see is that he wasn't at risk of exclusion'

Improved Communication

Communication between services had emerged from within other groups, however, the idea of this as a desired outcome emerged from across participants within the multiagency groups.

> *''Desired outcome would be improved communication between all services to come up with a plan that everyone can sign up to including parents''*

4:2:3. Findings for research question 3: ***How do responses differ when in their own professional group and in mixed professional groups.***

This research question was answered through analysis of commonalities and differences between the single agency groups and multiagency groups.

Common Themes Across Single Agency Groups and Multiagency Groups

The CAMHS Group

The CAMHS group had the most themes in common with the multiagency groups with five themes all together, two of which were common only between the CAMHS group and the multiagency groups, two of which were common across the CAMHS group, the EPs group and the multiagency groups and one in common with all groups. The CAMHS group had three themes that were different from the multiagency group and the multiagency group had a further four themes which were different from the CAMHS group.

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The EP Group

The EP group had three themes in common with the multiagency groups, two of these were also common with CAMHS and the multiagency groups, and one of which was common between all groups. The EP group had a further three themes that were different from the multiagency groups and within the multiagency groups there were a further six themes that were different from the EP group.

The Schools Groups

The schools group had the least in common with the multiagency groups. There were two themes in common, one of which was common with all the groups and one theme was exclusively common to these two groups. The schools group had five themes which differed from the multiagency groups and the multiagency groups had seven themes that differed from the schools group.

There were some commonalities in the way in which the problem was explored in single agency groups and the multiagency groups. Within the multiagency groups the themes which were common with the single agency groups, were explored in more depth. There was evidence that suggests that the multiagency group resulted in extended thinking around similar themes e.g. within the common themes Relationships, and Managed Moves additional sub subthemes emerged. There were also many differences in the themes that emerged between single agency groups and Multiagency groups. Themes both exclusive to groups and common between multiagency groups and single agency groups are presented below.

Table 15: CAMHS and Multiagency Groups Themes

Multiagency Groups and CAMHS Group Common Themes
Desired Outcomes
Multiagency Working
Relationships
Young Person's Involvement
Strategies

Multiagency Groups Themes	CAMHS Group Themes
Resources	Need for Further Information
Labelling V Systemic Thinking	Lack of Resources
Learned Behaviours	Parents
Protective Factors	

Desire Outcomes, Multiagency working, Relationships, Young Person's Involvement and Strategies were themes common across these two groups (although not all were exclusively common, some were also common with other groups). There were two core themes that emerged that were common only to the CAMHS group and the Multiagency group. In addition, there were subthemes that emerged from within these that were also common. There were also differences in the themes that emerged. Commonalities and differences in themes are reported below.

Subthemes within the Core Theme Desired Outcomes.

Common subthemes that emerged were; Understanding and Feeling Safe and Happy (common across all). Within this, between the CAMHS group and the multiagency group the subtheme Inclusion emerged. Within the CAMHS group further subthemes Plan and Reduced Risk of Self Harm emerged. Within the multiagency group further subthemes Engagement, Reduced Risk of Exclusion and Improved Communication emerged.

Subthemes within the Core Theme Desired Outcomes

The common subtheme Inclusion emerged and was discussed as a positive outcome. Strategies to facilitate this were also discussed. That schools should be inclusive was discussed across groups, one difference, however, was CAMHS discussion around the appropriateness of the young person being at school.

Differences in subthemes emerged. Although both groups discussed reducing risk for the young person in the case the discussions were around different aspects of risk, CAMHS group discussed this in terms of Reduced Risk of Self Harm and the multiagency groups discussed it in terms of Reduced Risk of Exclusion. There were further more distinct differences in subthemes within this core theme. Within the CAMHS group the subtheme Plan emerged, the discussions centred on having a plan that works for the young person. In comparison, within this theme, subthemes that emerged from the multiagency groups discussions were; Engagement and Improved Communication. Discussions were around increasing engagement from the young person and family and improving the communication between the services involved.

Subthemes within the Core Theme Multiagency Working

Although there were commonalities in regards to this core theme, on a deeper level there were no common subthemes. There was one subthemes within this core theme that was exclusive to CAMHS, this was Holistic Support, they discussed creating an holistic support package, and everyone involved having responsibility. The subthemes from the multiagency group in this core theme were; Communication, discussions centred around systems designed to help professionals share information in order to improve communication between services. The effectiveness of these were discussed as being dependent on who signs up to it. Lack of Information, the group discussed how information is shared ineffectively, particularly with school staff. A further subtheme from the multiagency groups was; Departmentalism with the sub-subtheme Disconnect. There were discussions around; CAMHS often saying 'it's not for us', who would take on discreet roles and who's role would be what in the multiagency groups, and the disconnect that can happen when multiagency working doesn't work effectively.

Subthemes within the Core Theme Relationships

There were lots of commonalities in the way in which the CAMHS group and the multiagency group discussed this theme. The general discussions centred on the importance of having key relationships in school, and having a key adult. There was a difference in the way multiagency group discussed wider relationships and therefore the multiagency group also had sub-themes that emerged within this theme, these were, With Families and With the Young Person.

In addition, there were two core themes common only to the CAMHS group and the multiagency groups that emerged from the analysis these were: Strategies and Young Person's Involvement. In addition, within these common subthemes emerged, this may suggest that the way in which CAMHS group explored the problem was more similar to the multiagency groups than the other two groups. Although, perhaps it may also suggest that the CAMHS professionals in the multiagency groups introduced or guided the discussions around these themes for exploration in the multiagency groups.

Common Theme 1: Strategies

The common core theme Strategies and the subtheme Managed Moves emerged. The CAMHS group discussed how it was felt that the EHCP process would be key in managing the issues, however, they also discussed the difficulties of the reality that this is often not granted. Therefore often used strategies which they feel may be inappropriate for individuals were discussed. They discussed a managed move being an inappropriate strategy. This was also discussed in the multiagency groups, however, here it was described as often being *'a disaster'*. Within the multiagency groups, however, the impact it can have beyond the individual, for the school and peers was discussed and the subtheme Break from the Young Person emerged. Like in many of the common core themes, the discussion was expanded within the multiagency group and the subthemes Unhelpful Strategies with the sub-subthemes Inconsistency and Blame also emerged.

Common Theme 2: Young Person's Involvement

The idea that young people should be involved in discussions and plans was discussed across the CAMHS group and the multiagency groups, with the subtheme Being Done to Not With, emerging from the multiagency groups. There were some contrasts, however, within the CAMHS group, only the positive aspects of involving young people in their own care, such as increased motivation and engagement were discussed and the subtheme Understanding emerged. Within the multiagency groups a wider perspective on what that involvement should look like was explored and the idea that this is not always appropriate was also discussed. Further to this, from within the multiagency groups the subtheme Blame emerged from discussions around the young person feeling blamed, and parents seeking a label to ensure they don't feel blamed.

From within this theme the subtheme Young Person's Voice also emerged across CAMHS and multiagency groups. The importance of ensuring that young people feel heard in order to ensure ownership over their care and feel validated was discussed. This was discussed further in the multiagency groups who discussed how the young person is already expressing his voice through the presenting behaviour, they discussed strategies to help this young person express his views in a more proactive manor.

Differences in Core Themes

There were some differences in the core themes that emerged from the CAMHS group and the multiagency groups. From within the CAMHS group the core themes were: Need for Further Information, the group

discussed how in a real case they would gather more information before deciding on a plan of action. Lack of Resources, for schools and for support for young people emerged. Another theme that emerged was Parents, although the multiagency groups also discussed family and their views, the CAMHS group focussed on how the parents feel. From within the multiagency groups discussions the themes that emerged were; Labelling V Systemic Thinking, how the idea of labelling is conceptualised by different people around the case, for example, parents seeking a diagnosis and label and professionals wanted to avoid *'pathologising the child'*. They discussed getting caught up in giving a name to the behaviour, and whether there is a better way in which to understand the young person. Other themes that emerged from the multiagency groups were; Engagement with the subtheme Building an Understanding. Learned Behaviours with the subtheme Family Views, although the CAMHS group discussed family views with regards to how parents feel. The multiagency groups discussed how the views of the family can impact on the young person's own views, which may influence their thinking and behaviour. Protective Factors with the subthemes Strengths, Feeling Successful, Feeling Safe, and Resources with the subthemes Time and Gaps in Provision emerged. The CAMHS group discussed a lack of resources and the frustrations around this barrier. The multiagency groups discussed this too, in regards to time pressures and gaps in the provision, however, their discussions also centred on what resources could be used.

Table 16: EP Group and Multiagency Groups Themes

Multiagency groups and EP Group common themes
Desired Outcome
Relationships
Multiagency Working

Multiagency Groups Themes	EP Group Themes
Young Persons Involvement	Concerns
Strategies	Need for Further Information
Resources	Interventions
Labelling Vs Systemic Thinking	
Learned Behaviours	
Protective Factors	

Desired Outcomes, Multiagency working and Relationships were themes common across these two groups (although not exclusively common, these were also common with other groups). There were no core themes that emerged that were common only to the EP group and the multiagency group, however, there were subthemes within core themes that were common across multiple groups that emerged. There were also differences in themes that emerged between these two groups. Commonalities and differences in themes are reported below.

Subthemes within the Core Theme Desired Outcomes.

Subthemes that emerged that these two groups had in common were; Understanding and Feeling Safe and Happy (these were also common across other groups). Other than these, within this core theme there were no subthemes exclusive to only these two groups. Within the EP group the subtheme Good Attendance emerged. Within the Multiagency group

the subthemes Inclusion, Engagement, Reduced Risk of Exclusion and Improved Communication emerged.

Subthemes within the Core Theme Multiagency Working

Within this, Communication emerged as a subtheme common to the EP group and multiagency groups. Both the EP group and the multiagency groups discussed communication within multiagency working and the importance of this in order to ensure effective joint working. The EP group discussed the importance of communication and the difficulties that arise when communication is not effective *''I think that comes down to that multiagency communication… because actually it might be that nobodies doing anything yet''.* The Multiagency group discussed systems in place to enhance joint working and communication across agencies, *''Hopefully it will encourage more communication…But we all have to sign up to it we all have to do it so''.*

Within this theme there were also differences, subthemes that emerged from the multiagency groups were Lack of Information and Departmentalism with the subtheme Disconnect. Subthemes within this theme from the EP group were; Inconsistency, Understanding and Training. The EP group on the whole were more positive about what they could do as part of a multiagency team, e.g. delivering training to help build understanding around mental health. Within the multiagency team, in comparison, the negative aspects of multiagency working were discussed.

Common core theme Relationships

There were differences, within this common theme, concerning the direction the discussions took. The EP group discussed this in terms of relationships the child might have in school, whether that is a trusted adult or a positive friendship. It differed somewhat in the multiagency group, where relationships were discussed in terms which adults within the school could build a nurturing relationship with the young person. In addition, within the multiagency groups this was further developed to discuss the relationships professionals have with both the young person and their family, and the importance of these relationships in terms of trust and engagement, this is evidenced through the subthemes With Families and With Young People.

Differences in Core Themes

There were some differences in the core themes that emerged from the EP group and the Multiagency group. From within the EP group the core themes were: Concerns, with the subthemes Agendas and Systemic Issues, Need for Further Information and Interventions with the subthemes Confidence and Skills Based Approach. Whereas, in comparison, within the Multiagency groups the core themes that emerged were; Young Person's Involvement, Strategies, Resources, Labelling Vs Systemic Thinking, Learned Behaviours and Protective Factors.

Table 17: School and Multiagency Groups Themes

Multiagency and School Group Common Themes
Desired Outcomes
Resources

Multiagency Group Themes	Schools Group Themes
Relationships	Interventions
Multiagency Working	Joined up thinking
Young Person's Involvement	Access to Support
Strategies	Pressure on Schools and Services
Labelling V Systemic Thinking	Inconsistency
Learned Behaviours	
Protective Factors	

There were two common themes between the schools group and the multiagency groups, one of which was common to all groups, this was; Desired Outcomes and one which was common only to the schools group and the multiagency groups, which was; Resources. As with the other two single agency groups, there were two common subthemes within the common core theme Desired Outcomes, these were: Feeling Safe and Happy and Understanding. There were no additional subthemes within other core themes that were common from the way in which the schools group and the multiagency groups explored the problem. This may suggest that schools think the most differently in regards to how they manage adolescent mental health. Commonalities and differences in themes are reported below.

Differences in Subthemes within the Core Theme Desired Outcomes

Like the other two groups, from the school group, there were differences with regards to the subthemes that emerged within this core theme. From

the schools group the subthemes, Building Resilience emerged. Whereas from the multiagency groups the discussions were around Inclusion, Engagement, Reduced Risk of Exclusion and Improved Communication.

Common Theme 1: Resources

Within this common theme, there were differences in the way in which they discusses resources. The school group discussed the resources that they have already and what they would be able to put in place. In contrast, the multiagency group discussed this, as has been the case in other themes that have emerged, from a wider perspective, including the issues with resourcing. It could be argued that this may be because in the current political and financial climate, schools perceive that they have no other choice but to look within regarding resources. The appropriateness of the options available in terms of resources e.g. alternative provision, was discussed by the multiagency groups.

Differences in Core Themes

As reported previously in this section, between the schools group and the multiagency groups there was the most amount of difference that was evident in the themes that emerged. Core themes which emerged from the schools group were; Interventions with the subtheme Based on Individual Needs. Joined up thinking, Access to Support with the subthemes Time Issues / Waiting Lists and Crisis Point, Pressure on Schools and Services and Inconsistency with then subtheme Difference in Provision. Whereas in comparison, themes that emerged from the multiagency group were; Relationships, Multiagency Working, Young

Person's Involvement, Strategies, Labelling V Systemic Thinking, Learned Behaviours and Protective Factors.

Summary of results from part one and two.

There were many themes and subthemes that emerged from the data.

From analysis some of the most key themes which emerged were: the impact of the increase in adolescent mental health, departmentalism and privatisation shared understandings and conflicts, roles and differences in perceptions concerning 'crisis point' and what this means to different agencies and professionals. These key themes will be discussed in the following chapter.

Chapter 5: Discussion

The following discussion is presented in three parts, based on the two parts of the study and an overall discussion. Part one of the study aimed to explore perceptions of adolescent mental health and collaboration around this. Part one of the discussion is structured around the key areas which emerged from this with discussion concerning the emergent themes within these key areas. Part two of the study aimed to explore joint problem solving and illuminate commonalities and differences between these three groups concerning problem solving around adolescent mental health. Part two of the discussion is structured around the three research questions from this. Finally, an overall discussion which takes into account both parts of the study, discussing the key themes which emerged from the study as a whole. These themes include, Departmentalism and Privatisation, Roles, Understanding; Shared Understanding and Crisis Point and the differing perspectives on this.

Within this discussion the findings will be discussed in the context of the current research, previous research and literature. Strengths and limitations of the current research will be discussed. Further to this, implications of these findings for EP practice and multiagency working with schools and CAMHS and possible areas for future research will be discussed.

5:1. <u>Part 1 Discussion:</u>

Key areas that emerged from the analysis included the increase in adolescent mental health needs and the impact this has on aspects such as learning and outcomes, the young person and services. In addition, roles, perspectives of their own role, others' roles and joint roles, collaboration and challenges of this were covered. The main themes within these key areas included roles, the role of schools, relationships, departmentalism, understanding; shared understanding and the challenges and difficulties posed by the current context, including capacity, thresholds and reaching crisis point.

<u>Increase and Impact</u>

From the analysis of the data it became clear that all professionals across these professional groups perceive that there has been a significant increase in regard to adolescent mental health needs over recent years. This is in line with the context nationally, with the BPS (2018) stating that one in ten young people have a diagnosable mental health condition, and further to this one in four young people show symptoms of a mental health difficulty. There were some similarities and differences between the three professional groups in the perceived reasons for / causes of this increase. From the findings, however, there was a common perception from all groups that a perceived cause of the increase in adolescent mental health needs has been the increase in pressure put on schools and indeed the young people themselves in regard to attainment. This in in line with the findings set out in the House of Commons paper, *Children and Adolescents Mental Health and*

CAMHS (House of Commons Health Committee, 2014) that education policy results in schools over-focusing on attainment. This increases pressure on schools and young people whilst simultaneously increasing pressure on services due to an expectation that services will then deal with any other needs young people have, further increasing the pressure that they are under to keep up with demand. Recent findings by The Care Quality Commission (2018), reflect this difficulty: 'Decisions about funding or service provision in one part of the system have adverse unintended consequences for other parts of the system, and can drive demand' (CQC p.4) and they noted the negative impact of this that 'rising demand is contributing to poorer quality care and longer waiting lists' (CQC, 2018. P.34). It appears that these difficulties have been acknowledged and in the green paper, *Transforming Children and Young People's Mental Health* (Department for Health and Social Care and Department for Education 2018), the government announced that they will be 'reviewing the way schools are held to account, aiming to remove unnecessary pressure from teachers, which can have an impact on pupils' (Department for Health and Social Care and Department for Education, 2018 p17).

The findings from the current study show that there was consensus between these three professional groups that the impact of this increase is felt to be having a significant negative effect on the young person, learning and outcomes, self-esteem and sense of self. It was discussed widely that the impact of adolescent mental health has a significant effect on learning and outcomes, this supports findings from DeSocio and

Hootman (2004) who concluded that there is the relationship between an individual's mental health and academic achievement and the Department for Education (2014) who stated that mental health problems can be a real barrier to achievement. In addition, findings from the current research showed that there was a perception of significant impact on the young people with particular regard to their sense of self and self-esteem. It was felt that due to the pressures of the education system, many young people are being left with feelings of inadequacy and a negative self-view based on their academic attainments. This was felt to be due to the perception that academic attainments are valued above other qualities and strengths of those individuals. It was perceived across groups that the messages young people are given about academic attainment have a detrimental impact on their mental health. Bonnell, Humphrey, Fletcher, Moore, Anderson and Campbell (2014) highlighted that education policy focusses on academic attainment at the detriment of wellbeing and personal development. They also highlight the tension caused by subjects such as PSHE being a non-compulsory aspect of the curriculum, leading schools to spend a reduced amount of time focussing on this and increasing time and pressure to focus on academia (Bonnell, Humphrey, Fletcher, Moore, Anderson and Campbell, 2014).

In relation to the impact of increased needs, resilience was discussed. There was a perception within the school group that there has been a reduction in resilience in the adolescent population, due the messages given, resulting in a perceived need to be perfect. They further discussed that making mistakes is now perceived by young people to be

unacceptable rather than a learning opportunity, which has resulted in reduced resilience. This is in line with findings from Accordino, Accordino and Slaney (2000) who concluded that when students experienced a discrepancy between personal standards, in terms of what they are striving for and their performance in terms of grades, their depression levels increased and self-esteem decreased. In addition, Friedli (2009), in a report from the World Health Organisation (WHO), noted that a fundamental element of resilience is good mental health, which enables coping in relation to adversity and increases the likelihood of reaching full potential. In addition, within this report it is noted that there is significant evidence which indicates the influence that resilience and good mental health has on a vast range of outcomes, including higher educational attainment, greater productivity, better relationships with adults and with children; more social cohesion and engagement and improved quality of life (Freidli, 2009).

Inadequate training was also discussed; the perception being that training available on mental health, for professionals, is inadequate and is not reflective of the current needs. Further to this, the inadequacies within teacher training courses, with regards to mental health and preparation for dealing with mental health needs of pupils, was discussed. This is not unique to this area, nor is it a unique finding from the current research. Bostock et al (2011) reported that some newly qualified teachers had had as little as one hour of training on mental health. This inadequacy is widely acknowledged, however, the current

findings indicate that little appears to be happening in order to rectify this problem.

The impact on services due to high thresholds emerged. The National Children's Bureau (2015) concluded that schools in particular feel that thresholds are too high, and they feel ill-equipped to deal with the problems arising. Atkinson, Jones and Lamont (2007) found evidence to suggest that schools had unrealistic expectations of CAMHS. The findings from the current research, however, showed that actually schools were aware of their expectation for CAMHS being high and the CAMHS group in this area were acutely aware of, and shared, frustrations around thresholds for the service.

Funding and increased awareness were discussed. It is unsurprising given the current social and political context that the theme of funding was discussed in regards to the increase. The positive impact that raising awareness around mental health has had was also discussed, however, this was also covered as a contributing factor to the increase in demand for mental health services. This is arguably in line with Hofkins (2014) who concluded that the rise in need, coupled with the decrease in funding and provision for CAMHS and adolescent mental health in recent years, has increased the demand on services and led to schools becoming the frontline provision for adolescents presenting with mental health problems. The CAMHS group discussed changes in service delivery - in terms a move away from the community due to increased demand. This is suggested to have had a significant negative impact on

proactive working at the lower level of mental health needs, resulting in people coming into the service at or close to crisis point. This mirrors the recent findings published by the Care Quality Commission (CQC) report, which found that 'Too many children and young people find themselves at "crisis point" before receiving mental health support because health care, education and other public services are not working together as effectively as they could'' (Lepper, 2018 P.1).

The impact on schools and services was discussed, specifically the significantly increased amount of time spent reacting to mental health issues rather than preventing them. This frustration is mirrored in a 2016 policy report, *Mental health and prevention: Taking local action for better mental health,* which stated that '70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age' (Mental Health foundation, 2016, p12).The lack of time and resources for a proactive way of working and the frustration around this was also evident. In addition, the impact on support and the impact of different views were discussed. There was a perception that these frustrations, in addition to the reducing resources, impacted on professionals' stress levels in regard to their increasing workload, and how this can reduce their capacity to support young people. This is in line with Dreison, Luther, Bonfils, Sliter, McGrew, & Salyers (2018) who concluded that burnout is prevalent among mental health providers resulting in significant costs, not just to organisations but also service users.

The findings show some commonalities in the way adolescent mental health is perceived and conceptualised across these professional groups. However, many more differences emerged, evidenced through more themes exclusive to professional groups than common across these groups, despite the drive over recent years for multiagency and joined-up working. This arguably suggests that more needs to be done in order to encourage and facilitate multiagency working in regards to adolescent mental health.

Roles

All the groups perceived that they have a role in supporting adolescent mental health, however, there were also differences in each group's perceptions of their own and others' roles. This is linked with the findings from Vostanis (2012) who found that there is a lack of understanding of roles and systems between agencies working together to support adolescents with mental health needs. Findings from the current study indicated that CAMHS identified their role as having become crisis driven at the expense of proactive working. They identified mental health as everybody's role, and there was a suggestion that CAMHS and mental health generally has unintentionally become a specialist area. It was thought that mental health should be part of everybody's role in the same way safeguarding is. This is arguably in line with the recommendations that have been made by government reports such as *Children's and Adolescents' Mental Health and CAMHS* (House of Commons Health Committee, 2014) that teacher training, in particular, should include a mandatory module on mental health and include modules of mental

health in continued professional development in schools. EP participants discussed the importance of appropriate training for school staff, in light of the amount of time children spend at school.

There were two common areas in which all groups perceived their role to be within, these were relationships and support. Relationships were discussed in terms of relationships between professionals and relationships with young people. This is arguably linked with the findings from the Department for Education (2015) who found that information sharing and clarity through relationships between professionals helped schools to feel supported in terms of providing care for young people who do not reach the CAMHS threshold.

All participant groups felt that schools have a role in supporting adolescent mental health, however, the scale and perceptions about what this role is differed. Significant differences emerged in relation to the school's perception that their role is less significant than what CAMHS and EPs perceived it to be. That school staff recognise that they have a role to play is in line with the findings from Bostock, Kitt and Kitt, (2011) who found that newly qualified teachers, who had had as little as one hour of training on mental health, recognised that they have a role to play in supporting young people with mental health issues. Within the current study, the school's group felt that their role is less than EPs and CAMHS professionals deem it to be, and is arguably due to school staff's understanding concerning adolescent mental health and feeling ill-equipped to deal with mental health needs of adolescents. The House of

Commons Health Committee (2014) suggested that schools refer at a much lower level than thresholds are set because they are ill-equipped to deal with mental health needs. Hofkins, 2014 found that schools felt that the level at which CAMHS feel is appropriate to intervene is much higher than the point at which schools felt intervention is needed. In addition, as discussed above, the school's group felt that their role in supporting adolescent mental health was somewhat diminished by their capacity and the pressure on them to gain results. In addition, within the school's group, differences in opinion were evident, with some placing a higher importance on supporting mental health and others feeling that their teaching commitment should be prioritised. Again, this links back to the lack of consistency between schools and the conflict between priorities. Arguably in support of Hofkins (2014), who stated that schools need to ensure the difficulties that they face in dealing with increased responsibility, arising from the decrease in the capacity of mental health services like CAMHS, does not lead to the undermining of schools' core function, which is education (Hofkins, 2014).There is evidently a vicious circle for schools with regards to the conflict between having a clear understanding of the impact of mental health on learning but also a pressure to achieve results.

The theme of departmentalism was a key theme that emerged. There was a perception that there are aspects of departmentalism between all three groups. The CAMHS and EP groups understood schools often saying 'it's not my role, it's yours' as coming from an emotional and 'defensive' reaction. They also discussed how this could stem from a

misunderstanding of roles. There is a range of previous research and literature which note the many challenges faced within multiagency working. Sloper (2004) argued that the likelihood of multiagency teams encountering problems is high, with particular emphasis on the creating of collective goals and shared understandings. In support of this, Edwards, Daniels, Gallagher, Leadbetter and Warmington (2009) argue that agencies are challenged greatly by the task of joint working. Rose and Norwich (2014) suggest that the difficulties may stem from the differing ideologies and priorities of the different professionals involved in the collaborative working. In support of this, Peckover and Golding (2017) state that different priorities shape multiagency practice. This finding suggests that more could be done in order to foster connections and further understanding of roles between these three groups.

In relation to departmentalism, CAMHS discussed how privatisation across services is felt to have led to knowledge being lost and the frustration at the reduced contact was evident, particularly the loss of incidental conversations, which arguably has a negative impact on support and knowledge. In relation to this, although the EP group identified a clear role for themselves in supporting mental health, autonomy emerged as a theme. Arguably an interesting point, particularly in light of the analysis evidence that EPs have least in common thematically with the other groups in regards to perceptions around roles. Within this, the concept of professional identity was discussed *How do you defend your own professional identity and how do you engage with others?* (EP 5). This is arguably in line with Booker

(2005) who found that there can be a perceived threat to professional identity when navigating multiagency boundaries.

From the analysis of the data, themes emerged which indicated some commonalities in thinking. However, findings show that the three groups had the least in common in regards to their perceptions of their own and others' roles. The findings show that although there were commonalities in the core themes, within these common core themes, there were more subthemes that were exclusive to these groups, particularly the CAMHS group, than were common across groups. This again suggests that, although on the surface thinking appears similar, at a deeper level there are significant differences in thinking across EPs, CAMHS and schools in the area in regard to their perceptions of their own and other professionals' roles in adolescent mental health. In addition, CAMHS and EPs had the least in common in relation to perceptions of their own roles and the role of schools. Interestingly given this finding, the only common subtheme between these two was departmentalism, suggesting there is an awareness that currently roles in this area are perceived as being somewhat separate.

Collaboration and challenges

There is a common perception across services that although there is a will to collaborate, there are many barriers including inconsistencies within services in the level of understanding of adolescent mental health and collaboration, which impacts negatively on the effectiveness of this. There was a shared perception that collaboration should be happening

and that it is an important aspect of supporting young people with their mental health needs, however, that there are significant challenges to making it happen was evident. In the recent green paper, *Transforming Children and Young People's Mental Health* (2018) they conclude that the aim for mental health is to have a 'multiagency approach focused on collectively understanding and meeting the needs of children and young people in an area' (Department for Health and Social Care and Department for Education, 2018 p.17). The difficulties faced, however, will arguably continue to be a key barrier to ensuring that this happens. This is not a new aim for mental health support; there have long been plans and initiatives to improve joint working, which arguably have not come to fruition. Conway (2009) stated how the government often cite multiagency working as key to improving outcomes for young people, however, they state that this 'commendable policy recommendation often results in splits, divisions, rivalries and, paradoxically, a failure to communicate within and between services' and 'this well intentioned policy will always be at risk of breaking down at vulnerable 'fault lines' in the system, with children's needs falling into the gaps' (Conway, 2009, p.18). In support of this, the analysis from the current study found that although there were some commonalities in thinking around collaborative working, on a deeper level there were more subthemes exclusive to groups than common across groups, which arguably poses significant barriers to effective joint working.

There was some consensus with regards to the difficulties faced, specifically in terms of time and capacity and the impact of this on the

ability to work collaboratively. Other themes that emerged from between two groups included difficulties with regards to systems, and limited and depleting resources as well as thresholds.

Understanding

The three groups had a similar perception that with regards to a shared understanding, individual professionals appeared to have a good understanding, however, on a systemic level it was felt that agencies as a whole may not. This could be argued to have a negative impact on the support and care that young people receive and arguably be seen as a fault line within multiagency working. The Care Quality Commission (2018), reported that within CAMHS specifically 'We saw great examples of services with caring and dedicated individuals who put children and young people at the centre of what they do, but…. things need to change at the top, so those working with children and young people have the support they need to be able to care for them in the best way' (Care Quality Commission, 2018, p.1). Arguably, this is not a new difficulty and little appears to have changed over recent years. Findings from the government report *Future in Mind* (Department for Health, 2011) highlighted, seven years ago, that further work was needed in order to support a whole system approach.

There was evidence of a perception that the privatisation of services posed a barrier to the shared understanding that is needed to ensure effective collaborative working. CAMHS participants perceived that pressures and agendas from individual services caused professionals to

forget about what the heart of collaborating is. In addition, the different

models from which professionals work were perceived by EPs as a

barrier to effective collaboration. The EP group also discussed barriers to

building a shared understanding resulting from a lack of a shared

language between services. The concept of the lack of understanding

around each other's systems being a problem was also found, as was

the frustration around the lack of opportunities for joint training. This is in

line with findings from Vostanis et al, (2011) which showed that not only

do school staff need further training in mental health, it also highlighted

the need for CAMHS practitioners to be trained further in education

systems in order to increase effective support for mental health needs in

schools. Further to this, the limited knowledge of other services was

perceived to be compounded by a perceived lack of transparency

between services. There is evidence here that more needs to be done in

order to improve collaboration. The negative impact of this, in terms of

the support that young people receive, arguably makes this a key area

for development within services.

The concept of inconsistencies around joint working emerged, this was

discussed in terms of young people having different professionals

supporting them, even from within services, and this was particularly

evident from the schools group. Inconsistencies in messages given to

young people from different services were also discussed. This is

arguably in line with the bigger picture nationally, in terms of inconsistent

support for adolescent mental health, Bailey (2017) argued that there

is a 'consistently inconsistent approach' to children and young

people's mental health in the UK that needs to be addressed. There was a perception that effective collaboration should mean skills and information are shared, however, it was thought that this is not the case currently. From a school point of view, they discussed that it is felt that rather than working together, every team has its own agenda and that effective multiagency working becomes lost in each teams' processes and procedures. This is compounded by a sense that schools feel they are left out of the loop, impacting on the support they feel able to give.

The school's group discussed expectations, they acknowledged that often schools will have an expectation of others services that is just not possible to meet. This is arguably linked with the lack of understanding around each other's systems and what can and cannot be met. Within this the perception that young people have to reach crisis point before they reach threshold for support was discussed widely. This difficulty was also reflected in the recent CQC (2018) report which stated that 'children, young people, their parents, families and carers find they have to reach crisis point before they are able to get help' and 'Long waiting lists, inappropriately high eligibility criteria, and gaps in service provision all make it harder for children and young people to access the right support at the right time' (CQC, 2018, p.4).

That this was exclusive to the school's group could be argued to be suggestive of evidence that there is divergent thinking across the groups around an understanding of what constitutes 'crisis point' in regard to adolescent mental health needs. Other perceived difficulties that

emerged from this group were around availability of professionals linked with the limited capacity of services. Despite this, however, within the core theme collaboration the school's group discussed strengths of collaborative working. It was an interesting point within the analysis that the school's group were the only group to discuss strengths of collaborative working at length. This may be due to schools feeling more confident dealing with mental health when working collaboratively.

Within the analysis, regarding collaboration, there were some commonalties found in perceptions of adolescent mental health at a surface level, however, on a deeper level there were more differences than similarities, suggesting that there are again differences in thinking across EPs, CAMHS and schools in this area - in regard to their perceptions and views around collaborative working. I would argue that this poses a significant challenge to effective collaborative working and therefore may arguably limit the support and the effectiveness of the support that young people with mental health difficulties could receive. This is arguably an important finding given that we know from research and policy such as from The Department for Education (2010) of the importance of multiagency collaboration in improving outcomes for young people. In addition, it could be argued that, in the current financial and political climate, with such reductions in funding, effective and efficient collaboration between services is more crucial than ever if young people are going to get the level of care and support needed. This is in line with Vangen, Potter and Jacklin-Jarvis (2017) who discuss this issue in

relation to concerns around the future of funding and support due the uncertainty created by the UK's exit from the European Union.

From the findings it became evident that, generally, it may appear that there is a shared understanding of adolescent mental health, however, in reality on a deeper level, there are differences in thinking. Arguably, this could have a significant impact on the support that the young people are receiving with regards to their mental health needs.

It is concluded that in part one of the study, there were the most similarities between groups in perceptions concerning issues around adolescent mental health, and in their perceptions regarding collaboration. Most differences were evident concerning perceptions of their own and each other's roles, suggesting that across these three professional groups the biggest difference in perceptions are within roles within adolescent mental health. It was evident that EPs appear to think most differently in comparison to the other two groups who had more in common. This could be argued to be contextual, the service in the area could be argued to have different beliefs, values and priorities in regards to supporting adolescent mental health.

5:2. <u>Part 2 Discussion:</u>

<u>Differences in approaches</u>

Throughout the findings from part 2 of the study, there were evidently more differences than similarities in the way in which groups approached

cases. This was most significantly evident from the school's group, who explored the problem most differently, evidenced by the most amount of exclusive themes that emerged. Between the school and CAMHS groups there were few commonalities, suggesting that there are greater differences in the way in which they explore mental health cases, in comparison to the way in which the other groups do. This may indicate negative implications for joint working between these two groups.

There were many ways in which responses differed between single agency groups and multiagency groups. In the way in which they explored the case set out in the vignettes, the CAMHS group had the most in common with multiagency groups, the EP group had some in common and the schools had least in common. This may suggest that schools think the most differently around mental health cases. This may also suggest that the CAMHS professionals in the multiagency groups introduced or guided the discussions around these themes for exploration in the multiagency groups. This is arguably in line with findings from Rose and Norwich (2014) who suggest that the bringing together of different models of practice and knowledge in multiagency groups, may lead to one perspective being prioritised.

Commonalities in approaches

There were more differences in themes than commonalities when exploring in their own professional groups. However, in the mixed professionals group, these ideas came together and were explored in more depth. This was evident within common themes where there were many additional themes that emerged from within multiagency groups.

The processes and dynamics within the groups meant that discussion points were spontaneously further expanded upon within multiagency groups. This is in line with findings from Swann and York (2007) who concluded that strength of joint working comes from the way in which the differences in approaches, knowledge and experiences were valued and utilised to create a bigger picture of the whole child.

Although there were different views which emerged within the multiagency groups, through some challenge of views and discussion, around these often a consensus was arrived at. Where between the single agency groups there were some obvious differences in regards to thinking around the case set out in the vignette, within the multiagency groups these differences did not so obviously emerge. This was despite the differing models perceived to be used by the different groups, e.g. some CAMHS professionals often come from a more medical model of thinking (see part 1). Given that these themes emerged from much discussed topics within these groups, it was interesting that these subjects did not arise within the single agency groups and there was evidence for the positive way in which these groups work together to create a better, arguably richer understanding of cases. Edwards, Daniels, Gallagher, Leadbetter and Warmington (2009) argue that agencies are challenged greatly by the task of joint working and Rose and Norwich (2014) suggest that the difficulties may stem from differing ideologies and priorities of the different professionals involved in the collaborative working. However, it could be argued that the differences between groups that was evident in the current study, rather than posing a barrier to effective joint working, actually increased the effectiveness of

the groups and fostered the extended thinking. This is in line with the conclusions from Frost and Robinson (2007) that differences across professions need not be a barrier and can actually be strength of joint working.

There were some similarities in responses across single agency and multiagency groups, this was most evident in terms of the discussions around the desired outcomes within which all single agency and multiagency groups discussed feeling happy and safe as an outcome. There were also many differences, there were many more themes that emerged from within the single agency groups than between groups.

<u>Single agency and multiagency group's comparison</u>

The ways in which the CAMHS group differed from the multiagency groups were not as obvious as the other two groups. The ways in which the EP group differed from the multiagency group, were in the way in which the EP groups themes appeared to evidence the approach, e.g. exploring the problem systematically by first considering the presenting concerns, then gaining further information and discussing interventions and their impact, arguably indicative of a plan-to-review cycle, whereas within the multiagency group the problem was explored less systematically and perhaps more holistically. The school's group differed most from the multiagency groups in their exploration of the case set out. It could be argued that this is because of schools facing more difficulties with regard to joint working due to the way in which they access the support, again relating to high thresholds for services and the differences in thinking around the severity of the 'problem' (see part 1) and arguably

indicative of the uncertainties they feel around supporting adolescent mental health. The CQC (2018) note that there was a disconnection between some schools and mental health services, impacted on the referral systems making it 'harder to refer children and young people to the right place at the right time' (CQC, 2018, p.25).

There were more commonalities in the way in which CAMHS group and the EP group explored the problem than the school group and EP group or the school's group and CAMHS group. This may be explained by both EPs and CAMHS being outside professionals and therefore not experiencing adolescent mental health difficulties as directly as the school staff might. The experiences that these different professional have in dealing with the 'problem' will have guided the way in which they explored the case set out in the vignette and therefore could go some way in explaining this finding.

There were many themes which emerged from the analysis from part 2 of the study. Key areas which emerged from part 2 are discussed below.

<u>Understanding</u>

Within themes which were common there were differences in the ways in which the groups conceptualise this, e.g. all groups focussed on the desired outcomes of feeling safe and happy and developing an understanding. In terms of understanding, however, there were some differences in conceptualisations, e.g. building an understanding of the young person emerged from some groups whereas building an understanding across professionals emerged in another. I think the differences in priorities here reflect the difference in aspects of mental

health that each profession often support. Walker (2018), suggests that within multiagency working there is a need for staff to share 'diverse interpretations' to create a 'respectful acknowledgement' and a 'distillation of understanding' as to why they adopt positions, opinions and understandings so that a professional understanding is reached even if there is no concrete agreement. They highlight that this does not happen easily or in isolation of the wider context (Walker, 2018).

Multiagency working, departmentalism and disconnection.

Multiagency working was a common theme to CAMHS and EPs, in which the positive aspect of joint working was discussed alongside difficulties, specifically in terms of the disconnect felt when agencies are involved in the same case but no tangible joint working is happening. There was discourse around this being a weak link wherein potentially important aspects of cases are being missed. Peckover and Golding, (2017) argue the importance of recognising and taking into consideration different professional priorities and approaches within the multiagency context. They highlight the importance of recognising that multiagency working takes place within a system of competing organisational and professional priorities (Peckover and Golding, 2017). It is important to note that these additional constraints are often unrecognised as an additional layer adding to the complexity to multiagency work (Hester, 2011).

Inconsistency was discussed, both with regards to the professionals and difference in provision between schools. They discussed frustrations in terms of a young person seeing multiple professionals, both between and within services, and in terms staff changes within schools and the

difficulties this poses concerning the young person having to tell their 'story' multiple times to different professionals. The implication here is that joined-up working is not happening effectively, there are arguably aspects of departmentalism pointing to a clear need for improvement. In a recent report by the Care Quality Commission (2018), they discussed when services working around mental health do not work together effectively this will 'exacerbate the fragmentation and variation in quality of children and young people's mental health care' (CQC, 2018 p.34).

Resources and reaching crisis point

The CAMHS group discussed a lack of resources and issues stemming from this. In comparison the EP and school's groups discussed how they could use the resources that they already have. Interestingly, in comparison to part 1, when given a specific case rather than being asked more generally, these groups were more focussed on what they can utilise rather than what they cannot. CAMHS focus on a lack of resources, arguably suggesting that this may have more of an impact on what CAMHS professionals feel they can do to support young people than the other two groups.

Another point was regarding access to support, perhaps a somewhat unsurprising finding, given that access to services is known to be a barrier and frustration encountered often. However, it was also discussed that once they do have access, the support they get is very good. In relation to the other groups, the school's group frustration was evident in terms of the implications of long waiting lists and it is felt by schools that young people are reaching crisis point before getting support from

CAMHS in particular. There is an argument that better access to mental health services and the need to address the issue of waiting times should be a made a priority (Department for Health, 2015). However, O'Hare (2018) suggested that the government's plans to reduce waiting times for mental health services in certain areas to four weeks by 2022/23, will falter and be unsustainable due to the same demands and pressures that they are facing currently, these being money and lack of adequate training for those in the education sector, amongst other complexities.

That schools are on the frontline in dealing with these issues day to day and seeing the potential deterioration of young people's mental health whilst waiting for support may go some way in explaining their higher level of concerns in these areas. These findings are in line with the position of Young et al (2015) who argue that due to the amount of time spent at school, as well as long waiting lists and limitations in regard to access to specialist services, school has become the 'de facto' mental health system for adolescents. Young argued that this is met with many barriers such as, lack of resources and a lack of staff trained to deliver mental health interventions and support.

5:3 Overall discussion

Many themes and subthemes emerged from the data, indicating the vast needs relating to adolescent mental health and the impact that of this. Across both parts, there were similarities in some of the key themes that emerged, these were departmentalism and privatisation, roles, understandings and shared understanding and crisis point. These are discussed below. In addition, the ways in which these groups worked

together in their own group and in multiagency groups and the similarities and differences between these groups are further discussed.

Departmentalism and Privatisation

Departmentalism and privatisation were key aspects that emerged from the data. Within this there was evidence of a will from all participants to collaborate, however, there was evidence that participants perceived there to be many barriers. Within discourses, this was often linked to privatisation. In support of this, in a recent report The CQC (2018) it was noted that when services are commissioned by different commissioners each with their own agendas, expectations and policies, this often leads to Fragmentation. There appeared to be an acute awareness from all participants across the three areas that currently roles in supporting adolescent metal health are perceived as being somewhat separate. Peckover and Golding commented on an awareness in multiagency working, that the work in which professional undertake is done within competing organisational priorities (Peckover and Golding (2017).

This concept of departmentalism is arguably also reflected in the differences that were evident between groups in relation to the themes which emerged. In both parts of the study there were more themes and subthemes which emerged that were different to each other than were in common, this was particularly evident at a subtheme level, indicating that perhaps on the surface it would appear that there are commonalities, however on a deeper and often more systemic level there are many differences, which I would argue contributes to this level of departmentalism.

<u>Roles</u>

The findings show that all participants perceive themselves to have a role in supporting adolescent mental health. There were, however, evident differences with regards to their perceptions of their own and other professionals' roles in adolescent mental health, in particular the difference in the perceptions of what schools feel their role is in comparison to CAMHS and EP perceptions of schools role. That schools feel they have a role is heartening, and it would seem that the government are supporting the idea that schools have a bigger role to play and appear to have the intention of putting plans in motion to ensure this happens. In the recent green paper *Transforming Children and Young People's Mental Health* (Department for Health and Social Care and Department for Education, 2018), there was an indication of support for schools and colleges to have a greater role in mental health support. From this there are plans to have a designated lead trained in mental health, responsible for the schools approach to supporting mental health in all schools and colleges by 2025. In addition, supporting this lead, there are plans to have mental health support teams linked to groups of schools and colleges. However, there are no plans to make this a mandatory role, which is arguably worrying, the findings from the current study show that there are already inconsistencies in relation to what schools are offering for their pupils and what they prioritise in regard to support for mental health, which will arguably make mental health support in school a post code lottery. It is also noted in the green paper that under the Special Educational Needs and Disability Code of Practice, schools already have a clear duty to provide support for pupils

who have special educational needs, including needs resulting from social, emotional and mental health needs. These requirements are covered by the mandatory roles of the safeguarding lead and the special educational needs co-ordinator (SENCO) (Department for Health and Social Care and Department for Education, 2018). The findings from the current study indicate however that schools feel underprepared and ill equipped to deliver the level of support they feel is needed. Of the support they can provide, evidently from the findings, they do not feel this is enough for many young people experiencing mental health problems.

In 2004, The Department for Health stated that multiagency working with young people with mental health difficulties is challenging, there is a lack of understanding concerning roles and responsibilities compounded by different language used by different services which may lead to a lack of effective communication (Department for Health, 2004). Evidently, the findings here indicate that 14 years on there are still the same difficulties being faced with regards to multiagency working. Evidence from this study indicates that there is still an issue around roles and misunderstanding concerning roles and a lack of clarity around this. There is a clear need to increase clarity and transparency around roles. Having clarity and agreements regarding roles makes collaboration easier across systems, and leads to a shared understanding of local needs (CQC, 2018). A revealing point from the current findings is arguably in schools awareness and understanding that their expectations of CAMHS in particular are unrealistic and CAMHS shared frustrations and understanding concerning high thresholds.

Understandings – Shared understandings and conflict

Across both parts of the study the importance of the concept of a shared understanding was evident as was the conflicts which occur within this. The CQC (2018) identified the need for a 'shared understanding' across organisational boundaries between services, in the hope that this will improve joint working between health and education services. Within the findings from the current study, the lack of effective shared understanding was characterised in the findings by the divergence of thinking around adolescent mental health, which was more than expected. The lack of a shared understanding and shared language was evident. This is not only indicative of the barriers that are faced due to a lack of a shared understanding and a shared language, but illuminating as to the current situation in the area between these groups.

Within the findings, particularly for part two, there was a focus within the multiagency groups in particular about developing a shared understanding. This arguably indicated two things: one, that there was a common perception that there was not a shared understanding before they came together as a multiagency group, and two, that there is a will to create this and an acknowledgement of the importance of this. With the drive towards improved joined-up working, differences in the understanding across services with regard to adolescent mental health have the potential to pose difficulties (Department for Education, 2015b). The Department for Education acknowledge the need to develop closer links between services like schools and Children and Adolescent Mental Health Services (CAMHS) in order to improve knowledge and understanding of mental health issues (Department for Education, 2015b). The Government report *Future in Mind* (Department for Health,

2011) highlights the importance of having a shared understanding across services and stated that further work is needed to increase understanding child and adolescent mental health across services in order to support a whole system approach. That so many differences emerged from the current study may indicate that there isn't a comprehensive shared understanding of adolescent mental health across these professionals supporting young people and arguably indicated that not enough has been done over recent years to remedy this, despite an acknowledgement that it is important. The key point that emerged evidencing the difficulties of a lack of shared understanding is in the notable differences regarding what constitutes 'crisis point' in which there were stark differences between these professional groups.

Crisis point.

Findings from both parts of the research indicate that there are known discrepancies concerning what services and professionals working within them constitute as 'crisis point'. Arguably, this is linked to the knowledge and resources available. There is evidence of huge gaps in the perception of 'crisis point' between schools, EPs and CAMHS, which leads to frustration and possible fragmentation. CAMHS identified their role as having become crisis driven, showing an awareness of the lack of support given at what they perceive is the lower end of need. This arguably leaves a gap between what schools believe is crisis point for a child and the point at which CAMHS would offer involvement. To meet the threshold for CAMHS the school's group perceived this as a point when the child has gone far beyond crisis point. The House of Commons Health Committee (2014) suggested that schools refer at a much lower

level than thresholds are set because they are ill-equipped to deal with mental health needs. Hofkins (2014) found that schools felt that the level at which CAMHS feel is appropriate to intervene is much higher than the point at which schools felt intervention is needed. Arguably, this is influenced by the daily lived experiences of schools, due to them being on the frontline in dealing with these issues day to day and seeing the potential deterioration of young people's mental health whilst waiting for support. This may go some way in explaining their higher level of concerns in these areas.

5:4. <u>Conclusion and Contribution to Knowledge:</u>

One of the key aspects that emerged from the findings is that although on the surface thinking appears similar there are significant differences in thinking across EPs, CAMHS and schools. Through searches of the literature there was little that explicitly compares these three groups and none that note the specific differences concerning thinking around adolescent mental health in this area. It has been stated that not enough is known about how agencies work together, despite different views (Kelly, Rhodes, MacDonald and Mikes-Liu, 2018).

This is not only indicative of the barriers that are faced due to a lack of a shared understanding and a shared language, but illuminating as to the current situation between these groups within the area. The findings also indicate that privatisation of services has further impacted on the lack of a shared understanding, characterised by a level of departmentalism between these three professional groups and significant differences in the perceptions of what constitutes crisis point. Arguably this has a

negative impact on a level of divergent thinking evident below the more superficial level around adolescent mental health, increasing the risk of young people or key aspects of cases being missed.

The findings show that the increase in need has led mental health support to become crisis driven at the detriment of proactive working. In relation to this a key finding was that it is felt that mental health has un-intentionally become a specialist area, despite a consensus that everybody should have a role in supporting adolescent mental health.

Despite these differences and difficulties, there were positive aspects of joint working that were highlighted from the findings, the differences that were found between groups in both part one and two, actually worked to increase the effectiveness of the approach in the multiagency groups, creating an enhanced and richer understanding of the problem given.

5:5. <u>Strengths and Limitations of the current research</u>

<u>Strengths</u>

A strength of the current research is the participation of a variety of professionals within the groups, particularly the CAMHS group which included primary mental health workers, including a senior primary mental health worker, a mental health nurse, a CBT therapist and a Psychiatrist (further details can be found in the participant data). This ensured that the perspectives were from different roles within the services. In addition, I attempted to gather the data from across the geographical area (based on CAMHS and EP bases in the area studied), to again ensure that a variety of responses, as from experience and in fitting with the constructive philosophy, views and beliefs can change

from base to base, group to group, as they are given meaning by their social context. Although, the conclusions from the current research relate to one specific area, they may illuminate what is occurring in the wider context for other parts of the country too.

Another strength of the current research comes from the methods, which allowed an openness to the discussions, allowing participants to be open, honest and in some cases quite frank in their answers and discussions. This openness arguably increased the validity in participants' responses. Furthermore, the freedom that the methods afforded for participants to give as little or as much information as they wished meant that any influences with regards to researcher bias was limited. In addition to the strengths of the data collection methods, the use of thematic analysis as the analytic tool, meant that the, beliefs, perceptions and experiences (both individual and shared) of the participants were communicated through common themes identified through analysis, without the loss of the rich and meaningful data collected from individual participants. Furthermore, the use of thematic analysis meant that insights into the social-cultural contexts were able to emerge, providing a rich insight into this area. The approaches taken with regards to data collection and analysis fit well with the methodological and philosophical approach to the research, meaning that the intent of the research was met with regards to the aims to explore, illustrate and illuminate perceptions of these professionals in the area of adolescent mental health and collaborative working around this.

<u>Limitations</u>

One limitation of the study was the number of participants, and the uneven number of participants in the three groups in part 1, (six participants from CAMHS, five EPs and four school staff), the aim was to have at least eight in each of the three groups, however, recruitment proved difficult due the limited capacity and time of the professionals involved in the both parts. In addition, in the second part, recruitment difficulties were due to the logistics of getting professionals together in one place at the same time. The initial aim was to get an even spread of participants from across the geographical area, however, this proved difficult and therefore south of the area was underrepresented, which is a shame, as mentioned previously there are often different views in different area bases. The sample was opportunistic and therefore it may have led to those with particularly strong views participating. The intention of the research, however, was not to generalise but rather to explore and illuminate and therefore I believe that these limitations, however present, have only a partial limiting impact of the findings. I was mindful throughout the process that inherently, within a qualitative framework there is room for bias and misinterpretation, therefore methodological decisions were made throughout in order to limit the impact of these.

5:6. <u>Implications for EP Practice and Future Research</u>

Implications for practice, are that across agencies, there needs to be clarity developed concerning roles, this could arguably be achieved through joint training, training on each other's domains to increase

transparency and effective joint working. There is evidence that for school staff in particular there is not enough training on mental health issues affecting young people, there is arguably a role here for both EPs and CAMHS professionals. There is a need for a higher value to be placed on training in mental health across agencies. Furthermore, the importance of fostering a closer link between services through the development of a shared understanding and the use of a shared language is highlighted. The need for a shared understanding is not a unique finding; it is widely acknowledged that this causes difficulties in multiagency working. However, I would argue that this begs the question, why is more not being done to resolve this issue? In terms of implications for practice, I would argue that there is a clear indication that more needs to be done with regards to developing a shared understanding and a shared language. There is also a clear need to prioritise proactive working.

Future research could further consider the perceptions around the roles that each of these professionals perceive they have in supporting adolescent mental health. It may be beneficial to include social care in future research, to give a further perspective, particularly considering the aim of joint working with regard to Education, Health and Care plans.

5:7. <u>Reflection</u>

On reflection, through completing the current research I have gained a deeper understanding of the complexities, challenges and frustrations faced by professionals regarding the lack of a joined-up approach and the differences that occur within this. Within my own practice, going

forward, I will be increasingly mindful and proactive about facilitating joint

thinking and joint working around adolescent mental health and within my

general practice. I endeavour to do this by actively seeking advice and

information from all professionals involved with the young people I am

working with and gaining clarification around understandings and

approaches to each case. Furthermore, I will be increasingly proactive in

maintaining networks and relationships that have emerged from the data

collection process, both for me and for the participants that met, and

further encourage more networking between us and those we work with

in our separate but overlapping professional domains.

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Appendices

- Appendix 1: Ethics form

- Appendix 2: Ethics approval

- Appendix 3: Information and consent forms

- Appendix 4: Concept map

- Appendix 5: Interview Schedule (Part 1)

- Appendix 6: Example transcription (Part 1)

- Appendix 7: Interview schedule (Part 2: Development of Vignettes)

- Appendix 8: Vignette 1 & 2 (Part 2)

- Appendix 9: Example transcription (Part 2)

Appendix 1: Ethics Form

COLLEGE OF SOCIAL SCIENCES AND INTERNATIONAL STUDIES

When completing this form please remember that the purpose of the document is to clearly explain the ethical considerations of the research being undertaken. As a generic form it has been constructed to cover a wide-range of different projects so some sections may not seem relevant to you. Please include the information which addresses any ethical considerations for your particular project which will be needed by the SSIS Ethics Committee to approve your proposal.

Guidance on all aspects of the SSIS Ethics application process can be found on the SSIS intranet:

Staff:
https://intranet.exeter.ac.uk/socialsciences/staff/research/researchenvironmentandpolicies/ethics/

Students:http://intranet.exeter.ac.uk/socialsciences/student/postgraduateresearch/ethicsapprovalforyourresearch/

All staff and students within SSIS should use this form to apply for ethical approval and then send it to one of the following email addresses:

ssis-ethics@exeter.ac.uk   This email should be used by staff and students in Egenis, the Institute for Arab and Islamic Studies, Law, Politics, the Strategy & Security Institute, and Sociology, Philosophy, Anthropology.

ssis-gseethics@exeter.ac.uk   This email should be used by staff and students in the Graduate School of Education.

Applicant details	
Name	Kirsty Hughes
Department	DeDPSYCH
UoE email address	KG324@Exter.ac.uk

Duration for which permission is required		
You should request approval for the entire period of your research activity. The start date should be at least one month from the date that you submit this form. Students should use the anticipated date of completion of their course as the end date of their work. Please note that <u>retrospective ethical approval will never be given.</u>		
Start date:01/02/2016	**End date:**01/09/2017	**Date submitted:**28/03/2016

Students only	
All students must discuss their research intentions with their supervisor/tutor prior to submitting an application for ethical approval. The discussion may be face to face or via email. Prior to submitting your application in its final form to the SSIS Ethics Committee it should be approved by your first and second supervisor / dissertation supervisor/tutor. You should submit evidence of their approval with your application, e.g. a copy of their email approval.	
Student number	630048006
Programme of study	Doctor of Educational Psychology (DEdPsych)
Name of Supervisor(s)/tutors or Dissertation Tutor	Brahm Norwich & Margie Tunbridge
Have you attended any ethics training that is available to students?	25/09/2015

Certification for all submissions

I hereby certify that I will abide by the details given in this application and that I undertake in my research to respect the dignity and privacy of those participating in this research. I confirm that if my research should change radically I will complete a further ethics proposal form.

Kirsty Hughes

Double click this box to confirm certification ☒

Submission of this ethics proposal form confirms your acceptance of the above.

TITLE OF YOUR PROJECT

An exploration of the perceptions of adolescent mental health and interagency collaboration over mental health.

ETHICAL REVIEW BY AN EXTERNAL COMMITTEE

No, my research is not funded by, or doesn't use data from, either the NHS or Ministry of Defence.

MENTAL CAPACITY ACT 2005

No, my project does not involve participants aged 16 or over who are unable to give informed consent (e.g. people with learning disabilities

SYNOPSIS OF THE RESEARCH PROJECT

Maximum of 750 words.

This research aims to explore the different perceptions of adolescent mental health in secondary schools (at wave 2 and 3 based on the Targeted Mental Health in schools (TaMHS) wave model e.g. small group skills focussed intervention level (wave 2) and small group and individual therapeutic intervention level (wave 3)) from the perspectives of school staff, educational psychologists and CAMHS professionals. The research will consider mental health issues such as anxiety, depression, self-harm, eating disorders, conduct disorders etc, within secondary schools (specifically looking at CAMHS tier 2 i.e targeted services in education, joint working with targeted and universal services). This study also aims to explore interagency collaboration over adolescent metal health between these groups of professionals. The aim is to explore tensions barriers and pressures on schools and services with the increasing mental health needs of adolescents. The study will consider, shared and different understandings of adolescent mental health, common language and communication within and between services, knowledge of other services, departmentalism, and roles.

The research questions for the project are:

Part 1. (Perceptions of mental health in secondary schools)

1. How are mental health practices and issues in secondary schools perceived by school staff, CAMHS and EPs?

2. How are perceptions of their own and each other's roles in mental health similar and different between secondary school staff, CAMHS professionals and EPs?

3. How do professionals view collaboration over adolescent mental health?

Part 2. (collaboration / joint problem solving)

1. How do professionals from different professional work together in making sense of mental health cases?

2. To what extent are there common- different ways of problem solving around adolescent mental health?

INTERNATIONAL RESEARCH

N/A

The following sections require an assessment of possible ethical consideration in your research project. If particular sections do not seem relevant to your project please indicate this and clarify why.

RESEARCH METHODS

Data collection part 1:

Data collection in part one of this study will consist of individual semi structured interviews with all participants (see below). Interviews will be developed then adapted slightly depending on role (school staff, EPs and CAMHS professionals). Semi structured interviews will be used in order to focus the interview whilst still allowing for open discussion, this will allow for different perceptions to emerge. The interviews will be recorded using a digital recording device and participants will be informed that they may request to review their transcriptions and amend if they wish to. Interviews will last no longer than an hour.

Data analysis part 1:

The data collected via the semi structured interviews will be audio recorded and transcribed then analysed qualitatively using thematic analysis. I will use the programme NVIVO to assist me in the analysis. The analysis will be at a group level (e.g. school staff, EPs and CAMHS professionals).

Data collection part 2:

The data for part two will be collected via focus groups. Firstly 3 focus groups, each with just one set of professionals. (e,g, 1 group will consist of SENCos, another will be EPs and another will consist of CAMHS professionals). Following this, three interdisciplinary focus groups each with 2-3 participants.

Within each of these I will use vignettes, which will be based on real life adolescent mental health problems that have been encountered by professionals, these will be amended so that there is no distinguishing features. The use of vignettes will be to see how these groups problem solve, within professional groups and within cross professional groups. To compare and analyse the similarities, differences and collaborative processes. Analysing the in the way in which the groups approach the problem set in the vignettes. All group discussions will be recorded by a digital recording device and transcribed.

Data analysis part 2:

The data collected in part 2 of the study through the focus groups will be analysed qualitatively through thematic analysis. I will again use the programme NVIVO to assist me in this. The data will be analysed by professional group (e.g. SENCOs, EPs and CAMHS professionals) from the first groups, to find themes then these will be analysed in relation to each group to explore similarities and differences. Then the data from the mixed professional groups will then be analysed again using thematic analysis. There will be a follow up call, with some short questions (approx. 10 minutes) to those who took part in this part of the study about how they felt working in their own professional group and in a mixed professional group

PARTICIPANTS

Participants for part 1 will include secondary school staff, (teachers, SENCos, members of senior leadership teams, heads of pastoral care), Educational psychologists, CAMHS professionals (primary mental health workers, psychologist or psychiatrist and therapists).

There will be twelve school staff. With the area of research, these will be from two secondary schools in the North of the geographical area within the southwest, two secondary schools from Central and two secondary schools from South. Participants from

schools will consist of a teacher, the SENCo, a member of senior leadership team, and head of pastoral care in each of the secondary schools.

Six Educational Psychologists, two EPs from North base , two EPs from Central base and two EPs from South base.

Nine CAMHS professionals, 3 from North base, 3 from Central base and 3 from South base. Participants from CAMHS will consists of, primary mental health workers, psychologist or psychiatrist and therapists (1 of each from each area).

Participants for part 2 will consist of the 6 SENCo's, 6 Educational psychologists and 6 CAMHS professionals. All participants will be from those interviewed in part 1.

THE VOLUNTARY NATURE OF PARTICIPATION

All participants for this study will be professional adults (over the age of 18), none are potentially vulnerable and none are knowingly engaged in potentially illegal activities. All participants will enter the research willingly and will have been fully informed of the project and research process and will understand what they are agreeing to in taking part. All participants will be informed of their right to withdraw at any time and their right to withdraw or amend their transcripts. All will be informed that their details will be kept confidentially and data will be anonymised. Participants will be recruited through contacts.

SPECIAL ARRANGEMENTS

N/A

THE INFORMED NATURE OF PARTICIPATION

All participants will be informed of the nature of the project at the first point of contact and will be given an information sheet along with the consent form prior to participation. Informed consent will be obtained in line with the HCPC standards of proficiency. All participants will be fully informed of the aims, purposes and procedures of the research prior to participation. All participants will sign two consent forms prior to participation, one for them to keep and one for me as the researcher. Participants will be informed of their right to withdraw. Participants will be informed that they can review, amend or withdraw their transcripts should they wish to. Participants will be made aware that they can change answers or refrain from answering any questions during interview. Confidentiality will be maintained throughout and all data will be anonymised. All data and information will be kept securely and be password protected.

ASSESSMENT OF POSSIBLE HARM

This research is low risk for possible harm. The exploratory approach is low risk. In part 1 of the study the use of semi structured interviews will mean that participants can provide as much or as little information as they wish and have the opportunity to provide only the responses they feel comfortable and willing to, and they will have the opportunity should they wish to review and amend any comments made. Their right to withdraw at any point will again be made clear.

In part 2 of the study when exploring inter agency collaboration, participant will likely be coming from different perspectives during the discussions, which may lead some participants to feel uncomfortable. The participants' right to withdraw at any point will be reiterated prior to these discussions taking place. I as the researcher will be available during and following these discussions should anyone wish to discuss any issues. A follow up call in the week following this will again give participants an opportunity to discuss any issues that may have arisen.

DATA PROTECTION AND STORAGE

Anonymity and confidentiality of the data will be maintained at all times, all names and personal details of participants will be kept separate from the raw data and will be password protected. All participants will be made aware of their right to withdraw their data, review their data and amend this. Data will be kept for a maximum of 5 years and will be password protected until deleted/ destroyed. Voice data collected will only be kept for transcription purposes then deleted. All research will be published in anonymised form.

DECLARATION OF INTERESTS

No commercial interests. The information used will be used for thesis.

USER ENGAGEMENT AND FEEDBACK

Participants will be made aware that they have the option to reviews their transcripts and give feedback or make amendments if they wish to.

INFORMATION SHEET

The information sheet and consent form are on the same page (please see below). This will be given to the participants prior to the semi structured interviews in part 1 and again prior to the focus group discussions in part 2. As participants will be recruited through contacts the information on the information and consent form will be given to participants prior to them agreeing to take part over the phone or via email.

CONSENT FORM

Information and consent form.

Title of Research Project

An exploration of the perceptions of adolescent mental health and interagency collaboration over mental health.

Details of Project

This research aims to explore the different perceptions of adolescent mental health in secondary schools from the perspectives of school staff, educational psychologists and CAMHS professionals. The research will consider mental health issues such as anxiety, depression, self-harm, eating disorders, conduct disorders etc, within secondary schools. This study also aims to explore interagency collaboration over adolescent metal health between these groups of professionals. The aim is to explore tensions barriers and pressures on schools and services with the increasing mental health needs of adolescents. The study will consider, shared and different understandings of adolescent mental health, common language and communication within and between services, knowledge of other services, departmentalism, and roles.

Part 1: You will take part in an individual semi structured interview exploring perceptions of adolescent mental health in secondary schools.

Part 2: You will be part of focus groups, in which the vignettes will be used to create discussion. These focus groups will be both with your own professional group and a mixed professional group.

Contact Details

For further information about the research /interview data (amend as appropriate), please contact:

Name: *Kirsty Hughes*

Postal address: *Exeter University St Lukes Campus, Heavitree Rd, EX1 2LU*

Email: *kg324@exeter.ac.uk*

If you have concerns/questions about the research you would like to discuss with someone else at the University, please contact:

Professor Brahm Norwich, Exeter University St Lukes Campus, Heavitree Rd, EX1 2LU. B.Norwich@exeter.ac.uk

Confidentiality

Interview tapes and transcripts will be held in confidence. They will not be used other than for the purposes described above and third parties will not be allowed access to them (except as may be required by the law). However, if you request it, you will be supplied with a copy of your interview transcript so that you can comment on and edit it as you see fit (please give your email below so that I am able to contact you at a later date).Your data will be held in accordance with the Data Protection Act.

Data Protection Notice

The information you provide will be used for research purposes and your personal data will be processed in accordance with current data protection legislation and the University's notification lodged at the Information Commissioner's Office. Your personal data will be treated in the strictest confidence and will not be disclosed to any unauthorised third parties. The results of the research will be published in anonymised form. All participants will have the right to remove their data. The have the right to review and amend the transcription of their interview. All raw data will be anonymised and kept confidential. All data will be stored and password protected. Data will be kept for a maximum of five years then destroyed.

Anonymity

Interview data will be held and used on an anonymous basis, with no mention of your name, but we will refer to the group of which you are a member.

Consent

I have been fully informed about the aims and purposes of the project.

I understand that:

- *there is no compulsion for me to participate in this research project and, if I do choose to participate, I may withdraw at any stage;*
- *I have the right to refuse permission for the publication of any information about me;*
- *any information which I give will be used solely for the purposes of this research project, which may include publications or academic conference or seminar presentations;*
- *If applicable, the information, which I give, may be shared between any of the other researcher(s) participating in this project in an anonymised form;*
- *all information I give will be treated as confidential;*
- *the researcher(s) will make every effort to preserve my anonymity.*

....

(Signature of participant)   (Date)

....

(Printed name of participant)   (Email address of participant if they
                                                                have requested to view a copy of
                                                                the interview transcript.)

....

(Signature of researcher)   (Printed name of researcher)

One copy of this form will be kept by the participant; a second copy will be kept by the researcher(s).

Your contact details are kept separately from your interview data.

SUBMISSION PROCEDURE

Staff and students should follow the procedure below.

Post Graduate Taught Students (Graduate School of Education): Please submit your completed application to your first supervisor. Please see the submission flowchart for further information on the process.

All other students should discuss their application with their supervisor(s) / dissertation tutor / tutor and gain their approval prior to submission. Students should submit evidence of approval with their application, e.g. a copy of the supervisors email approval.

All staff should submit their application to the appropriate email address below.

This application form and examples of your consent form, information sheet and translations of any documents which are not written in English should be submitted by email to the SSIS Ethics Secretary via one of the following email addresses:

ssis-ethics@exeter.ac.uk   This email should be used by staff and students in Egenis, the Institute for Arab and Islamic Studies, Law, Politics, the Strategy & Security Institute, and Sociology, Philosophy, Anthropology.

ssis-gseethics@exeter.ac.uk   This email should be used by staff and students in the Graduate School of Education.

Appendix 2: Ethics Approval

GRADUATE SCHOOL OF EDUCATION

UNIVERSITY OF
EXETER

St Luke's Campus
Heavitree Road
Exeter UK EX1 2LU

http://socialsciences.exeter.ac.uk/education/

CERTIFICATE OF ETHICAL APPROVAL

Title of Project: An exploration of the perceptions of adolescent mental health and
interagency collaboration over mental health.

Researcher(s) name: Kirsty Hughes

Supervisor(s):   Brahm Norwich
Margie Tunbridge

This project has been approved for the period

From: 01.04.2016
To: 01.09.2017

Ethics Committee approval reference:

D/15/16/39

Signature: Date: 01.04.2016
(Dr Philip Durrant, Chair, Graduate School of Education Ethics Committee)

Appendix 3: Information and consent forms

Information and consent form.

Title of Research Project

An exploration of the perceptions of adolescent mental health and interagency collaboration over mental health.

Details of Project

This research aims to explore the different perceptions of adolescent mental health in secondary schools from the perspectives of school staff, educational psychologists and CAMHS professionals. The research will consider mental health issues such as anxiety, depression, self-harm, eating disorders, conduct disorders etc, within secondary schools. This study also aims to explore interagency collaboration over adolescent metal health between these groups of professionals. The aim is to explore tensions barriers and pressures on schools and services with the increasing mental health needs of adolescents. The study will consider, shared and different understandings of adolescent mental health, common language and communication within and between services, knowledge of other services, departmentalism, and roles.

Part 1: You will take part in an individual semi structured interview exploring perceptions of adolescent mental health in secondary schools.

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Contact Details

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Email: *kg324@exeter.ac.uk*

If you have concerns/questions about the research you would like to discuss with someone else at the University, please contact:

Professor Brahm Norwich, Exeter University St Lukes Campus, Heavitree Rd, EX1 2LU. B.Norwich@exeter.ac.uk

Confidentiality

Interview tapes and transcripts will be held in confidence. They will not be used other than for the purposes described above and third parties will not be allowed access to them (except as may be required by the law). However, if you request it, you will be supplied with a copy of your interview transcript so that you can comment on and edit it as you see fit (please give your email below so that I am able to contact you at a later date).Your data will be held in accordance with the Data Protection Act.

Data Protection Notice

The information you provide will be used for research purposes and your personal data will be processed in accordance with current data protection legislation and the University's notification lodged at the Information Commissioner's Office. Your personal data will be treated in the strictest confidence and will not be disclosed to any unauthorised third parties. The results of the research will be published in anonymised form. All participants will have the right to remove their data. The have the right to review and amend the transcription of their interview. All raw data will be anonymised and kept confidential. All data will be stored and password protected. Data will be kept for a maximum of five years then destroyed.

Anonymity

Interview data will be held and used on an anonymous basis, with no mention of your name, but we will refer to the group of which you are a member.

Consent

I have been fully informed about the aims and purposes of the project.

I understand that:

> •*there is no compulsion for me to participate in this research project and, if I do choose to participate, I may withdraw at any stage;*
> •*I have the right to refuse permission for the publication of any information about me;*

- *any information which I give will be used solely for the purposes of this research project, which may include publications or academic conference or seminar presentations;*
- *If applicable, the information, which I give, may be shared between any of the other researcher(s) participating in this project in an anonymised form;*
- *all information I give will be treated as confidential;*
- *the researcher(s) will make every effort to preserve my anonymity.*

……………………………………..

(Signature of participant)

……………………………………..

(Date)

…………………………………………

(Printed name of participant)

…………………………………………

(Email address of participant if they have requested to view a copy of the interview transcript.)

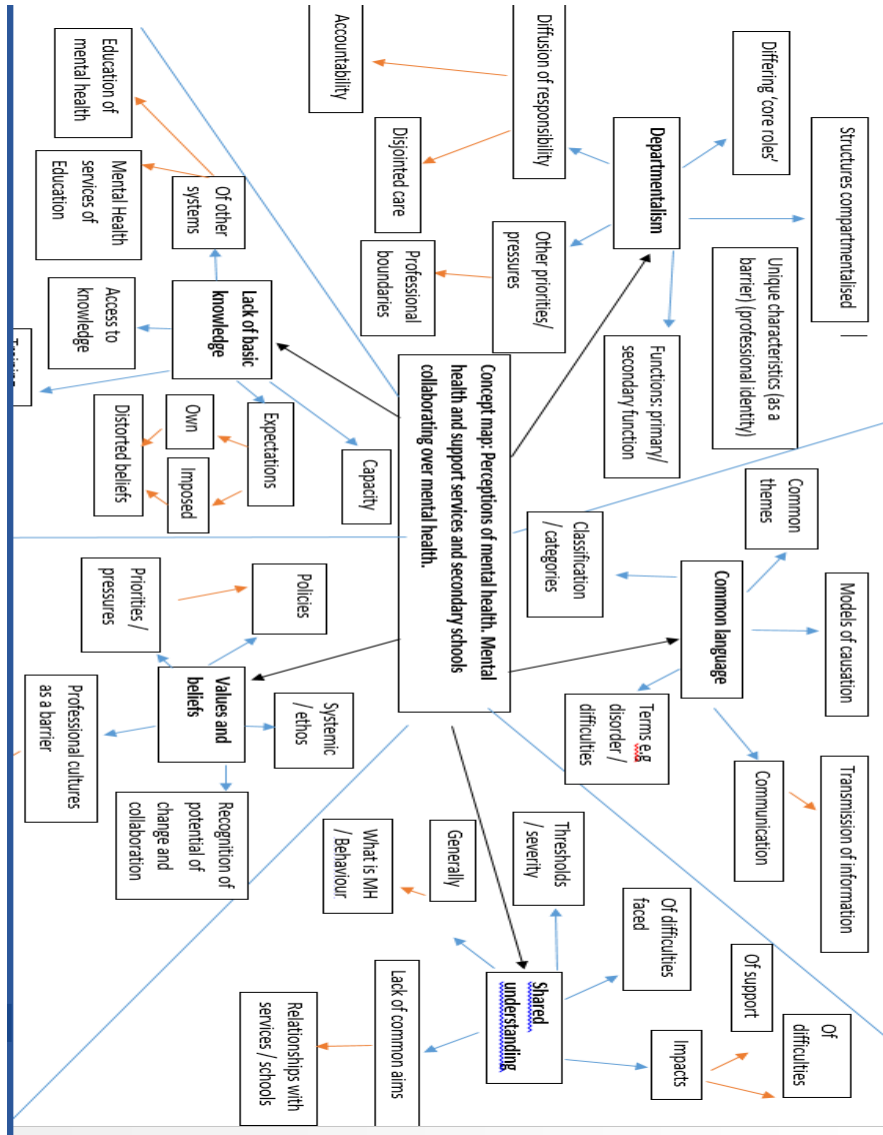………………………………………..

(Signature of researcher)

………………………………………..

(Printed name of researcher)

One copy of this form will be kept by the participant; a second copy will be kept by the researcher(s).

Your contact details are kept separately from your interview data.

Appendix 4 : Concept Map

Concept map: Perceptions of mental health. Mental health and support services and secondary schools collaborating over mental health.

Appendix 5: Interview Schedule (Part 1)

	Main Question	Prompt 1	Prompt 2
Adolescent mental health			
	Do you think that there has been an increase in need with regard to		

	adolescent mental health?		
		In what ways	
		Why do you think that has come about	
	What impact has this had?		
		Impact on your role	
		On CAMHS and EPS services and schools?	
	What impact do you feel adolescent mental health has upon learning and teaching?		
		Any specific examples?	
	In what ways do you think adolescent mental health impacts upon educational outcomes?		
	To what extent are there different views of the impact of adolescent mental health within the school / service?		
		What impact do these differences have?	
	To what extent do you think young people could have more input with regard to their mental health needs?		
Multi agency working			
	Do you think that there is / is not a shared understanding with other professionals about the nature of adolescent mental health?		
		What is common?	
		What is different?	
			Do differences matter?
	How would you describe your role in supporting adolescents with mental health difficulties?		

		Own role, non multi agency.	
	How would you describes the role of others?		
	How do you view collaboration over mental health?		
		How do your respective roles relate?	
		To what extent do you work separately?	
	How confident do you feel working with CAMHS / EPs / schools with regard to adolescent mental health?		
		What impact does this have on what you feel you can do to support adolescent mental health?	
	What would you described as the strengths of collaborative working over adolescent mental health?		
	What would you described as the difficulties of collaborative working over adolescent mental health?		
		What are the tensions?	
		What are the barriers?	
		What are the pressures?	
	To what extent do you think that there are different perspectives of amh between schools and service?		
		What impact does this have?	
	How well do you feel supported with regards		

	to adolescent mental health by CAMHS / EPs / schools?		
		What is the impact of that on what you feel able to do to support adolescent mental health?	
	Do you feel there are gaps in support?		
		What do you think your service / school could do?	
			What could be done to make this happen?
Policy & Legislation	How much do you know about Legislation /policy with regard to adolescent mental health?		
		E.g. No health without mental health	
		Mental health and behaviour in schools : Departmental advice?	
	Do you think policy clearly defines your role in adolescent mental health?		
	Do you think that any particular policy / legislation has had an impact on your role ?		
		What impact?	
Role of schools	What do you think the role of schools is in supporting adolescent mental health?		
		Why is that?	
	To what extent do you feel schools have a responsibility for dealing with adolescent mental health?		

		What is that responsibility?	
		Who's responsibility?	
	Do you think that schools are prepared/ equipped to deal with adolescent mental health difficulties?		
		If so, in what ways?	
		If not, why not?	
	Is there a designated person within the school with a responsibility for adolescent mental health?		
		What do they do?	
		What impact do you think this has on supporting amh?	
		Anything to add about this role?	
Training and professional development	What training have you received in adolescent mental health in schools?		
		In initial training?	
		Learning through practice?	
		CPD?	
	Would you say you have a good knowledge of systems in CAMHS / schools?		
	What do you think school staff need in order to feel confident with adolescent mental health in schools?		
		Why? What impact would that have?	
	Do you feel that it would be helpful to have more knowledge of CAMHS / education systems?		
		What Knowledge?	
	Do you feel there is anything needed for you to feel more confident in schools systems?		

		Training?	
		Systems and or ethos change?	
Any further comments?			

Appendix 6: Example transcript (part 1)

K – Kirsty

P- Participant

K – Do you think there's been an increase in regard to need of adolescent mental health?

P – I don't know if it's an increase in need or it's an increase in diagnosis or observations or the young people are more aware of what mental health is so they're more self-diagnosing. I think we're seeing a lot of behaviors around adolescent mental health but I'm not sure whether it is mental health or whether its environmental cause or diagnosable mental health does that make sense so I find that really difficult because we talk about it quite a lot in terms of is it getting worse or isn't it but were finding a lot more, but again what are we looking and that could be because of behaviors or it could be we know they don't meet CAMHS threshold so it's hard to know whether they are mental health issues or aren't they but they are certainly not healthy what young people are experiencing

K – Why do you think that's come about?

P – there's a lot of stuff in the media there's also young people are more keen to tell you how they feel about things and therefore you should do something for them because I feel really sad so therefore you should do something so I think they come looking for services who might be able to meet their services in a different way than historically I think but young people who are looking for services may be unable to access them because CAMHS threshold is huge is really high so if you're suffering from low mood or something that you think is depression that feels real to you whether its diagnosed as that is different but to you its real so they come looking for different services so for us were the part in the school that they would stumble over because its supportive I don't know in terms of GPs they're not seeming to take it not take it seriously but where do you refer anybody to those services don't seem to be out there

P- There's a real gap between you know the stuff around universal services and level 4 threshold there's very few services so early help is all part of us but there's no services out there so kind of the schools that is what early help is, it seems to be quite cynical but that's what it feels like

K – And what impact do you think this has had?

P – I think it's confusing for young people so therefore their demands get higher louder and it becomes young people then try to self-medicate so they use alcohol and that traditionally what's happened this isn't just a new thing is it you know but alcohol and drugs and risk taking becomes bigger because they're looking for something either as a distraction or as a means to stop them feeling how they are feeling we've got some school refusers here that just don't seem to have any resilience in terms of when life gives you a pretty crap time that takes over their whole life and becomes their whole persona and so young people don't cope with anxiety very well because of that resilience or lack of resilience

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K – What impact do you think it has had on your role?

P – I've only been here a year but I suppose we try not to create a dependency but there's definitely a need and were trying to make sure that's a focus and strategy behind it rather than just all to everybody because then you become nothing to everybody so it's quite a strategic role so young people are referred to here so we become a resource for the whole school so teachers will identify something that they're not sure what they're seeing but it's not working for that child so they will refer to us we have counsellors working out of here we have different services so (service) which is a drug agency come in here, we've got the youth offending team working out of here, we've got so I'm trying to create a hub, a multi-agency hub because that's really important and I think because we don't have services that meet all young people's needs because they are so diverse so that's what we're trying to create here some people we can call upon. I do interventions with young people were running living life to the full course which is through early help for mental health, they're paying for it so I'm working with a guy called SW whose in delivering some of it so we look at the models we also do enrichment intervention on a Thursday afternoon so the whole school go into themes so it could be they do code breaking, rugby, what you would do in team challenges and things they choose what they do so myself one of the pupil coaches have been doing an E & I session around personal development so it's an opportunity for us to make better connections with young people ad start saying to young people ok we hear you what do you need to happen? What are you going to do about it? So giving young people strategies for dealing with life really so there's a couple of models we do in the school that are more supportive rather than get on with it man up.

K – What impact do you feel adolescent mental health has on learning and teaching?

P – huge because young people can't concentrate because it becomes the biggest thing doesn't it and you know if you look at Maslow if your needs aren't being met at a low level then really you're not going to be thinking about math's and doing the inspirational things we want for young people its huge because it becomes all-consuming doesn't it and you also don't take on the information in the way we'd want you to and it's the biggest thing in your life so you don't have room for anything were working with some young people that literally describe themselves as full and they don't have any room in their head for any other information but equally with their anxieties they don't want to be seen as rude they don't want to be seen as you know distracted but actually they are not coping and they can't take on any other information when they feel that anxious. We have a lot of anxieties around exams, a lot of stuff round parenting a lot of stuff around the lack of parenting so it enable young people to put themselves at risk in terms of going out partying using drugs and things and I know that's not specifically mental illness but it's definitely mental health in terms of where you are and how you consider yourself to be at risk and there's a lot of young people who don't consider things that we'd be terrified for our children they don't see themselves as being at risk so it's not a mental illness as such but in terms of mental health and keeping yourself safe they have such low self-esteem they don't expect anything else for themselves which I think is really sad

K – What ways do you think adolescent mental health impacts on educational outcomes?

P – Well again if you aren't able to access the lessons and curriculum what we do here is we have some young people who come out of the curriculum for certain times just because they can be more supported, they have TLC cards so they can come out of lessons they can take 10 minutes and go back in again so that's better than them fleeing or being school refusers however if you're not in class there's so much pressure to achieve in school that the pressure on the teacher to deliver there's no chance to go back so it's really difficult

K – To what extent are there different views on adolescent mental health within schools and services?

P – I think there's different understanding of that within the school let alone services so depending on what job you do and what role you have think the more you are in a position to connect with the young person the more you understand the impact if you are there to do a job on a young person like deliver history and I'm not saying these teachers aren't caring but actually they're there to specifically do that and they've got 30 odd kids in their class so the more pastoral roles they get that this is huge for young people. There are few services out there, there's a real void of services and their thresholds because they're so in demand their thresholds are so high that actually they're recognizing that there are young people out there that are struggling but they can do nothing about it so we've got a good link with CAMHS but their threshold has just gone up so our CAMHS worker has gone yeah we get you, you know that needs to happen but we can't do it so I think agencies are aware of it but the staffing and money is not there to be able to put mid-range service in like the preventative stuff there's not preventative stuff like there used to be youth services have been cut and so there isn't there it almost comes to crisis before somebody will go and then its you've got to be in crisis and then some before you reach you've got to prove you're in crisis then haven't you so that's the frustration. So I think this is a real void so therefore there's the demand so I think people are aware of what's going on with young people to more or less of a degree but there isn't the facilities to do anything about it so you kind of have to (inaudible) well this is the bit I do and I have to get on with it

K - Do you think adolescents could have more input in regards to their mental health needs?

P – yes definitely but I think its areal mixture I think we make a mistake of young people to design their own services without any input because there's limited knowledge but as you do it as a collaborative group with professionals and young people and people who have experienced it and people who haven't I think you get a richer design then don't you because otherwise it depends on who is in the room who is answering those questions, but that's the same with everything isn't it, the richer the collaboration the better I think and we've got some young people who are really vocal about what they deserve and should have and what we actually think they need is very different we've got young people who come here who say you should be doing something I'm suicidal you should be doing something but actually they're not going down the path of what can you do for yourself as well so it's always do something to me because I haven't got the energy or ability to do it for myself so they if they were the ones I in that room designing a service for themselves you would get a very skewed service wouldn't you so I do think yes of course involve young people but you cant involve all young people so you need to have a range of people and professionals who would go actually we've done this in the past but it works really well if you do this whole raft of knowledge really.

K- so our next section is on multiagency working, do you think that there is or isn't a shared understanding with other professionals about the nature of mental health ?

P – yes I think there is an understanding and a real will but again not the means to do it so that's the frustration so there's also a lot of demands on services that aren't just about mental health for instance in school curriculums really important that's got to be the main thing because it's a school, attainment levels were all judged on attainment levels but there's also the behavioral route you know the making sure young people are behaving in an acceptable manner but then we've also got the autism standards that have come out which are really important and I agree but they're not the most important so at the moment we've got because I'm involved in those two mental health and the autism you know the amount of work is asked

just to design something or just to do an assessment for a young person is absolutely huge so in terms of the work load to prove the young person is has a mental health issue or mental health diagnosis it's just massive so we don't have the capacity to do that I don't think and also I think it depends who those young people stumble over really it's not as coordinated as it needs to be because there's a lack of professional trust so it's almost within the agencies it's who you know because you can do a little phone call and because you're known ok yeah we'll take them because you're from C because we know her but maybe if D was to phone or vice versa it's not necessarily can you do the paper work, it's frustrating isn't it so what I think the will is there I don't think the means are there, I do think there's an understanding about mental health but again people talk about people are very aware of the diagnosed mental health so the bipolar, personality disorder and that becomes someone else problem then doesn't it as you know were not clinically trained to do that, then the other stuff around depression and anxiety that's more mainstream so again just get on with it, it's something you have to live with, so there's two kind of opposing ideas of one its really big and two it's not big enough so it's the middle bit that's the hole I think

K - How would you describe your role in supporting adolescence with mental health difficulties?

P – obviously I'm the expert of it (laughter) My role its two pins really I guess it's one working with young people and modeling those behaviors and being an advocate and putting in strategies for that young person that they can actually work towards and the other one is advocating for that young person in terms of school and trying to get the school to understand that it is so high up on their agenda that it is stopping young people accessing mainstream education so and whilst people know that they get swallowed into their roles and their views and so I'm having to keep going the reason why the young person I get a lot of referrals up here I have a young person up here and a typical day might be so we got a young person up her who would say to me I can't cope I can't cope I can't do it I can't be in math and it could be a friendship issue it could be that their dog died could be a whole load of things that gave them anxiety and it could be perceived or it could be real but that's not for me to judge that's for the young person to muddle through to come up with a strategy with my support so I can't do things to young people because it's never going to stick is it but also maybe a judgment of oh my goodness why is that young person up with C because actually they need to be in math this is really important they need to be in geography because geography is really important so I send a lot of emails to staff saying trying to say we've come up with a strategy and it really works with this young person so can you make sure they have an opportunity to do it or can they talk to you about it and what I'll also do with young people is I'll say can you go and talk to your teacher so they have a personal connection because that's not top of the list is it when you're trying to teach 30 kids that personal connection is not you're just a big group who you're trying to get this information to and I know that's frustrating for teachers as well that's the kind of necessity for schools so what I kind of do is say hello don't forget the connection and don't forget this person is struggling, don't forget this is what this person needs to and can you help them and so that my role really and also the center is not a behavioral unit it's not a specialist unit in terms of mental health it's just a suite of rooms but what happens in here I think is magical because it's beautiful because it actually cares about young people and it starts from where they are teachers come in here afterschool and offload and we try and work out strategies for them it's a sounding board it's for that and the reason it's never going to be a behavioral unit is because they don't work I did a lot of dissertations on labeling theories and things when I did community education so if you know you put labels on young people they generally usually live up to them then if this is a behavioral unit then you don't even need to

do anything do you they'll kick off because that's what they're expected to do so here this is about being kind to each other and what does that look like well I'm going to model it and therefore you're going to do that in here because that's our relationship and our relationship is going to be really important to you therefore you're going to want to keep that and so we have a positive spiral building in other people so we have some people in here who otherwise would be excluded but actually are able to hold it together generally because they now have connections with some staff in school so that's not mental health but it would spiral into mental health issues in adulthood because they're going to fail school they're going to see themselves as not worthy maybe low self-esteem, criminal activity you know I don't mean that's mutually exclusive but actually you can see that those types of relationships are important in the future for maintaining a good mental health so kind of my role and I love my job here and they have given me the reigns which I'm really lucky to its just a very what did that young person call 'a hippy dippy' but actually I think that's a quite compliment because it's about caring isn't it and moving forward

K- it's a shame more schools don't have this sort of provision

P – there isn't but I've spent 25 years as a youth worker so I still bring my youth work ethos here because it works it's about connections and moving people on and we know how important connections are to the human species you know we don't thrive without connections and some of these kids don't have this at home so if we can model that and that can start to be an anticipation for young people to make healthy relationships either with peers or with adults then that's going to be a good thing I think, I think it works so that's my role with young people and advocates within the school in a nutshell but as you can tell I like my job so I do talk about it a lot because we see amazing results we see kids thriving in here and then we have to hold their hand when they go back into mainstream because everything's about spring boarding out here into the mainstream curriculum because this is a school this is an education environment and with the cuts there are very few school with stuff like this and this one may not for very long really they're going to have to make some really funky choices with the money that they've got you know which is hard but that's life isn't it

K – it's a shame when you have something as precious as this though that it can't just be protected

P – every school should have this kind of resource with specialist workers who can go let's just stop and what do we need to do to move this forward rather than you will sit down you will shut up you will conform because that's just going to build resistance that young people aren't going to thrive form really

K - How would you describe the role of others?

 P – educational psychologists are brilliant and we've got a great guy and but from my point of view it's my time with him that's really important to discuss young people from my observations and my thoughts and he you know I was describing behaviors of a young person and he said oh that sounds like insecure attachment have you read this and have you read that and it's like ah talk to me and yeah I do think he was describing this young person spot on so were able to trial some models so actually the 20 minutes I spent with him because I'm in school I can widen the brush rather than him just coming to do observation that's one young person but actually sharing the love with me I can you know it's really fascinating actually so that's really helpful. CAMHS we know a lot of the CAMHS workers but again their thresholds are so high so it's just crippling, confusing and disappointing that they don't meet threshold seriously what's not to meet threshold with this then also the appointments are weeks so it's

just crazy so you've got a young person who has identified they need CAMHS and they all know what CAMHS is so that's a big journey in their heads to identify you need a mental health organization and then nothing and that's not good enough for that young person because they're panicking now are they is it retrievable they're feeling sad and anxious and whatever and we've got young people who go on the internet and they just you know 'I'm now schizophrenic' well you're not are you so let's have a look and so it's really difficult with the timings because actually when you identify a young person they need help now it's when you know the bit before you could do the journey with school staff but when school staff are saying no no they need an assessment then a 10 week waiting list and then every other week it's got to be much more it's got to be more fiery than that I think so CAMHS are frustrating even though they don't mean to be we understand their constraints but it's not working I don't think for the young people I am referring it's not working and actually often does more harm than good because people get frustrated with CAMHS before they've even started and then they won't go so they've gone through everything, the assessments, made appointment, but then won't go so they're perceived as not having a need when actually there is more of a need because you've taken 10 weeks to get there so to us that's really frustrating so other agencies early help that's ongoing is frustrating the paperwork overtakes everything else and we've kind of lost site of the young person so when we are referring young people to MASH and they don't meet the threshold it feels very lonely in a way because you haven't got you're because the expectation is you phone MASH something gets done so you phone MASH and nothing gets done then a crisis happens MASH get involved and there's no feedback to us because MASH have trumped the school so social services are involved we don't get asked to meetings you know there's a lot of missed communication and some of it I get is because we have an assumption and expectation that they can't meet and others is because their system clearly doesn't work so I think were quite pragmatic about it you know I don't believe all social workers sit with their feet up twiddling their thumbs however a little more consideration in terms of the relationship we have built up with young people isn't kind of considered and a lot of stuff is done to young people at the level isn't it so you will do this and won't do that and that doesn't build a good relationship with young people so keep alongside people who have got a good relationship and then that's a kind of twofold then isn't it. I'm willing to do anything with young people that will work and that's what is good about working here we can be flexible we really can you know the fact that the school is really supportive and suggest we get involved in a research project its looking at resources and other things we can do differently to benefit young people

K- How do you view collaboration over mental health?

P – I think it's difficult I think we've lost sight of the young person and gone into our own processes and procedures and what I mean by that is that you can go to a TAC meeting for instance and health will have an agenda, schools with have an agenda, you know, GPs never come to TACs, the parents have another agenda, and the young person will have another agenda and actually everyone's fighting their own ideas their own bit and actually we should start with the fact that there's the young person who has got the relationship and again it comes back down to relationship I think so who has a relationship with the young person who can truly look around the subject and help put the plan in place so you know NHS will or whoever is involved so might be the school nurse or something so they might say I can meet him on a Friday and then the parents say I think you should be doing this and the school say you should be doing that and we lose sight of the actual where is this young person. So the collaboration is the team around the child would be an example of collaboration is a good idea rarely do young people go to it so to me it's just a professionals meeting its not actually a team

around the child and equally people come with their own agendas and limitations of what they can do so if we were going to be collaborative it would be all the cards on the table what does this young people need we can't do that can we because were limited so it's about who does that work oh I don't know let's do another referral and then you get another agency in who hasn't got a relationship with the young person so I think it's very long winded and its hit and miss really and in the meantime you have got a young person who is now writing their own script in their head about what their life is going to be like and I'm really crap so therefore my life's going to be crap and I'm not going to succeed and everyone hates me because I'm crap and so very quickly we do don't we fill in the gaps with negative stuff that's just human nature and cultural to a degree that were very self-abasing so we do put ourselves down and if we I think things need to happen much quicker to support young people really and there are key points in people's lives when things go wrong and exams being one of them because of the expectations around, and divorce you know, and there are some really funky website out there at the minute about suicide, social media is just the worst thing for young people because very quickly someone will say well go and drink bleach go and hang yourself and young people just can't handle that so just very very sad times and I don't think we are acting quick enough

K - How confident do you feel in working with EPs in schools in regards to adolescent mental health?

P – Yeah I feel very comfortable working with them. Educational psychologist their time is already tied up so they don't have the capacity to just come out and have a chat with me they just don't they're so in demand and also we get so many hours that are paid for so anything above that we'd have to pay for when there's no budget so it's the accessibility of the Educational psychologist even though our one here is amazing he's you know if I could have him at the end of the phone that would be great but he's busy very busy. CAMHS again, we have a good relationship locally but really busy in terms of capacity so it's not happening

K - What would you describe the strengths of working collaboratively over adolescent mental health?

P – I think because we can all look at it slightly differently can't we so strengths are gives young people choice doesn't it choice in who they want to work with ideally but then capacity of agencies prevents that to some degree but young people should have choice because you know some people might really respond to talking to me and others might respond well to talking to me so D's a safeguarding officer so does a different role but its good he's in this office because being male actually were getting more young men who and they have completely different approaches to things and so young people should have choices and the collaborative working means actually we should be shaping services locally however I don't think we're that everyone very tired and very busy so I don't think we at the moment we are at a situation where as a collective we are able to shape things but the local alliance which is working under the children board they're children trust is it the children safeguarding board seems to have got the right people around it now so I think they can start to change things however at a local level that's not happening at the moment I think the intention is there from everybody it's just not like that in practice because everyone's very busy so you're either rushing to a TAC meeting what are we looking at today oh yes so what are you going to do what are you going to do lets go and do it and I kind of go but did anybody speak to the child about it so the idea to have those different agencies involved is really really good for schools generally young people aren't seeming to meet threshold which is a frustration so actually I don't know that it is working because of the capacity does that make sense? So yes I'm all for collaborative working absolutely it's definitely the way to go because resources need to be

shared you know knowledge and information is really really important but again people are scared to share that because it might cross boundaries you know have you signed the consent form and have you done this and you know are we allowed to share information because were really important and are you as important so people get really so local relationships are really important I'm not sure how effective it is though in this climate of not having any money and too much work to do, I sound really negative and I don't mean to but it is frustrating and you know I wouldn't change the structures I would change to amount of people doing it I guess but that's a national issue isn't it I guess

K - What would you describe as the difficulties of working collaboratively?

P- ok so yeah again it's the national the county and the local divisions so nationally it's about looking down to what resources have you got and making them spread further, county are commissioning out so any money coming from government county are commissioning out so if you're in the right if you've got your paper work right you can put your hand up to have that money to do the commissioning and then those commission so (the area) got some money for early help for mental health so early help for mental health were commissioned to do the mental health stuff so they've now commissioned (youth service) so each one has a management structure that each needs to be paid for so you actually wonder at what point is the focus on the young person but unless you have the structures you can't make things happen can you so that's a real difficulty and then locally I suppose it's the knowledge and intention so a lot of people and professionals also view this is a lot about young people doing to themselves because they're playing grand theft auto all night so they're tired they should be able to cope but actually if you look at it differently the young person is playing grand theft auto all night because they're terrified of shutting their eyes in case they you know their Dad comes in beating them you see what I mean there's a there's a different way of looking at things so in terms of the problems with the structure is the ability to look at what that young person is really going through because whether its whether it's a young person who is feeling sad because they have a chemical imbalance or whether it's a young person feeling sad because of an environmental factor it still looks the same so without building the relationship with the young person you are never going to know that and it's not just about oh that person looks really sad we'll refer them to CAMHS and there's not the time to do that so coming from the national level where you give a bit of money now and again like a pulse thing to oh my goodness because we said well do mental health so well just give some to mental health to the county wide as how are we going to implement that then to the services who happen to be round at the time so in North (of the area) we have the youth service has now disbanded but are now (name) so they've just about got their structures so they could respond to things that come down from county or nationally but unless you've got everything in place you'll miss that money and you can't do anything without the money so it's really problematic and hit and miss so therefore you don't have a consistent service which then says to young people what the point because I don't know where to access it so every young person I know knows that they can access child line because that's been consistent over many many years whereas we've got a website at the minute called K we might have (youth service) input but over and above that young people don't know how to access these services without doing a big grand I think I'm mental can you help me which is a huge a step and big grand when usually that doesn't happen with mental health does it, usually you withdraw and so unless you know how to access things how does it happen? I think there's an awful lot we miss because we don't have the long-term services people identify with. You go to the GP and they say we'll refer you to CAMHS and your back in the cycle or I'll give you some tablets or something but that's still not making that connection where you can then monitor the young person

K – Do you think there are any gaps? And if so what do you think needs to be done to bridge that?

P – I think it comes down to resources quite frankly, resources to be able to have those conversations locally and resources to be able to put in place effective interventions for young people because a lot of stuff we're finding isn't from school its behavioral stuff outside and we might pick it up by chance or it might be a behavioral trait were looking at and it turns out that a lot of it comes from parenting from peer group kind decisions from you know a lot of stuff outside of school but yet because the child is in the school most of the day its seen as the schools kind of intervention when actually if something could happen over and above what's happening in school then actually that might support that young person achieving better in school so I suppose were filling part of that gap because we do liaise with home, we have quite a clear referral so there are three ways you can access our center one is on a day to day ad-hoc reactionary basis so young person they go through their pupil coach and end up here because it was a professional decision to see if we can support them, they might just wander up because they've heard of us or had contact with us before so it might be the young person needs 10 minutes to wobble their head and then they'll be find, or it might be something bigger so actually we need to phone parents and try and get them involved, the other way is that it's a planned intervention so it might be a three or four sessions intervention might be longer it might be an intervention that leads to counseling our school counselor something like that and the things always revolve they don't stay static and the other think it could be a long term intervention so that the young person is off timetable and comes up here for that period of time and we work our department is an individual needs department so we got the senco who works with special education needs, kind of how I say I work with complex needs that's why its brilliant D's in here because obviously a lot of those things are safeguarding so I will work around barrier to education so gaps are still the nurture and supportive directive bases like here that can do the actions that we can put in place something for that day short term long term and we struggle we do struggle there's 700 kids in here there's me four pupil coaches and D so it's really and we do it really well compared to other schools so that's a real gap. More places like the center I think though

K - The next section is on policy and legislation, do you think there is a policy or legislation that defines your role in regards to adolescent mental health?

P – no not my role no I think it's really fluid I think when I came into the school the idea was very different to what the reality is but that's partly because of my skill base because when you employ somebody you get that skill base so it does skew what the job is so for here the idea was that I would be managing the center so to make sure that young people were supported with their blocks to learning so that's how I saw it but as I say I've kind of changed it a little bit so it's much more nurturing and supportive still with that main focus but in terms of nationally that's not a role in schools it used to be but it's not now we used to have a lot more school counselors there's not the money for you know we had a school counselor for two days a week and quite honestly she could be there for 5 days easily but so. I think the early help agenda has so the Laming stuff that came in about collaborative working that's had a big maybe because I knew that anyway so maybe I'm changing this role to a role that I know around early help rather than early help having an influence on me I don't know I think this role in the school is making sure young people have access to mainstream education I think probably because I'm picking up because I love Maslow you know he's my fave because it's very simple you know people understand it its very visual so actually what we're looking at is this tier this tier is level 4 were looking at somewhere between universal and special education so actually that's around the early help agenda isn't it that fits in nicely to that's kind of so its

chicken and egg whether the early help is impacting on this role or whether I know about early help is the fact I've pulled it into this school I don't know so I don't know

K - The next section is the role of schools. What do you think the role of schools is in supporting adolescent mental health?

P – I think we kind of are the gatekeepers to it if you like because that's where a lot of the relationships do develop and it's not even having a two way relationship it's just about having an observation so what am I trying to say you've got a teacher in a classroom pupil with mental health issues display different behaviors so either become withdrawn or extraverted one of the two isn't it but it's the change in behavior and the teacher will often see that and they may not like it and they may act punitively but actually when it gets to a point they involve other people don't they so they're quite good gate keepers in that respect because they;; make sure that when they're looking at something that's got to the point of their understanding they start to go oh actually that's something we don't understand, not something we can cope with, that child needs something extra so we have systems in school so the teacher will pass that information onto the pupil coach so we've got 4 pupil coaches each one has a house so you have four houses in the school lots of schools are broken up into houses or colours or teams aren't they and they're really good the pupil coaches and they also have the relationships with outside agencies so they can do the referrals we have really good relationships with pupil coaches so we kind of internally made those structures that really work so I'd say schools are really really good because we see young people every day so you can make that judgment that things are changing we also have a kind of bigger viewpoint so as a parent you're very close to a young person so you're not necessarily noticing those changes you're just getting annoyed because they're staying in their bedroom or you're getting annoyed because they're always out but you're not noticing the bigger changes because you know children stop talking to parents at some point it's just the law so at some point you put down changes of behaviour to them being adolescence when actually they're not coping with stuff they're not functioning so schools have a big role to play in identifying when things are starting to get a bit funky but were limited in what we can do about it

K - To what extent do you feel schools have a responsibility for dealing with adolescent mental health?

P – I think they do don't they they have a responsibility for all young people and the staff in their kind of vicinity and they take it seriously because actually were dealing with people and actually you don't set out to harm people do you so they do take their responsibility and actually in (this area) they do it really well we have 4 pupil coaches, myself and D, head of Pastoral A so they've got the people also each house has a head of learning which is another layer of putting things in place for young people so you know schools do have the responsibility because they have contact they have the responsibility because they have that investment in young people it's the transaction between two people isn't it whether that's institutional that's their responsibility so as I say they do have their responsibility and I think they don't take it lightly here because they put things in place again the pressure is to get on with it and get your results isn't it and I think that's really hard there's a real tension between kind of the pressure from government and actually the relationship face to face there's a real pressure

K - Do you think schools are prepared and equipped to support adolescent mental health difficulties?

P – no no I don't because the reason I say this is because they've got a different job to do so their job is to teach the curriculum and get through the caring side of teachers is were seeing something we don't understand or is putting a person in danger but what do you do when you're a teacher and you care about your students but what can you do over and above your classroom and teachers do they report things and they talk to us about stuff but schools aren't financed to do that so it's really really difficult so again it's the tension between there is responsibility isn't their of course as citizens we have a responsibility to each other however when ofsted is dependent on whether students are in your lessons, on your school dependent on what your school results are you know, league table and even your pay scale depends on that so there's another pressure on doing things so and it's not the biggest thing we still have special educational needs we have to identify diagnosable learning difficulties so there's lots of different things and mental health is just part of it isn't it you've got young people who put themselves who don't have a mental health diagnosable issues but actually aren't living healthy lives because they're out taking drugs or out all night partying so the risk taking behaviour that I was explaining before that takes a huge amount of our time as well so whilst mental health you know wouldn't you love to say yeah we understand it we've got all the strategies in place but its only one thing in the school in terms of Maslow it comes really low doesn't it if you haven't got mental health then actually you're not going to be very happy or successful but actually I think it's a big ask for schools to do it even though they take on their responsibility

K - The last section is on training and professional development. What training have you received in regard to adolescent mental health in schools?

P- so my background is kind of working with people so I have a long background so if we start with because I could go back 100 years because I'm very old and have lots of qualification so yeah I am now the lead for mental health in the school so the fact that the school has designated a person to do that and were working with early help mental health, trying to change the way people view mental health in the school is a really important thing and you know the school is to be commended on that because not all schools have done it so from my background I spent a lot of time with young people and being able to refer with young people and be able to take them on that journey so I'm very experienced around mental health issues so I've been on some CPD courses that were rubbish and quite insulting really because the level of mental health training is very basic and whilst that's good for some there's actually another layer of people working so actually to sit round and be asked so what is your definition of mental health is starting at a lower point so I do get really frustrated with mental health training and I think that leaves people feeling vulnerable because you either go on a very basic one and go ok I know this is a subject called mental health but I wouldn't know what to do with it or you need to be doing some funky qualification for it there's no in between bit so yeah my qualifications in terms of where I've come has always included mental health and what I'm looking at with young people and my experience with the youth service which has been loads of CPD

K - Would you say you had a good knowledge of systems of CAMHS and EP services?

P – yeah I would and they've changed and we all change but yeah I do I think we know how to refer and I think we've got good local relationships as well so if I didn't know what I was looking at whether it would meet the threshold or not I can ring somebody so yeah that's really important and you can't buy that can you you can't buy the local relationships

K - What do you think school staff need to be confident with adolescent mental health?

P- I think they need to know who to refer to locally so I don't think all staff need to be concerned or worried about their own knowledge of mental health they just need to know if there's something they don't understand they can refer to me or one of the other staff because were all doing so much so why should everybody be a specialist in mental health so early help for mental health are giving one day introduction to mental health training the will love all schools all staff from cleaners to staff to do it but that's not feasible just not feasible and whilst it's an amazing agenda it's not everyone agenda it's not the biggest agenda in schools so actually that's not going to happen however mental health needs to be so highlighted so people know what they're looking at a little bit and just take a step back so instead of it being a punitive reaction to something let's look at if that the school rules then that needs to happen because that in itself will be therapeutic in terms of not changing the boundaries for each young person but looking behind why that incident has happened but I think those teachers who are the ones that come a talk to us about stuff email going so that's quite good they've got here to bounce stuff of or head of pastoral saying so I don't think they need to know the ins and outs of mental health they just need to know what else is …

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K - Do you feel that it would be helpful for school staff to know to have more knowledge of CAMHS and EP systems?

P – no not really because I think they know how to access support for young people needs through the people whose job it is within the school to do it do you see what I mean and I think that then supports staff with what they then need to do but I think the bit we can do better in school is making sure staff are aware of whose doing what so to keep mental health high up on the agenda so we keep talking about when people are starting not to cope or you know and that is very common rather than just panic about it lets put an intervention in place that might support young people it's quite simple but so they just need to know to keep referring and I think we need to talk to teachers as well so I think that's really helpful that so if I've done an intervention with a young person then I will with the knowledge of the young person feed back to the teacher because that young person is empowered by that and that young person is empowered by that too so

K – that's it, thank you.

Appendix 7: Interview schedule (Part 2: Development of Vignettes)

	Main question	prompt		
Case.	Can you describe a case to me in which you have been involved and in which there was multi-agency involvement in regard to AMH			
		Specific details of the case.		
	What professionals were involved?			
	How did the other professionals respond			
	What was the desired Outcome			
	What was the actual outcome			

Appendix 8: Vignettes 1 & 2 (part 2)

Vignette 1.

John is 13 years old, in year 8, he has been attending a large mainstream secondary school, he receives free school meals, he maintains a good level of attendance. He displays challenging behaviour which impacts on his access to learning and emotional wellbeing. He is currently at high risk of exclusion and other schools have been approached regarding a managed move. Currently awaiting outcome of statutory assessment for EHCP.

The young person and family have had considerable involvement from a number of professionals including EP, CAMHS, OT and have been previously supported by social care. The Father has mental health difficulties. They are a challenging family, hard to engage can be quite challenging and resistant.

The family feel strongly that the difficulties could be understood through a diagnosis of ASC and ADHD and have been very focussed on finding a diagnostic criteria that would fit John. They feel that a specialist provision would better suit his needs. There had been multi-disciplinary assessment in the past with no diagnosis. There is multi agency involvement but relationships with professionals have broken down.

School and family have a reasonably positive relationship however the young person is at risk of exclusion due to behaviours he has been displaying. There is some tension around a lack of consistency between home and school e.g. on a recent scale completed by home and school the ratings between school and home were very different.

Vignette 2.

Jane is a 14 year old girl attending a large mainstream secondary school. Over the last year her attendance has dropped below 50%. She experiences low mood and high anxiety. She is withdrawn when at school. Since transition into secondary school she often refuses to come to school. Recently her anxiety has escalated and she often finds it difficult to leave the car and enter school. School are considering EHCP.

The young person and family have been supported by CAMHS and there has been GP, SaLT and EP involvement within the last 6 months. She has reported incidences of bullying and there have been reports that she has demonstrated self-harming behaviours e.g. deep scratches on her arms.

Appendix 9: Example transcription (part 2)

Multi agency 3.

EP = Educational Psychologist

S = School staff

C = CAMHS professional

EP. So what are the main concerns of the case?

S. from an education perspective, it's clear that the risk of exclusion due to behaviour is a significant risk generally young people in this situation if they are permanently excluded and end up in a PRU it has a more negative effect than if we can keep them in a mainstream setting, even if you are still waiting for a specialist setting or statutory assessment it is better than exclusion

EP. Yeah

S. But equally the behaviours have often an impact on other young people in the school or class as well so that is obviously a concern and keeping the family onside by all accounts is tricky because without that it's really hard.

EP. Yeah. Interesting that there is erm, he's got to be secondary age because he is in year 8 and he hasn't got an EHCP at the moment which suggests that there weren't severe and complex difficulties throughout primary that needed an EHCP so there might be something around what is happening at this particular time and he has also had previous diagnostic assessment which came back negative from the multi-agency so they probably concluded that there was no evidence of ASC or ADHD, but that's still what the parents are thinking, so do parents have an understanding of his needs and what they are, that could be another concern looking at it

C. I think that is always the biggest challenge working in CAMHs is if families are very set on feeling that there is a diagnostic criteria to meet, we are already on the back foot in terms of trying to meet, engagement and creating a positive relationship because you can't say ok then we will give you an ADHD diagnosis but there clearly set on their belief that that is what is going on for their young person and you can understand can't you that with a questionnaire you can understand why a parent would go how can you know what is wrong with my child with a questionnaire and the evidence base behind that and I think that is always the big challenge.

EP. And there is that mid set as well around the ADHD diagnosis that that is the only explanation for their behaviour and not that that behaviour is more complex than that or that ADHD is more complex than that.

C. absolutely, I think there is a big negative correlation between ADHD and naughty behaviour but actually that is not part of the classification at all in terms of a ADHD diagnosis

EP. Also the diagnostic criteria for ADHD is behaviour only, so if you look at based on what the child presenting as it could be due to lots of different circumstances when they were younger or underlying emotional difficulties for example we might see that they have that label.

S. It always makes me worry when parents are very focussed on a diagnosis because I always try to emphasise that it doesn't fix anything, giving a label isn't going to change anything so my concern would be why parent feel that a diagnosis is the answer or whether they recognise that that may lead to understanding but it isn't going to fix it and I think that is always a concern when parents are set on particular outcomes or one particular, when they want any label regardless of what that label is they want a label that's quite challenging as well that's always a concern

EP. It might be that they feel that they want a specialist provision like a special school and they think that maybe having a label would sort that process and maybe the other point in that actually in relation to if that if there is a diagnosis the evidence will be stronger with that perhaps

S. especially at the moment with the limited amount of places available at specialist provision

EP. There's something around teacher perceptions as well, because your view as somebody who is very experienced in this area is around like what you have just said its around it doesn't matter if they have a label or not but some teachers would notice it would they?

s. I think it depends, it depends on the culture you build in a school. Generally speaking if I say to a member of staff to treat this child as if they have a diagnosis of X, Y & Z they generally do but then we get on their case quite quickly, I don't know if that's just because I am or what but it seems to work In that sense and they are usually pretty receptive to suggestions, if there is an issue with that young person they will take on board what they are saying but it is more difficult if we have a young person who is displaying very difficult behaviour so if it is, in this case when it is particularly challenging that's when we say well that's all very well if they have X, Y & Z or possibly have X, Y & Z but they're not following instructions they are not sitting down when they are told and that is when it becomes that issue between what we are trying to do as an SEN department and what teachers are trying to do in the classroom and it does it creates difficulties in that sense because they don't feel that they can meet that child's needs effectively

EP. Absolutely

S. it's tricky.

EP. The other concern is parent's lack of being on the same page as other professionals, I saw somewhere that they have fallen out with professionals I think

C. so they are a challenging family and hard to engage and then tension around a lack of consistency between home and school, it doesn't sort of say.

S. so school and family have a reasonable relationship but other professionals perhaps not, would you read that to be the case or

EP. So it says the relationship with professionals has broken down bottom of the third paragraph, which is interesting because the relationship with school is ok but not with professionals so whether there is something about the professionals didn't diagnose what I want therefore

S. we don't like them anymore, which is quite common it definitely does happen

C. and if dad has got his own mental health difficulties, his experience with service may or may not be positive or negative, we don't know do we and that can definitely cloud judgement when a parents is getting support for the child when their own experience has been bad they are going to be already hot on it in terms of needing

S. and at the same time if his mental health difficulties are fluctuation and not under control ad h is not receiving support then that is going to affect the relationship with professionals because systems take time but which point his own mental health difficulties may well have had peaks and troughs which could potentially damage the relationship

EP. and also have the impact on the mental trajectory of the child and maybe depending on kind of the other parent in this situation, what their role was, obviously we know the impact of parents mental health and the child's own challenging presentation as well but whether they can see that, which they might not do in this case because their focus is on diagnosis rather than the way the environments been for that child

C. and a concern if he was excluded as well, what would be the next option to that, I mean he would be at home more often which could mean, depending on whether there are other school placements available and actually if things are not good at home, if there isn't the consistency and boundaries and kind of actually would then his behaviour increase even more, then be outside of supportive services to help him with that, because schools are really hands on aren't they in terms of trying to engage and be part of supporting a young person but as soon as they are pulled out and just left at home I can be so much harder to see that young person make and impact to their day

EP I wonder if anyone knows what is going on with this young person, we would assume that the no diagnosis is accurate from the assessment and parents obviously don't know what's going on with him because they still believe it is and school maybe aren't meeting his needs appropriately because he is having lots of exclusions and he's going onto managed move which might give the impression that they don't his neds fully as well, maybe nobody understands

C. and it says that family have a positive relationship with school but it doesn't say how his relationships are with professionals and school and whether there is anybody key in his life that he's built a good relationship with or is important

EP there is a need to ask more questions, shall we go onto the next one, how would you support this young person if any resource were available

S. oooh now there is a question, unlimited resources. I think form a school context with someone who is displaying really challenging behaviour the first step we would be suggesting is to try and re-establish that really positive relationship with a member of school staff and ideally in a perfect world that would involve probably not doing so much in timetabled lessons, perhaps going off, we have got a school farm which we are lucky to have so going off doing something practical to build that relationship and get them away from that negative cycle of being in lesson and getting in trouble etc to try and build that relationship and then looking at whether we can identify patterns to that challenging behaviour, going back to EPs and CAMHs

and looking at ok what strategies should we be putting in place and making sure we have got those in place and available

EP sounds like stuff you already do

S. yeah to an extent

EP. If you had any resources though, seriously if you had like a million just for this case.

S. I would find out what made them tick

EP. By commissioning some sort of

s. yeah, some sort of assessments to try and identify what it is that makes them tick, either in terms of what triggers their poor behaviour also what motivates them to enable them to respond in a more positive manor and also work with social services to put that consistency in because I find that lack of consistency is a real problem what we are trying to do at school and home then become two different battle grounds and for young people with complex needs that's really difficult and even if he doesn't meet that criteria for ASC and that fixed nature of what life is about that is still going to create a problem if he doesn't have to do stuff at home sometimes it has to be stuff at school all the time that is going to create a conflict so having some significant levels of family support about how to establish those boundaries and keep that level of consistency as well as that therapeutic work around the challenging behaviour would b how I would approach it if I had lots of money

EP. Yeah it would be great.

C. that's sounds good

S. In a hypothetical world

EP. and that multi agency, if I was going to be involved in this situation, that ideal situation working with clinical psychologists to do a joint visit perhaps, so some observation share some ideas and do some assessment together share some ideas with other professionals but then that ongoing work, he sounds like someone who would really benefit from that kind of therapeutic work in an ongoing way and I guess of resources were available tit would be someone with lots of training and lots of experience maybe someone within the school, on hand like therapists or something.

S. yeah, absolutely, who would be accessible every day for the building of those skills but also when there are flash points or issues that could be instantly rectified and worked through at a point when they are calm, that can be done straight away it doesn't have to be days or weeks later when we have got through the system so yeah.

C. I think from a CAMHs perspective it would be, the thing about the resources would just be brilliant to not have a time limit on things so not be telling families so we have got 6 sessions and then we will be seeing how things are going and we might have to close because I think that sometimes shuts people down automatically and I do feel that especially a young male teenager they are going to potentially be a lot harder to engage and 6 sessions isn't enough and also bringing them in to a clinical setting siting down and talking about your feelings again that is generally what were set up to do but actually it doesn't fit a lot of young people's needs and being very, I would like to be more present more active sort of doing a bit of that work from a social care perspective but also from a mental health perspective going in the home and helping parents and him to understand his behaviour and his emotional needs and how to put in that emotional kind of strategies to manage those responses because so often I have to

say to people this is what I recommend but we don't do it with them or along-side them we have to go away and that's really hard to apply when,

S. especially for parents with their own challenges I suppose

EP. and I guess following that it's the recommendations as well isn't it, because what we know is that when you recommend anything it seems like a good idea at the time but once someone is finished reading it the likelihood of that being put into practice is quite limited

C. and even being able to adapt it to other situations, I have had families before go oh I didn't realise we could use it for that as well as the example we had in the room, it's that well yeah you can use it for any of these sort of situations

S. and I think having that upskilling of having your professional knowledge, all working together to do the same job in that regard so it's not a case of you now I can't pop and visit somebody at home because that's not my remit but then nobody can so in an ideal world you would upskill everybody to say actually you know what CAMHs can't get to you this week but I will pop over tomorrow night at 6 put the kettle on and you can, everybody working together in that sense and in a perfect world you would work together to build that tea around a small local area so have a school perhaps as a central point a secondary with the feeder primary's as well so following families through so you could have that group of professionals there and then that would build those relationships with the professionals as well as the families as they go through

EP. Yeah and saying that with family therapy being really central as well in this case helping them to understand the needs of what this young person is going through, where the behaviour comes from, and that take time doesn't it

C. yeah

S. absolutely

EP. Thinking of what you could offer its one of two things isn't it it's the over time it takes which has an impact

S. and I think the most limiting factor is the amount of time people have to be able to do something

EP because if I had time on this through our role, I would be thinking about a detailed functional analysis of the behaviour which might be useful but then they are quite time consuming and take a lot of staff time, so it would be good to release staff in an ideal world to offer regular sessions try to give him the time to think about the behaviour to go back a week later to think about the same thing check out strategies how things are going it's that regular going back that it tricky isn't it that time

S. yeah and following it up and you get that quite often, well I tried that and it hasn't worked, ok try again, no it doesn't work, oh gosh ok and then they are quite resistant aren't they because that can continued building and I think as well its building those relationships with families, so I know for example that whilst in theory I have a lot more time to work with that family I don't because have got 30 others and I am teaching at the same time and I have got a responsibility so all of that has an impact on the amount of time that we are ae to give to one particular young person and so that can be really challenging from a relationship with parents perspective as well if that has to step back.

C. because I would imagine that CAMHs would say we will attend a TAC now, and then they would attend a TAC they would hear it and would say well we can review the multi-disciplinary assessments that have happened we can provide some psycho education we can think about family therapy but that would only be if the family can come in if they were willing to come in but if they DNA2?? They would probably get closed and possible consult to school which comes through our PMHWs etc. but I am not sure f it has got to this stage whether that is enough to stop that trajectory and that's if those resources were available you would want to be more hand on and do the family work in a way which suits that family.

EP. I guess one question is who's role is this, because some CAMHs workers might argue that if it is around behaviour then they don't have a role perhaps and like here to suggest there is significant high levels of mental health difficulties but I think they could argue against that perspective and schools might feel it is not there role to be supporting therapeutically

S. and I think certainly with the current issues with funding that becoming more and more prevalent and I spend a lot of my time arguing generally with people in school that this has to happen you know just because we don't have any staff or money Is irrelevant we have to make time to try and do these things but it is really really difficult and I think we are going to see and certainly recently there is a pattern of increasing number of exclusions particularly primary age I have seen as well because there isn't enough resources going into schools and where a school might have in the past had a few extra members of staff to pick up things like this for young people without statutory EHCOs that is not going to be the case and I would say I my own setting we work really hard with those young people who don't have EHCP's to try and break these cycles and maybe get them a statutory assessment whatever that might be but I know that from September that is not going to happen I am not going to have the resources to be able to do that.

EP. Tricky

S, it is very tricky, so then those children are at even higher risk of exclusion and being moved on and I know that other schools do that they do that they just try and move them on as quickly as possible but it is,

EP. Via managed move do you mean?

S. by a managed move or encouraging them that somewhere else that offers slightly different courses might be better

C. even home schooling

S. even home schooling yeah

C. the amount of home schooling suggestions I have had recently I have been quite shocked

EP yeah it has gone up hugely and it is not that someone has decided that it is a great option either it is because they are just happy with what is being provided within the mainstream sector

S, absolutely and I can't see it getting any better, so with the resources on offer in my setting at the moment we would be working on creating that strong relationship with an individual person through a mentoring programme but a the moment if it was this year we would be able to offer more in the way of some TA support in lessons if we could find a pattern about a particular flash point if it was particularly PE and those less structured lessons of English because they find it very challenging whatever it might be trying to get some TA support in

there to help them interrupt that cycle of getting them into trouble, do some work on the scales trying to get them to identify their levels of frustration trying to get them to step out and take themselves away to try and develop that less challenging behaviour but at the same time I know that from September what I would be able to offer is a small mentoring a lot every week perhaps and they might have a TA in a lesson if they are lucky because there is another child tin there with an EHCP that's about it

EP a shared TA?

S. yeah

C. and the reality is as well that the EHCPs are even harder to get, what seems to be harder to even get granted I have been shocked at ones that haven't been granted recently

S. yeah, I have got one that I nearly fell over when it came back and said you haven't go this one

EP. Yeah to seems to be mixed messages from that point of view sometimes

S. it is a continued issues and the reasons from those EHCPs not being granted seem really minor and you think out of all the evidence that is being presented you are picking up a sentence in one report and telling me that that is the reason ad you think no, and then you have to start again, its not a case of saying well let me just tweak that, no that's it you have to start again.

EP. What do you think in regards to CAMHs and the resources you could offer?

C. I think I would mainly be if the family would engage, the psycho education around why they might not have met diagnostic criteria and what that means and trying to engage them in an understanding of actually we can still work with the young people if we thing that they might have needs but those needs aren't meeting that threshold if the family would engage with that or family therapy if family therapy would engage with that or if John himself one to one in terms of thinking about his emotional well-being, from experience it would suggest that he wouldn't tolerate sessions that CAMHs would offer in terms of coming into session and making about how things are, that kind of thing for a while so I think it would be more about trying to build up relationships with other people.

EP. Like when you said about the key worker at school, what would know previously isn't it offering support to the member of Staff maybe in terms of a CBT approach being incorporated in mentoring programmes for example it might be good for him to look at things like that it doesn't mean therapy but to incorporate principles and resources around that

C. I think as well we would always look at someone's multi-disciplinary assessment if, it might have been that at that time they were not able to engage with half of it and we, so there wasn't half of the information available or something so we wouldn't just say oh no its happened and leave it at that we would check out that it was done , and revaluate whether anything has changed, I mean it's unlikely they would meet and ASC ADHD diagnosis but, and possibly if consistency between home and school aren't there if there is that lack of consistency and things are difficult at home, we might be suggesting trying to get social care back involved or early help in terms of family practitioners or a level of somebody to be able to go into the home

S. we will write another referral

C. yeah.

S. and get told to go away

Ep. It's going back to that question again of any resources available

C. yeah any resources

EP. haha. I guess your experiences of this kind of situation is that it is kind of up to you in many ways, it's in education, isn't it well that's my sense of, I don't think this would meet CAMHs, if CAMHs came to a TAC meeting, very unusually

S. I don't think that CAMHs are coming to TAC meeting at the minute are they?

C. not often

S. yeah so I think quite often because these cases are so complex, every ones got no money there's so little resource, if they don't fit that box of like you said, the 6 sessions or this particular type of therapy then it does just get passed back to the school and then that makes it really challenging for us because we don't always have the right skills to make that therapeutic approach and also sometimes for the young people involved they don't either trust school or they don't see the value of school so they don't recognise what we are trying to do as being bigger or more than learn to do your GCSE's they don't see that being relevant of that social aspect of school that we are trying to generate and get young people into a place where they can experience life successfully they just see well I don't want to do maths therefore I don't like you and that can be challenging and particularly if someone has been in a lot a trouble and he will probably be well away of the fact that he is at risk of exclusion that would have been said to him so that generates in itself a distrust of well you are just looking for a reason to throw me out so why should I talk to you and that is really difficult to get through particularly quite often for boys in year 8 they're more difficult to reach that perhaps some of the other young people not always but sometimes so that makes it more challenging forma school perspective, from an inclusion department perspective me and I know the TAs that work with me would be really keen to try and generate that relationship but I know that teachers who are currently you now under massive pressure under reducing budgets with 30 in a class are just going to say just do something else for him S can you please just get rid of him because he is being really difficult

EP. I guess the danger around that is looking back to the concerns, is just passing this boy to somewhere else without actually assessing him for what the underlying needs are

S. absolutely

EP. Without really making a difference and he is probably going to come back in 8 weeks or whatever it is

S. yeah, absolutely. Sometimes the managed move in that regard, I don't know if anyone in the school thinks that a managed move is going to work necessarily , in some cases we think that a fresh start will be beneficial but in other cases I think we often think that it won't work and they will come back, sometimes it works to give staff a bit of a break from that person and we can do a bit of CPD in the middle, do a bit of training, how to deal with these types of situations and then they come back and staff sometime have a renewed sense of ok let's give this a go, take two because they have had that gap and then it starts again so it doesn't always happen you still et members of staff who hold that well they are going to be a pain so as soon as they breathe in the wrong direction I am going to throw them out, they don't give them that space so equally it sometimes works in that regard but I don't know that there is ever a perfect

answer, I mean I have got several and I don't think I have found an effective way of doing it with the resources available at the moment

EP. and everyone's different in that as well

S. absolutely

C. what would be great to see is that he wasn't at risk of exclusion, that risk going down and he, that's kind of school stayed because he is attending so there must be something keeping him going.

EP. it's funny when that happens isn't it it's like

S. yeah they keep turning up, they are always there first one through the gates

C. and also trying to engage the family would be brilliant, trying to get them to understand we are trying to help but there might be reasons why they are not quite getting what they are looking for

S. and for him to get a better understanding of himself as well to build that engagement with the therapeutic type services to look at again why do you respond to situations in certain ways and how can we interrupt that's and do it I a different way so that he feels like he is being heard and he has voice and agency as part of that process as well so having that time to do that which would reduce the

EP. and I guess that is that shared understanding isn't it not just him but his parents and the staff its everyone involved having an understanding of where the challenges are coming from and also how they can support with the type of strategies that are useful for everyone, parents, him, staff

S. I don't know necessarily, statutory assessment coming out being approved is necessarily a cure either I think yes I know schools like it because it secures funding I thin parents like it because they like the statutory element of it but actually it still not going to fix the situation that's the priority of the outcomes but it's looking at what we can do to support him like you said overall eventually reduce that risk of exclusion the hopefully go the other way to the point where he feels settled and safe in school and can behave appropriately in order to make good progress academically and socially

EP. and it post 16 as well because you think about outcomes from a specialist provision assuming that the parents want some behaviour provision, his outcomes from being included successfully in a secondary from an employment, further education point of view, not saying special school don't do that but it's unlikely it would be as positive as development within a school if he is being supported well so I guess staying in mainstream would be a priority outcome as well.

C. and if possible that challenging behaviour label not following him through his whole life because, and I guess that is the fear around the diagnostic criteria that you will then end up labelling something he cannot get away from and becomes a self-fulfilling prophecy when you want him to have those outcomes in life, which it sounds like he could potentially do very well at

S. yeah yeah. Ok fixed!