Doctorate in Educational Psychology (DEdPsy)

2014-2017

The Role of the Educational Psychologist in Children and Young People's Mental Health: An Explorative Study in Wales

Student Name: Rachel Price

Student Number: 0607897

CONTENTS PAGE

Declaration	**i**
Acknowledgments	**v**
Summary	**vi**
List of Figures	**vii**
List of Tables	**viii**
List of Appendices	**ix**
Abbreviations	**x**
PART A: Literature Review	**1**
1.Introduction	**2**
1.1 Amplification of the Title and Rationale for Research	2
1.2 Relevance to Educational Psychology	3
2. Overview of the Literature Review	**5**
2.1 Structure of the Literature Review	5
2.2 Description of Literature, Key Sources and Search Terms	5
2.3 Inclusion and Exclusion Criteria	6
3.Theoretical Underpinning of the Research	**8**
4. Mental Health	**9**
4.1 Defining Mental Health	9
4.2 Theories of Mental Health	9
4.2.1 Mental Health vs. Mental Illness	10
4.2.2 A Biopsychosocial Perspective of Mental Health	10
4.3 Social Constructionism and Mental Health	11
5. The Governmental Stance on CYP Mental Health	**12**
6. The Current Context of CYP Mental Health	**15**
7. The Child and Adolescent Mental Health Service (CAMHS)	**18**
8. Schools and CYP Mental Health	**20**
8.1 The Role of Schools in CYP Mental Health	20
8.2 Shortcomings of Schools in Supporting CYP Mental Health	21
9. The Role of the EP	**23**
9.1 Defining the Role	23
9.2 The EP Identity Crisis	23
9.3 A 'Typecast' Role	24
10. The Role of the EP in CYP Mental Health	**26**
10.1 An Overview of the Role of the EP in CYP Mental Health	26
10.2 The Increasing Pressure on EPs to Engage in Work Related to CYP Mental Health	26
10.3 Constructions of the Role of the EP in CYP Mental Health	28
10.4 Facilitators and Barriers to EP Work in CYP Mental Health	29
10.5 Summarising the Role of the EP in CYP Mental Health	33

11. The Current Research 34

References 36

PART B: EMPIRICAL STUDY 49

1.Abstract 50

2.Introduction 51
2.1 Background 51
2.2Defining Mental Health 51
2.3The Current Context of CYP Mental Health in the UK 51
2.4The Role of Schools in CYP Mental Health 52
2.5 The Role of the EP 52
2.6 The Present Study 53

3.Methodology 55
3.1Design 55
3.2Participants 55
3.3 Procedure and Materials 57
3.4 Ethical Considerations 57
3.5 Data Analysis 59
3.5.1 Descriptive Statistics 59
3.5.2 Thematic Analysis 60

4.Results 61
4.1 Overview of Analysis 61
4.2 Research Question 1 62
4.3 Research Question 2 65
4.4 Research Question 3 69
4.5 Research Question 4 71
4.6 Research Question 5 72
4.7 Research Question 6 74
4.8 Research Question 7 77

5.Discussion 79
5.1 Overview of Discussion 79
5.2 Research Aim 1 80
5.3 Research Aim 2 81
5.4 Research Aim 3 82
5.5 Research Aim 4 83
5.6 Implications for EP Practice 83
5.7 Strengths and Limitations 85
5.8 Future Directions 86

6. Conclusion 87

References 88

PART C: CRITICAL APPRAISAL 95

1.Overview 96

2.Development of Research Position 96

3. Development of the Research Aims **97**
3.1 Origins of Researcher Interest in the Topic 97
3.2 The Literature Review 98
3.2.1 The Role of Schools 98
3.2.2 The Role of the EP 99
3.2.3 The Role of the EP in CYP Mental Health 99
3.3 The Gap in the Literature 100
3.4 The Research Aims 101
3.4.1 Research Aim 1 101
3.4.2 Research Aim 2 102
3.4.3 Research Aim 3 102
3.4.4 Research Aim 4 102

4**. Development of Research Design** **103**
4.1 Mixed Methods Approach 103
4.2 The Quantitative Phase 103
4.3 The Qualitative Phase 104

5. Data Collection **105**
5.1 Participant Recruitment 105
5.2 The Questionnaire 106
5.3 The Semi-Structured Interview 107

6. Data Analysis **107**
6.1 Quantitative Analysis 107
6.2 Qualitative Analysis 108

7. Characteristics of Good Qualitative Research **109**

8.Contribution of Findings to Knowledge **110**

9. Contribution to Knowledge of Research Practitioner **111**

10. Relevance to EP Practice **112**

11. Limitations of Research and Future Directions **112**
11.1 Sample Size 112
11.2 Primary or Secondary SENCos 112
11.3 Wales or England 113

12. Summary **113**

References 114

Appendices 119

ACKNOWLEDGEMENTS

I would like to thank a number of people, without whom this process would not have been possible.

Firstly, I would like to thank Dr Ian Smillie, my research supervisor, whose interest and enthusiasm in my idea gave me the encouragement I needed to pursue it. Thank you for being a critical friend throughout the whole process, and making me realise step-by-step that I could achieve this.

Secondly, thank you to all of the EPs and SENCos who gave up their time to participate in my research and make it a reality, without you the process would have been literally impossible!

Thirdly, I would like to thank my family for always believing in me, and especially my parents, whose encouragement, support and love has got me to where I am today. No dream has ever been too big.

Fourthly, I want to thank my partner Ashley Jones, for being the lovely, funny and supportive person that he is. He has been my rock throughout this process, and I promise I'll start doing the dishes again now!

Finally, I have been lucky to have the support and friendship from my fellow cohort for the past three years, and I will always be grateful for the experience we have shared. I would like to especially thank Samantha Williams, my course friend who has become a best friend. This journey has been sometimes stressful, sometimes overwhelming, but always better with her by my side.

SUMMARY

This document is divided into three sections. Part A provides a detailed literature review which highlights the necessity of exploring the role of the Educational Psychologist (EP) in children and young people's (CYP) mental health. As such, a number of aspects are considered, including theories of mental health, the current context of CYP mental health, the emphasis placed on schools to support CYP mental health, and subsequently how these factors combined affect the role of the EP. Literature, Government publications and news/media reports are used to provide a thorough overview of the above aspects. The section concludes with an outline of the current research aims and corresponding research questions.

Part B comprises the empirical study, which aimed to explore the role of the EP in CYP mental health; considering the views of EPs and Special Educational Needs Co-ordinators (SENCos) in relation to the current practice of EPs in CYP mental health; facilitators and barriers to EPs engagement in CYP mental health intervention; and ways forward for improved mental health practice. This section considers aspects such as methodology, results, and implications for EP practice.

Part C is the critical appraisal, which provides a reflexive account of the research practitioner's experience of the research process. It details aspects such as: the contribution the research has made to knowledge; limitations; and a thorough critique of the methodology.

LIST OF FIGURES

Figure 1: The four tier strategic framework for CAMHS
Figure 2: Extent to which EPs perceive mental health intervention to be part of the role
Figure 3: Average amount of EP school time spent engaging in mental health interventions
Figure 4: Type of mental health intervention engaged in by EPs
Figure 5: Main themes and subthemes of RQ1
Figure 6: Barriers to EP engagement in mental health intervention
Figure 7: Main themes and subthemes of RQ2
Figure 8: Pressure on EPs to engage in mental health intervention as a direct result of CAMHS budget cuts
Figure 9: Main themes of RQ3
Figure 10: Main themes and subthemes of RQ4
Figure 11:Average amount of EP school time spent engaging in mental health interventions (school perspective)
Figure 12: Type of mental health intervention EPs reported to engage in by SENCos
Figure 13: Main themes and subthemes of RQ5
Figure 14: Other professionals engaged with in relation to CYP mental health
Figure 15: Main themes and subthemes of RQ6
Figure 16: Main themes and subthemes of RQ7

LIST OF TABLES

Table 1: Recruitment of Participants
Table 2: Overview of ethical issues and researcher actions
Table 3: Process of Braun & Clarke's (2006) Thematic Analysis
Table 4: Analysis of each RQ
Table 5: Illustrative quotations for themes/subthemes of RQ1
Table 6: Illustrative quotations for themes/subthemes of RQ2 (Facilitators)
Table 7: Illustrative quotations for themes/subthemes of RQ2 (Barriers)
Table 8: Illustrative quotations for themes of RQ3
Table 9: Illustrative quotations for themes/subthemes of RQ4
Table 10: Illustrative quotations for themes/subthemes of RQ5
Table 11: Illustrative quotations for themes/subthemes of RQ6 (Facilitators)
Table 12: Illustrative quotations for themes/subthemes of RQ6 (Barriers)
Table 13: Illustrative quotations for themes/subthemes of RQ7
Table 14: Research aims and research questions

LIST OF APPENDICES

Appendix 1: Gatekeeper Letter to Principal Educational Psychologist

Appendix 2: EP Questionnaire Pack

Appendix 3: Gatekeeper Letter to Head Teacher

Appendix 4: SENCo Questionnaire Pack

Appendix 5: Semi-structured Interview Consent Form

Appendix 6: EP Semi-structured Interview Schedule

Appendix 7: SENCo Semi-structured Interview Schedule

Appendix 8: Example of Interview Transcript (EP1)

Appendix 9: Example of Interview Transcript (SENCo1)

Appendix 10: Step-by-step Guide to EP Thematic Analysis

Appendix 11: Debrief Form

ABBREVIATIONS

AEP…………………………………………………Association of Educational Psychologists
CAMHS………………………………………Child and Adolescent Mental Health Service
CBT…………………………………………………………Cognitive Behavioural Therapy
COMOIRA…………..The Constructionist Model of Informed and Reasoned Action
CYP…………………………………………………………………Children and Young People
DCSF………………………………………Department for Children School and Families
DfE…………………………………………………………………………Department for Education
DfES…………………………………………………Department for Education and Skills
DECP……………………………………………Division of Educational and Child Psychology
DECPTC…….. Division of Educational and Child Psychology Training Committee
DoH…………………………………………………………………………Department of Health
ELSA…………………………………………………Emotional Literacy Support Assistant
EP(s)…………………………………………………………………Educational Psychologist(s)
EPS……………………………………………………………Educational Psychology Service
LEA……………………………………………………………………Local Education Authority
PEP(s) ……………………………………………Principal Educational Psychologist(s)
RA(s)…………………………………………………………………………Research Aim(s)
RQ(s) ……………………………………………………………………Research Question(s)
SEAL……………………………………………………Social Emotional Aspects of Learning
SENCo(s)…………………………………Special Educational Needs Co-ordinator(s)
SFBT ……………………………………………………………Solution Focused Brief Therapy
TA……………………………………………………………………………………Thematic Analysis
TAMHS…………………………………………………Targeting Mental Health in Schools
TEP(s) ……………………………………………Trainee Educational Psychologist(s)
WAG……………………………………………………………………Welsh Assembly Government

The Role of the Educational Psychologist in Children and Young People's Mental Health: An Explorative Study in Wales

PART A: Literature Review

Word count: 9805

1.Introduction

1.1Amplification of the Title and Rationale for Research

Recently, there has been a considerable interest in children and young people's (CYP) mental health. The number of CYP experiencing mental health difficulties has risen (Frith, 2016), with suggestions of a lack of support available to address these difficulties, as evidenced in a wealth of media reports, research studies and Government publications (e.g. Young Minds, 2015; Department of Health (DoH, 2015). It has been suggested that as a result of aspects such as budget cuts, it is becoming increasingly difficult for specialist services such as the Child and Adolescent Mental Health Service (CAMHS) to provide adequate support for CYP experiencing mental health difficulties (Young Minds, 2015). Subsequently, it seems more important than ever that mental health is everyone's business (Welsh Assembly Government (WAG), 2001), and that there is a shared responsibility in supporting CYP mental health.

The last decade has seen a growing emphasis on schools in supporting CYP mental health, with an increasing reliance on schools to identify problems and implement early intervention to support those who present with difficulties (Department for Education (DfE), 2014). However, reports suggest that there is a great deal of variation in the attitudes of schools toward supporting the mental health needs of CYP (Department for Children Schools and Families (DCSF) & DoH, 2008). Furthermore, The Health Committee (2014) has outlined that competing priorities within schools affect teachers' ability to provide adequate, consistent support to CYP experiencing mental health difficulties. Additionally, it has been established that teachers do not always feel confident or competent to support CYP mental health needs (Rothi, Leavey, & Best, 2008a).

Educational Psychologists (EPs) are professionals who work with schools in relation to CYP learning, developmental, behavioural, emotional and mental health needs (DfE, 2011) and are arguably ideally placed to support schools regarding CYP mental health. It is often assumed that EPs have the specialist skills, knowledge and capacity to promote the mental health of CYP, at both an individual

and consultative level with schools (DfE, 2011). Furthermore, a wealth of recent research suggests that EPs need to develop their use of therapeutic interventions in order for this to become a more prominent part of the role (e.g. Rait, Monsen & Squires, 2010; Allen & Hardy, 2013). However, there continues to be a general lack of clarity about the EP role in general (Boyle & Lauchlan, 2009), and research has indicated that statutory pressures of the role has resulted in EPs continuing to spend a large amount of time completing statutory work and standardised assessments (Farrell, 2010). Further, mental health legislation aimed at schools seems to imply a limited role for EPs (e.g. DfE, 2014; 2016). This coincides with research considering constructs held of the EP role, which has established a broad nature to EPs work, however does not necessarily implicate them in specific work relating to mental health (Ashton & Roberts, 2006). Furthermore, research suggests that mental health is not something which EPs necessarily perceive themselves to have a role in, and there are a number of suggested barriers to EPs engaging in this kind of work (Atkinson, Squires, Bragg, Muscutt, & Wasilewski, 2014), which also includes schools' constructs of the EP role. Therefore, the current research aims to explore the role of the EP in CYP mental health; the facilitators and barriers to this; and ways forward; considering the constructions held by both EPs and schools. The research will be carried out in Wales.

1.2Relevance to Educational Psychology

Existing research highlights an identity crisis within the educational psychology profession (Love, 2009), whereby it is argued that EPs are unclear about the nature of their role (Gibb, 1998; Gaskell & Leadbetter, 2009). It is suggested that different EPs construct the role in different ways, and that service users additionally hold different constructions of what the role entails (Farrell et al., 2006; Ashton & Roberts, 2006). Research also highlights that in light of changes to the role over time, EP practice should be consistently evolving and developing, however that there continues to be a pressure felt by EPs to engage in more traditional practice (Farrell, 2010).

By contrast, a current mental health crisis (Frith, 2016) has led to suggestions that EPs should be working more therapeutically (Allen & Hardy, 2013). However, the lack of clarity of EPs current practice suggests that an understanding of the EP role

in a specific area such as CYP mental health will be more problematic to ascertain. However, given the reported mental health crisis and the pressure placed on EPs, it seems an essential area for exploration.

2.Overview of the Literature Review

2.1 Structure of the Literature Review

The literature review begins with a discussion about social constructionism, the theoretical underpinning of the research. Following this, the concept of mental health is addressed, considering contrasting theories of mental health and different definitions that exist. Next, an overview of the Government's stance on CYP mental health is provided, including an outline of publications and legislation that have been paramount in promoting new initiatives. Further, an overview is given of the current context of CYP mental health in the UK, with particular attention given to prevalence rates, and the reported lack of support available to meet the growing concern. Next, the role of CAMHS is discussed, and the current CAMHS framework is introduced. The role of schools in supporting CYP mental health is then considered, with exploration of the shortcomings of schools in this area. This is followed by discussion of the EP role in general terms, and subsequently the role within mental health, exploring the growing pressure on EPs to work more therapeutically; constructions held of the EP role; and facilitators and barriers to EPs work within CYP mental health. Finally, the current study is introduced, and the research aims and questions are presented.

2.2 Description of Literature, Key Sources and Search Terms

Literature and publications were carefully selected for this review based on their relevance to the research topic. In particular, literature and publications were selected based on their relevance to the following:

- CYP mental health needs, particularly in relation to the current context of mental health in the United Kingdom (UK) for CYP;
- The role of schools within CYP mental health, particularly in relation to the views of school staff about the role they play within mental health, and facilitators and barriers to this;
- The role of the EP and how this has developed;
- Constructions of the EP role, from the perspective of EPs and their service users;

- The EP role within CYP mental health, including the current pressure to work in this way, and facilitators and barriers to this.

The literature search mainly took place during January-July 2016. The main databases used were PsycInfo, PsycArticles, Ovid and the British Education Index. Additionally, a number of specific, peer-reviewed journals were searched due to their relevance to educational psychology. These were Educational Psychology in Practice, The British Journal of Educational Psychology, Educational Psychology Review and Educational and Child Psychology. The search terms used included "educational psychologist", "school psychologist", "role", "mental health", "emotional wellbeing", "therapeutic intervention" and "schools". This search was followed by a manual search of the reference lists of relevant studies identified through the search engines.

2.3 Inclusion and Exclusion Criteria

All literature and publications selected for inclusion were UK based, and this was essential due to contextual factors, particularly as the research was concerned with the current context of CYP mental health and the EP role in the UK. There was a range of literature which considered those aspects listed above that were carried out outside of the UK, for example in the United States and Australia, and whilst these were highly relevant, they were excluded due to contextual and systemic differences between countries.

It is important to note additional exclusion criteria. A wealth of research considered specific interventions carried out by schools and EPs in relation to mental health and subsequent evaluations of these, however these were not deemed relevant to the current research, which aimed to explore mental health intervention as a more general concept, and constructions of working within mental health, as opposed to how.

Where possible, the most recent and up to date research was included. However no excluding criteria was named in relation to date, as the research aimed to gain an overview of the progression of how CYP mental health has been addressed, and

also of the EP role, therefore older research was important to gain a thorough understanding of this.

The England and Wales Government websites were also searched for relevant legislation relating to CYP mental health and the EP role. Additionally, a number of recent media publications were selected for inclusion to give some insight into the current context of CYP mental health. Given the large amount of recent media coverage, only a small selection was used, to give an insight into the current context as opposed to a comprehensive background, which was not possible in the scope of this paper.

3.Theoretical Underpinning of the Research

This research is based within a social constructionist framework (Burr, 1995). Social constructionism is a theoretical model that views knowledge and truth as created, as opposed to discovered, by the mind (Schwandt, 2003). The theory suggests that individuals hold social constructions or beliefs about the world, however that whilst a social construct appears to be objective and valid to the individual that holds it, in reality it is an artefact of a particular culture or society (Kelly, 2008).

Considering social constructionism, it is likely that constructs held of the key concepts being explored in this research will differ. Mental health is arguably a complex area, and as such individuals will likely construct their own understanding based on their social, political and cultural values (Mertens, 2010). This is also true of the EP role, and how EPs and their service users construct the role is likely to differ, with different constructions likely to influence and affect EP practice.

Kelly (2008) argues that problems, issues and difficulties are often a product of a number of different perspectives or constructions, and it therefore seems paramount to consider how different constructions are affecting the current context of the EP role in CYP mental health. Thus, social constructionism will be considered and explored throughout this research.

4.Mental Health

4.1 Defining Mental Health

Difficulty exists in defining mental health, and terms such as 'mental health', 'emotional wellbeing' and 'emotional literacy' are often used interchangeably to refer to the same ideas (DCSF & DoH, 2008). Part of the difficulty in defining mental health is suggested to stem from a lack of contrast between 'mental health' and 'mental illness', and these terms being defined in similar ways (Gott, 2003). Furthermore, the language used to refer to mental health is vast. In education, medical language tends to be avoided, and alternative terms including social, emotional and behavioural difficulties are preferred (Rothi et al., 2008a; Bilton & Cooper, 2013; Cole, 2015). Arguably, the language used is likely to influence how mental health is constructed, and in turn might be an important factor that contributes to how it is managed and supported.

Good mental health has been defined as "*a holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced*" (WAG, 2010, p.7).

In contrast, a definition of mental health difficulties has been suggested as: *"Mental health problems may be reflected in difficulties and/or disabilities in the realm of personal relationships, psychological development, the capacity for play and learning, development of concepts of right and wrong, and in distress and maladaptive behaviour… Mental Health problem describes a very broad range of emotional or behavioural difficulties that may cause concern or distress"* (WAG, 2001, p.14).

4.2 Theories of Mental Health

Considering the different theoretical models of mental health is complex, and as such is a subject that could be explored in a thesis of its own. Therefore, it is not possible to provide a thorough and complete overview within the scope of this paper. However, some of the main theories of mental health will be presented, to provide insight into the basis of intervention and support strategies. These are particularly in relation to how CYP mental health needs are constructed.

4.2.1 Mental Health vs. Mental Illness

There exists some debate in the research about the difference between mental health and mental illness (Herron & Mortimer, 1999; Herron & Trent, 2000). Three models of mental health are suggested by Herron and Mortimer (1999):

- The unipolar model, whereby mental health is a euphemism for mental illness;
- The bipolar model, whereby mental health exists at the opposite end of the same continuum to mental illness; and
- The dual-continua model, whereby mental health is a concept separate and distinct from mental illness

These models are widely debated, however research suggests that the most helpful way of understanding mental health and mental illness is to view them as existing at opposite ends of the same continuum (e.g. Ekornes, 2015), or as part of a bipolar model. It is argued that, at least in the UK, it is this model that provides the foundation on which mental health provision is predominantly built (Heron & Trent, 2000). Intervention is primarily based on promoting positive mental health and preventing mental illness (Ekornes, 2015). However, these ideas are argued to stem from a medical or clinical model of health, whereby the existence or measure of one, is dependent on the existence or absence of the other (Herron & Trent, 2000). Arguably, mental health is more complex, and constructing it in this way could lead to compartmentalisation into categories of "mentally well" or "mentally unwell". This could pose a problem for schools supporting CYP, and seems to downplay the crossover that might exist, or the 'grey area'.

4.2.2 A Biopsychosocial Perspective of Mental Health

In contrast, research has suggested the importance of considering mental health from a biopsychosocial perspective (Cooper, Smith & Upton, 1994; Cooper, 2005), argued to stem from the early theoretical work of Bronfenbrenner. Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1989) states that CYP needs should be understood as part of their environment. This is argued as the

most appropriate way to construct and understand mental health, particularly in relation to CYP. As stated in a recent CAMHS review:

"In reality, good practice in any discipline will consider the individual's situation, their strengths as well as their problems, and their sources of resilience alongside risk factors. The most effective approach is one that considers all aspects of need – in effect, a biopsychosocial approach. Where the biological, psychological or social needs are paramount, particular emphasis is given to addressing these aspects" (DCSF & DoH, 2008, p.61).

Considering this type of construction, mental health is considered to be holistic, and seems to deviate away from understanding a child as existing somewhere along a continuum between healthy or unhealthy. Additionally, it suggests that interventions might be more systemic in meeting CYP needs.

4.3 Social Constructionism and Mental Health

There is recognition that different individuals' may construct mental health in different ways. Therefore, whilst different theoretical models have been suggested, there remains the assumption that how one individual understands mental health might be very different to how another individual understands it. Subsequently, it will be important for consideration to be given of constructions of mental health throughout the research.

5.The Governmental Stance on CYP Mental Health

Government policy in England and Wales reflects a longstanding commitment to addressing CYP mental health. Dating back to 1999, the Mental Health Foundation (1999) highlighted the importance of schools promoting pupil mental health in the document *Bright Futures*, and since, a growth in publications addressing CYP mental health has emerged.

Perhaps the most significant publications to begin the drive towards better mental health intervention were the *Every Child Matters (ECM)* agenda in England (Department for Education and Skills (DfES), 2003) and the corresponding *Children and Young People: Rights to Action* agenda in Wales (WAG, 2004). Both set out the need for a collaborative, multi-agency, holistic approach to CYP development, within which an emphasis was placed on positive mental health. It was highlighted in the *ECM* agenda that CYP mental health is the business of all people, agendas and services in contact with them (DfES, 2003).

Since, a wealth of publications in England and Wales have indicated a continued commitment to supporting CYP mental health through a multi-agency approach (DCSF & DoH, 2008; DCSF & DoH, 2010; WAG, 2010). Within these, a particular emphasis has been on early intervention and preventative services, with a specific focus on the role of schools (WAG, 2010; Health Committee, 2014). As such, a number of initiatives to target CYP mental health have been implemented by the Government in schools across England and Wales in the last decade. The introduction of the Social and Emotional Aspects of Learning (SEAL) initiative in 2005 saw the implementation of a tailored, whole-curriculum framework for promoting mental health in schools, covering themes such as: self-awareness; managing feelings; motivation; empathy; and social skills (DCSF, 2005). In 2008, it was suggested that approximately 80% of primary schools and 20% of secondary schools were using the SEAL resources (DCSF, 2008).

In 2008, a Government funded initiative was introduced in England to further address CYP mental health. The Targeting Mental Health in Schools (TAMHS)

initiative was implemented in schools to provide mental health support for CYP aged five to 13 and their families at risk of, and/or experiencing, mental health problems (DCSF, 2008). The initiative included a whole-school framework for promoting mental health, but also targeted specific individuals who were seen to be at risk, and in need of specific, therapeutic intervention. Positive outcomes were highlighted in relation to improving emotional outcomes for CYP (Weare, 2014).

In 2015, the *Future in Mind* publication (DoH, 2015) came in response to the difficulties faced by CYP in accessing specialised mental health support. This highlighted the need to develop a mental health support system that enabled: early intervention; improved access to specialist support; and a developed workforce of practitioners across a range of levels for the effective support of CYP. A tiered approach to mental health support was criticised as no longer sufficient to meeting the level of need. Rather, it was suggested that the joining up of services would better cater for the mental health needs of CYP, and enable more accessible, tailored support. As detailed in this report, extra funding was granted in December 2015 as part of The Mental Health Services and Schools Link Pilots*.* This pilot introduced a named single point of contact in 255 schools in England in 22 areas, who became responsible for developing closer relationships with a counterpart in local CAMHS services to improve knowledge and understanding of mental health issues, and to ensure referrals were timely and appropriate.

In 2016, an update of the 2014 publication *Mental Health and Behaviour in Schools* (DfE, 2014; 2016) highlighted the Government's expectations of school staff in promoting mental health. The publication set out advice for school staff, to allow them a better understanding of mental health and to enable them to have the knowledge and resources to achieve the following:

-An understanding of the risk and protective factors for mental health difficulties at a range of different levels;
-A better understanding of how to assess whether CYP might have a mental health difficulty, with examples of specific assessments to use;
-How positive mental health can be promoted at a whole school level and also at more specific, individualised levels; and

-Resources available to support CYP.

The initiative also highlighted when it was appropriate to refer to other agencies, such as CAMHS, voluntary sector agencies and General Practitioners, to allow a better, graduated response to meeting CYP mental health needs.

Most recently, the BBC reported on Government plans to address mental health, within which measures included for every secondary school in England to be offered mental health training, and for a further review of children and adolescent mental health services across the country (BBC, 2017). Plans to produce a Green Paper addressing CYP mental health were also unveiled (Sky News, 2017).

The Government commitment towards better mental health over the past two decades has seemed to consider a bipolar model of mental health, whilst also implementing biopsychosocial approaches to intervention. This has enabled preventative measures to be implemented in settings such as schools, in addition to targeted mental health support when difficulties arise. As part of this, models of support have considered systemic change as opposed to 'fixing' the child. However, with concerns seemingly escalating (Frith, 2016), it could be suggested that this approach is currently not achieving optimal change, and therefore it is important to consider why there continues to be a suggested increase in mental health needs, despite the implementation of seemingly evidence-based interventions.

6. The Current Context of CYP Mental Health

Despite the Government commitment to supporting CYP mental health, current prevalence rates are concerning, and this has been widely acknowledged of late.

In 2005, the Office for National Statistics explored the status of mental health in CYP aged 5-16 in the UK, establishing that one in ten CYP had a clinically diagnosed mental health disorder, 6% which related to conduct disorders; 4% which related to emotional disorders, such as anxiety and depression; 2% which related to hyperkinetic disorders, such as ADHD; and 1% which related to less common disorders, such as eating disorders; and all of which were causing the CYP distress, and leading to difficulties in their day-to-day lives (Green, McGinnity, Meltzer, Ford, & Goodman., 2005). In 2007, the same sample of CYP were followed up, with 30% who had an emotional disorder in 2005 also assessed as having an emotional disorder at this time; and 43% who had a conduct disorder in 2005 also assessed as having a conduct disorder at this time (Parry-Langdon, 2008), highlighting some longevity of conditions. Similarities have been found for those in the post-16 age range, which is important to consider given the increase in age range that EPs now work with (DfE & DoH, 2015) and it has been reported that 17% of 16-24 year olds have a mental health disorder that meets criteria for diagnosis (McManus, Meltzer, Brugha, Bebbington, & Jenkins, 2009). Of concern is that within these studies, no consideration is given to undiagnosed mental health difficulties, and more recently, Stallard et al. (2012) highlighted that in a sample of 5030 12-16 year olds, 21.2% were identified as being at risk of depression. Arguably, Stallard et al. (2012) findings highlight a potential rise in mental health difficulties since those reported by Green et al. (2005) and Parry-Langdon (2008). Whilst there is recognition that these papers are now dated, they provide valuable information in that figures seem to be increasing, and they provide information from a large sample of CYP.

Whilst the information above is reported from some of the largest empirical research papers in the field to date, a recent report has highlighted similar concerns (Frith, 2016). In this report, it was highlighted that one in ten CYP have a mental health problem, equating to around three children in a classroom. This

figure is equivalent to around 720,000 CYP between the ages of 5-16 in England experiencing a mental health difficulty. Frith (2016) argues that these figures portray a significant rise in mental health difficulties over the past five years. Further figures have also been reported. The *National Citizen Service* highlighted that 88% of 12-18 year olds have experienced stress and anxiety, with the average teenager experiencing symptoms twice a week (Mackay, 2015), suggesting that figures could be at their highest within secondary school settings.

Despite these figures, Frith (2016) reported that opportunities for early intervention are often missed, and parents' and professionals' attempts to gain specialist support for CYP with mental health needs are typically unsuccessful, with only 25% of referrals resulting in support from CAMHS. This could suggest that CYP do not meet criteria for specialist support in the early stages of a mental health difficulty, and symptoms are subsequently escalating and becoming more of a problem until there is a recognised need for intervention. This also suggests the potential requirement for more early intervention services that can offer support, advice and guidance, to prevent concerns from escalating.

Prevailing literature suggests that part of the problem has arisen from funding cuts to mental health services. Research undertaken by YoungMinds (2015) into 165 Clinical Commissioning Groups, 97 Local Education Authorities (LEAs) and 37 Mental Health Trusts revealed that 75% of Mental Health Trusts have frozen their budgets between 2013/14 and 2014/15. This is coupled with one in five LEAs experiencing a cut in their CAMHS budget every year since 2010 (YoungMinds, 2015). These budget cuts have not come without problems, and in October 2015 reports by the *BBC* and the *NSPCC* revealed that nearly 40,000 CYP have been refused treatment from CAMHS (BBC, 2015), equating to one in five being 'turned away' (NSPCC, 2015). This issue has been further highlighted in CAMHS reviews by the Government (DoH, 2014; National Assembly for Wales, 2014). In their 2014 CAMHS review, The National Assembly for Wales highlighted that "The Specialist Child and Adolescent Mental Health Service in Wales is under more pressure than ever before" (National Assembly for Wales, 2014, p.7), with 73% of CYP waiting more than 18 weeks for treatment.

A number of explanations have been presented for the increase in prevalence of mental health needs. Risk factors are highlighted in a range of publications and research (DfES & DoH, 2004; DCSF, 2008; Cole & Knowles, 2011; Murphy & Fonagy, 2012; Cole, 2015). Parry-Langdon (2008) identified the following risk factors for mental health difficulties:

-A one parent or 'reconstructed' family;
-Being an only child, or being a sibling of three or more children;
-No parent being in work;
-Living in rented accommodation;
-Low household income;
-A mother who has experienced a high level of psychological distress;
-Childhood experience of three or more stressful life events; and
-Fewer friendships and support networks.

Further reports suggest that a number of features of modern childhood has resulted in increasingly stressful daily life and subsequent growing mental health problems, including pressure from social media, cyber-bullying, school testing and rising family breakdown (Donnelly, 2013). A continued emphasis on academic achievement above emotional wellbeing was also highlighted in a later report, which discussed increased CYP anxiety as a result (Tait, 2015). A further report has suggested that "Being a young person today is harder than it's ever been" (Frith, 2016, para. 14).

Taken together, these ideas suggest the importance of constructing mental health as part of a biopsychosocial model, with consideration given to interventions that must address all aspects of CYPs lives. It seems that if wider, holistic factors are not considered in supporting mental health development, CYP might continue to be at risk.

7. The Child and Adolescent Mental Health Service (CAMHS)

It is widely acknowledged that mental health is everyone's business (WAG, 2001), therefore this suggests that all professionals working with CYP have some responsibility in meeting their mental health needs (DCSF & DoH, 2008). This seems more important than ever considering the increase in mental health prevalence rates, and the difficulty in accessing specialist services.

CAMHS is a specialist service for supporting CYP with mental health needs, however they adopt a philosophy of developing a multi-agency team around the child (WAG, 2001). As such, there currently exists a tiered approach for access to CAMHS. The four tier strategic framework is highlighted below:

Figure 1: The four tier strategic framework for CAMHS (Retrieved from http://brightonandhoveccg.nhs.uk/your-services/mental-health-services - selected due to clarity of diagram)

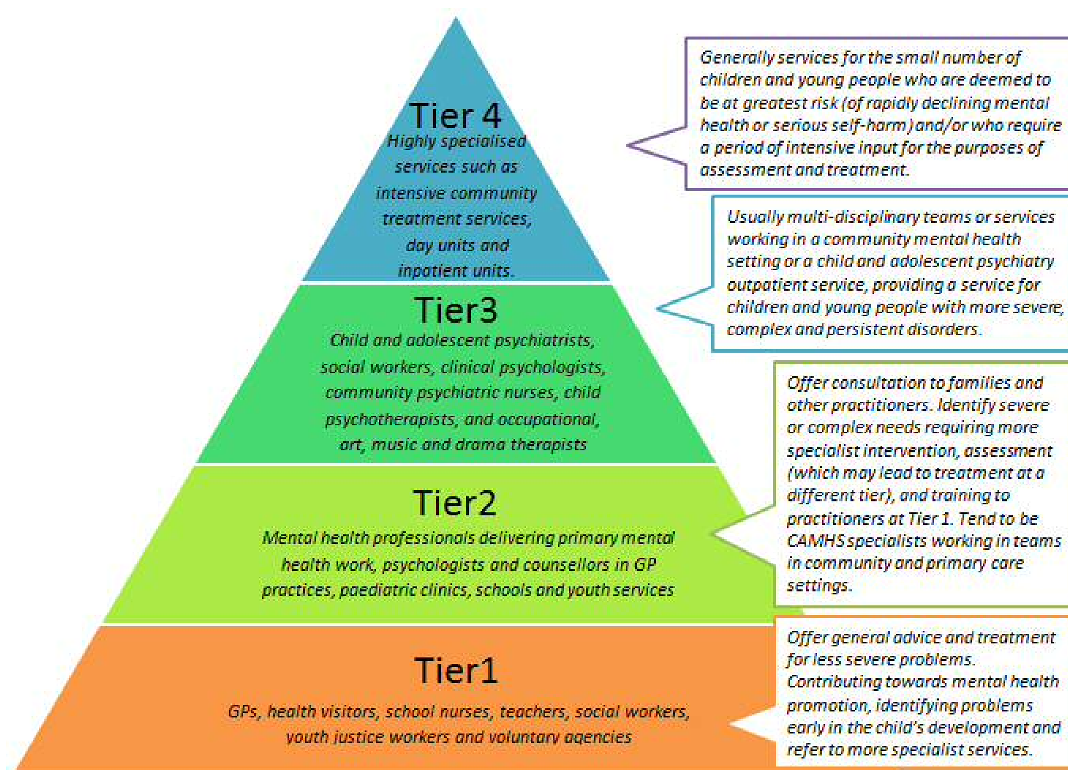


Figure 1 highlights the different expectations of professionals across different tiers. Teachers, social workers and voluntary agencies are expected to provide early intervention at Tier 1, which contributes to the general development of

positive mental health, as well as identifying mental health difficulties early on. Tier 2 is made up of professionals who are expected to have a greater knowledge about mental health, and can therefore offer intervention that is considered slightly more specialist, for example, primary mental health workers and youth services. Tiers 3 and 4 are specialist services, which provide support to CYP experiencing difficulties that are more severe, complex and persistent. These would be professionals whose work is specifically related to mental health.

Demonstrated in the tiered framework, there is clarity of what is expected from different professionals, and it also highlights that all professionals have a role in supporting CYP mental health. However, there has recently been some debate over the appropriateness of a tiered system, and whether it is the best way to meet CYP mental health needs. It has been suggested that a tiered framework creates artificial barriers between the professionals between tiers, and a system without tiers would allow for a more joined-up approach towards supporting the mental health needs of CYP, which would also allow for more accessible services (DoH, 2015). Therefore, there currently seems to be some uncertainty as to whether a tiered system will continue in future.

It is important to consider the inclusion of schools in Tier 1, and the subsequent suggestion that they have an important role in the early support of CYP mental health. Of interest, there is no explicit mention of the role of EPs, and arguably this could affect constructions held of the role of the EP in mental health by EPs, school staff and wider services and systems.

8. Schools and CYP Mental Health

8.1 The Role of Schools in CYP Mental Health

The emphasis on schools to support CYP mental health is highlighted in a wealth of Government publications in England and Wales (DfES, 2003; WAG, 2004; DCSF & DoH, 2008; DCSF & DoH, 2010; WAG, 2010; DoH, 2015; DfE, 2016). Schools are implicated in a preventative and early support role.

Further to legislation, research suggests a number of arguments for the importance of schools involvement in supporting CYP mental health. Whilst the role of schools in promoting academic attainment is longstanding, there is an increasing need for them to support CYP holistic development, to ensure they are developing skills to enable them to become adults who are able to succeed in all areas of life (DfES, 2003). Considering this, Greenberg (2010) suggests the central role of schools in the lives of CYP and their families, thus highlighting their ideal placement to offer individual and systemic support to promote the development of holistic skills. Additionally, there have been links established between mental health and academic achievement, suggesting that if the mental health of CYP is not at an adequate standard, achievement in school is likely to be affected (Weare, 2000; 2004; 2014). Furthermore, it has been suggested that mental health problems can lead to a number of other difficulties in the school environment, such as school absence and the engagement in risky behaviours (Public Health England, 2014). Also, a link is suggested between CYP with mental health difficulties and additional learning needs in school. In Scotland, it was recently found that 2,334 pupils required additional support for learning in 2015, as a result of a mental health difficulty (Hepburn, 2016); therefore it is argued that targeting mental health is essential within the school environment.

This decade has seen a growth in whole school interventions that target CYP emotional wellbeing and mental health, for example with the introduction of the SEAL initiative rolled out by the Government in primary and secondary schools across England and Wales in 2005 (DCSF, 2005) and, more recently, the introduction and widespread implementation of the Emotional Literacy Support Assistant (ELSA) programme (Burton, 2008). This is in addition to programmes

introduced to target mental health within specific timeframes, such as the TAMHS programme (DCSF, 2008).

8.2 Shortcomings of Schools in Supporting CYP Mental Health

Despite the expectation on schools, and the clear rationale for their support of CYP mental health, there exists a number of shortcomings. Whilst it perhaps remains to be a rarely explored area in the literature relating to the role of schools in supporting CYP mental health, research that considers the views of school staff about the expectation placed on them has suggested a number of concerns.

Positively, a common finding has been that school staff understand the importance of the link between mental health and schools, with a recognition that they inevitably have a role in supporting CYP with mental health needs (Spratt, Shucksmith, Philip & Watson, 2006; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010; Bostock, Kitt & Kitt, 2011). However, a number of barriers exist. Firstly, it is suggested that school staff do not always perceive CYP mental health to be a part of their job role (DCSF & DoH, 2008; Kidger et al., 2010). Secondly, it has been found that schools do not feel confident in identifying and supporting CYP mental health needs (Rothi et al., 2008a; Kidger et al., 2010). Thirdly, it has been identified that school staff are not always able to identify mental health needs in CYP, for example symptoms of depression (Moor et al. 2007), or emotional disorders in general (Loades & Mastroyannopoulou, 2010). Fourthly, Finney (2006) proposed that teachers do not have the capacity to meet the mental health needs of CYP with an already over-stretched educational role, a view that has been echoed more recently by The Health Committee (2014), who outlined that competing priorities within schools lead to difficulties for teachers in providing adequate and consistent support. Fifthly, it is highlighted that when interventions are implemented, they are largely not evidence-based due to aspects such as lack of training (Vostanis, Humphrey, Fitzgerald, Deighton, & Wolpert, 2013). Finally, school staff have highlighted a lack of support for their own mental health, which subsequently jeopardises their ability to support and respond to CYP appropriately (Kidger et al., 2010).

Investigation into mental health intervention in schools has revealed similar findings. In 2005, Ofsted reported that only a small minority of schools were working towards or had met the criteria for supporting CYP mental health, with one barrier being the low level of awareness of the importance of the issue. Furthermore, training for staff on mental health difficulties was needed in three quarters of the schools (Ofsted, 2005). Whilst these reports are dated and are perhaps reflective of a time before the major national drive for better mental health support in schools, more recently the Welsh Audit Office (2009) identified that whilst school staff had access to a range of training, training in areas such as recognising and intervening to support CYP mental health was not always provided or accessible. It is therefore apparent that issues remain.

Considering these ideas, it seems important that in addition to new Government initiatives, further support is paramount for targeting and increasing school staffs willingness, understanding and ability to support mental health, as this could potentially be a significant barrier to the effective and optimum use of new interventions and strategies.

9. The Role of the EP

9.1 Defining the Role

In general terms, EPs are professionals who work with schools in relation to CYP learning, developmental, behavioural, emotional and mental health needs (DfE, 2011). A definition has been provided about the role of the EP and what this entails, as follows:

"Educational psychologists work with children and young people … and their families, in a variety of settings including schools and homes, and sometimes as part of multi-agency teams. They have competencies in consultation, assessment, case formulation, and intervention related to children's learning, developmental, behavioural, emotional and mental health needs. Intervention may take place at an organisational level, indirectly through parents and teachers, and/or directly with individuals, groups, and families." (DfE, 2011, p.5).

9.2 The EP Identity Crisis

Literature relating to the role of the EP is abundant (e.g. Norwich, 2000; Kelly & Gray, 2000; Stobie 2002a, 2002b; Mackay, 2002; Norwich, 2005; Farrell et al., 2006; Ashton & Roberts, 2006; Cameron, 2006; Squires & Farrell, 2007; Gaskell & Leadbetter, 2009; Love, 2009; Boyle & Lauchlan, 2009; Fallon, Woods & Rooney, 2010). However, within the research, there is a longstanding difficulty in clarifying the role. Gibb (1998) stated, "*We know that educational psychologists have long had at least an awareness of the lack of clarity that exists about their role*" (p.19), and this is reflected in a growing body of research (Norwich, 2005; Gaskell & Leadbetter, 2009; Boyle & Lauchlan, 2009; Fallon et al., 2010). This is to the extent whereby Love (2009) describes an "identity crisis" (p.3).

Part of the lack of clarity of the EP role is likely to stem from systemic and service delivery changes of educational psychology over time. One example is the integration of EPSs with Children's Services in some LEAs following the *ECM* agenda in England (DfES, 2003) and the *Children and Young People: Rights to Action* agenda in Wales (WAG, 2004), which paved the way for more multi-agency working (Fallon et al., 2010). More recently, the formation of the Coalition

Government in 2010 resulted in cuts to LEA budgets, and thus saw many EPSs in England develop traded models of service delivery (AEP, 2011).

Further to changes to service delivery, EP practice has evolved over time. Early models of EP work predominantly focused on the educational assessment of CYP to determine their placement in mainstream schools or specialist provisions (Stobie, 2002b). EPs work was suggested to follow a child-deficit model, whereby the focus was placed on the child, the child's deficits, and the subsequent treatment of these (Kelly, 2008). This traditional model of EP practice typically highlighted the EP as the expert (Wicks, 2013). However, it is suggested that from these early models of practice, the profession saw a shift that changed the EP role from that of the expert, to that of a collaborative problem-solver, for example in 1999, the Division of Educational and Child Psychology (DECP) published guidelines for EP practice, which recommended: "hypothesis-testing over time, collaboration on major concerns with key stakeholders and the recommendation of the creative application of psychological theories and research" (Kennedy, 2006, p. 519). In 2000, the consultation model of practice was developed, reflecting these recommendations (Wagner, 2000), and is currently acknowledged as a widely used model of practice in EPs work (Boyle & Lauchlan, 2009). However, it is acknowledged that the practice of EPs continues to vary greatly, to the extent whereby EPs within one EPS might practice in very different ways (Boyle & Lauchlan, 2009).

9.3 A 'Typecast' Role

Arguably, it is the nature of EPs work that has perhaps continued to both shape and bring into question the identity held by EPs. The early EP role was suggested to be shaped by the expectations placed on EPs by others, and EPs subsequently saw themselves as "trapped by national legislation and LEA policies on a treadmill of testing" (Love, 2009, p. 5). However, Farrell (2010) suggests that this continues to be a large part of the EP role, highlighting the distinctiveness of this practice to the profession, and the subsequent reluctance of EPs to abandon this way of working. Additionally, Boyle and Lauchlan (2009) argue that EP practice has become so entrenched in functions such as statutory assessments and administrative work, that EPs are no longer confident in applying psychology and working in more creative and "interesting" ways. In fact, a range of research seems

to suggest that EPs most common ways of working are to assess the learning abilities of CYP (Ashton & Roberts, 2006; Woods & Farrell, 2006; Farrell, 2010). As a result, despite the wealth of research that suggests future directions for the role (Mackay, 2002; Gersch, 2009; Fallon et al., 2010), it seems that the debate about EPs main functions is pervasive.

10. The Role of the EP in CYP Mental Health

10.1 An Overview of the Role of the EP in CYP Mental Health

Whilst the assessment of CYP learning abilities is evidently part of the EP role, it is suggested that EPs are in a prime position to support schools with issues relating to CYP behavioural, emotional and mental health needs (DfE, 2011). As highlighted previously, there is an expectation on schools to support the holistic development of pupils, and as part of this, it could be suggested that this should have led to a change in EP practice (Rait et al., 2010).

Research considering the EP role in CYP mental health has predominantly investigated specific interventions carried out by EPs and subsequent evaluations, for example Cognitive Behavioural Therapy (CBT) interventions (Greig, 2007); Solution Focused Brief Therapy (SFBT) interventions (Brown, Powell & Clark, 2012); and the delivery of training related to mental health needs (Boorn, Hopkins-Dunn & Page, 2010). Whilst this research suggests a definite role for EPs within CYP mental health, it sheds little light on the extent to which EPs are engaging in work related to CYP mental health in their everyday practice, and constructions held of the role in this area.

10.2 The Increasing Pressure on EPs to Engage in Work Related to CYP Mental Health

EPs have long been recognised as practitioners who are able to support schools with CYP mental health (Bozic, 1999). However, there now seems to be a particular emphasis on increasing EPs practice in this area. Mackay (2007) suggests the need for a renewed focus on therapeutic interventions in EPs practice, particularly in light of the increased prevalence of mental health needs. It is argued that EPs have the opportunity within their role to "make a significant contribution to this area and to include therapy in the range of services they routinely offer" (p.14). This is corroborated by Gersch (2009), who highlighted the need for EPs to remain relevant in a changing world, and emphasised the importance of therapeutic interventions as part of routine work. Whilst this research is now dated, it is interesting in that CYP mental health prevalence rates have increased, suggesting that pressure on EPs could have intensified.

In support of the above assertions, it is suggested that the move from a one-year Masters course to a three-year Doctoral programme for EP initial training has enabled EPs to develop further skills to enable them to work therapeutically. As highlighted by the Division of Educational and Child Psychology Training Committee ((DECPTC), 2007), one of the learning outcomes is to "apply, review and evaluate a range of professionally appropriate counselling and therapeutic skills in work with children, their families and other professionals" (p.8). This suggests a possible progression in EPs routinely delivering therapeutic interventions as part of their regular practice.

Further research has highlighted the importance of early identification and intervention in CYP mental health, which has led to suggestions for EPs increasing their practice to fulfil this recommendation (Rait et al., 2010; Squires & Dunsmuir, 2011). Additionally, it is argued that EPs are in a prime position to support schools in this area, as they can help them to develop a more sophisticated understanding of mental health problems. This seems particularly pertinent given suggestions that schools confidence and understanding of mental health is low (Kidger et al., 2010). It is highlighted that as well as having a good understanding of mental health needs, EPs also have an understanding of needs within an educational context, making them better placed in some cases to offer therapeutic interventions than colleagues from other branches of psychology (Atkinson, Corban & Templeton, 2011). Squires (2010) echoes this, stating that EPs have a flexible role in schools, and can support the mental health needs of CYP by building the capacity of teachers, and through offering individual support to CYP, meaning that the extent of what they can offer is often broader than other professionals, such as Psychotherapists. This is echoed by the British Psychological Society (BPS) in their document *Delivering Psychological Therapies* in Schools and Communities (BPS, 2016).

In relation to the current context of CYP mental health and the economic climate, more recently, Allen and Hardy (2013) highlighted that EPs should expect to develop their practice to compensate for the difficulties CYP now have in accessing specialist mental health services, with an anticipation that this could lead to

additional pressures on them working with CYP who have been refused specialist support, or are on long waiting lists.

10.3 Constructions of the Role of the EP in CYP Mental Health

Despite research suggesting a growing pressure on EPs to engage in more work related to CYP mental health, there is a coinciding lack of research considering an EP response to this. In fact, research considering EPs constructions of their role in general is also limited. Furthermore, there is a dearth of research that considers constructions of EP service users of the EP role, which seems equally as important to consider. Perhaps problematically, within the existing research, the role of the EP in CYP mental health is relatively unexplored, and in that which does exist, the role of the EP in mental health seems to be downplayed or overlooked. This suggests that EPs might subsequently construct a limited role for themselves in CYP mental health. For example, Rothi, Leavey and Best (2008b) explored teachers' experiences of working with EPs in relation to CYP with mental health difficulties and established a number of barriers. Barriers included EPs having a limited amount of time in schools; EPs not carrying out enough direct work with CYP; EP time having to be prioritised for assessments of CYP learning difficulties over mental health; and EPs not being viewed by schools as able to contribute much more to the school's current mental health knowledge base. Further, some EPs have also reported perceiving a limited role for themselves within CYP mental health (Atkinson et al., 2014).

Additional research exploring constructions held of the EP role by EPs and their service users is now out-dated (MacKay & Boyle, 1994; Kelly & Gray, 2000; Farrell et al., 2006; Ashton & Roberts, 2006). However, within the research, a number of common findings are reported. One finding is the discrepancy between constructions of the EP role held by EPs and schools (Kelly & Gray, 2000; Ashton & Roberts, 2006). This is problematic in that it suggests a lack of common ground, and further highlights difficulties in defining the nature of the role. A common finding has also been that schools most value individual assessment of CYP cognitive abilities, and this is how EP time has most typically been used (Evans & Wright, 1987; Dowling & Leibowitz, 1994; Kelly & Gray, 2000; Farrell et al., 2005; Ashton & Roberts, 2006). This suggests that EPs might not be seen to have a role

within CYP mental health, particularly if the role is seen by schools as predominantly to support learning difficulties. Furthermore, the research has indicated that EPs and their service users construct the EP role to be very broad, suggesting that whilst mental health intervention might be perceived as part of the role, it might not necessarily be selected as part of the work that EPs routinely offer. This was suggested by Farrell et al. (2006), who demonstrated that schools would like EPs to engage in more therapeutic work with CYP, however recognised that they were also implicated in a range of other work activities, which all had to be completed in limited contact time.

Unfortunately the research considering constructions of the EP role is out-dated, therefore it is difficult to establish whether the views obtained continue to be a fair reflection. Of note, the research was predominantly carried out at the time where developments were beginning to implicate schools in addressing CYP mental health, therefore this might not have been something that was high on the agenda of schools at this time. However, considering the existing research, it is possible to suggest that in order for developments in educational psychology to bring about improvements for those EPs work with, it is vital for those they work with, such as schools, to have a full understanding of the role. Within this, it is suggested that if professionals EPs work with do not understand the role, then it is unlikely that they will seek EP help for the full scope of what can be offered, and consequently, services to children and families will be impoverished (Farrell et al., 2005).

10.4 Facilitators and Barriers to EP Work in CYP Mental Health

Perhaps partly in response to the research that highlights a need for EPs to develop their practice within CYP mental health, a number of papers have considered facilitators and barriers to EPs engagement in this kind of work. Some insight has also been given into the frequency and type of mental health interventions carried out by EPs.

Pugh (2010) highlighted the most common mental health interventions used by EPs as solution-focused approaches (e.g. Bandler & Grinder, 1975), person-centred approaches (e.g. Rogers, 1951), and CBT (e.g. Beck & Emery, 1985). Atkinson, Bragg, Squires, Wasilewski and Muscutt (2012) found that 92% of a sample of 455

EPs reported engaging in therapeutic interventions as part of their practice. Furthermore, 82.9% reported engaging in direct therapeutic work with individual CYP. This suggests that EPs see a significant role for themselves in CYP mental health intervention. This was echoed by Atkinson et al. (2011), who explored the practice of EPs and Trainee EPs (TEPs) across two EPSs, and highlighted the use of therapeutic interventions including: Personal Construct Psychology, SFBT and CBT. Additionally, therapeutic intervention was used in other areas of EPs work, for example in consultation and systemic work, with these areas often involving the use of therapeutic skills and approaches. Mackay and Greig (2007) argue that, "*Therapeutic work may involve the direct intervention of a psychologist with an individual child or group of children. Equally, it is applicable to the wider role of supporting others who work with children on a daily basis*" (p. 5). This is a finding that has also been found more recently by Atkinson et al. (2014), whereby EPs highlighted that therapeutic approaches often underpin consultations and discussions with parents, staff and pupils. This perhaps highlights the work of EPs in CYP mental health as following a biopsychosocial approach (Cooper, 2005), by contributing to systemic intervention and change. It is also important in that it suggests the broad nature of therapeutic intervention and what it can include.

Within the research in this area, several facilitators have emerged to EPs engagement in mental health intervention. For example, Atkinson et al. (2011) highlighted that schools prioritising CYP with mental health needs for EP involvement was an important facilitator for their work in this area. More recently, Atkinson, Squires, Bragg, Wasilewski and Muscutt (2013) explored the delivery of therapeutic interventions across four different EPSs, particularly considering facilitators to effective delivery. Facilitators included: the EPS promoting the wider role of the EP to its service users, such as schools; a commitment from the LEA to prioritise EPs working in a therapeutic way; the need for specialist senior EP posts in the field of mental health; opportunities for EPs to practise working in this way regularly in order to consolidate skills; access to supervision; access to resources to enable therapeutic work; and access to training, both initially and for continuous professional development.

Despite these facilitators (Atkinson et al., 2013), research has seemed to determine many more barriers to the delivery of mental health intervention by EPs. Atkinson et al. (2011) established that time and opportunity were key issues, in particular a time allocation model not marrying well with being able to spend on-going time carrying out a particular intervention with a child. Within this, EPs also highlighted statutory pressures as needing to take priority over therapeutic work. Constructions of the EP role were an additional issue, in particular EPs highlighted that they were often not perceived to have the capacity to carry out therapeutic intervention; schools were not aware they could work in this way; and they were often not selected as the most suitable professional to carry out this type of work. A final key issue that emerged was the lack of supervision with a specialist practitioner, and whilst it was highlighted that peer and management supervision were welcomed, a more specialist strand was needed for further development of individual skills. This research differs from that of Mackay and Greig (2007) and Atkinson et al. (2014) in that therapeutic intervention is being constructed as individual based, as opposed to the broader nature that it can encompass. This suggests a further potential barrier as being the construction of therapeutic intervention.

The most recent research in this area has identified a number of similar barriers (Atkinson et al., 2014). Atkinson et al. (2014) invited all EPs working in LEAs across England, Wales, Scotland and Northern Ireland to complete a questionnaire regarding their use of therapeutic interventions. The questionnaire comprised of facilitators and barriers to therapeutic intervention, and included ten statements that EPs were asked to rate from one to ten in terms of most important facilitator/barrier to least important. Additionally, EPs were asked to include qualitative information about their specific use of therapeutic interventions in practice, and also information about how the EPS they worked in engaged in therapeutic work. 455 EPs responded to the questionnaires.

A number of barriers related to constructions of the EP role. EPs highlighted that schools prioritised children for assessment and statutory work, constructing this as a key component of EPs work. EPs additionally suggested that their work was constrained by LEAs, who often constructed statutory work as a fundamental

aspect of the role. Some EPs also felt that the role was typecast by Health professionals, such as those from CAMHS, who did not think it was appropriate for them to provide therapeutic intervention directly to CYP. However, it was not only the constructions of others that posed a barrier, as some EP respondents indicated that they did little or no therapeutic intervention as part of their practice, and did not see it as a priority of the role.

Whilst some EPs indicated having additional counselling qualifications or therapeutic skills that enabled them to work therapeutically; a lack of training was a barrier to the provision of therapeutic interventions in many cases; with EPs reporting that the training they had received or had access to was inadequate. Additionally, EPs highlighted that where they were skilled in different therapeutic approaches, they had limited opportunities to practise these skills. Supervision was also highlighted as a significant barrier, as some EPs felt that the supervision they received was not sufficient to enable them to practice aspects such as counselling skills safely and effectively.

A further barrier highlighted was the model of service delivery. Time allocation models were described as limiting opportunities for therapeutic interventions, and EPs highlighted that despite their willingness to work in this way, there was often no time available to do so; a limited number of school visits; and competing priorities meant that schools tended not to use their visits in this way. Similarly, some EPs highlighted the consultation model of service delivery, meaning it had become increasingly difficult to work therapeutically with CYP. These results again highlight the construction that mental health needs to be addressed individually with CYP, and seem to ignore the wider role that EPs could have in supporting CYP mental health.

This research, alongside the research it follows, indicates that whilst EPs recognise their role in CYP mental health, and are skilled in a range of interventions, there are often barriers that prevent them from implementing them. The research incorporates the views of a large number of EPs, and is therefore likely to offer some generalisability to the views of EPs across the UK. However, EPs that took part in the research might have been more inclined to do so if they had a particular

interest in working therapeutically as part of their role, although this argument can be counteracted as some EPs indicated that they did not see therapeutic work as part of their role in their responses.

10.5 Summarising the Role of the EP in CYP Mental Health

Overall, the existing research considering EP mental health practice suggests that whilst EP practice in mental health is varied, often barriers are suggestive of a construction held by EPs that therapeutic intervention must take the form of individualised therapy. This is problematic in that working therapeutically with individual CYP does not necessarily reflect developments of the EP role into more systemic practices, and seems to downplay the important role that EPs can have at a consultative level. As such, there seems to be a discrepancy between how EPs practice, and how they feel they should be practicing, particularly in relation to mental health.

11. The Current Research

The literature review has highlighted the need for further exploration of the role of the EP within CYP mental health. CYP mental health has been highlighted as a current area of concern, with high prevalence rates and increasing difficulty for CYP in accessing specialist services. Schools have been implicated in a preventative, identification and support role, however research has highlighted that despite this onus on schools, they do not always feel confident or equipped to offer support that is adequate, appropriate and evidence-based. EPs are suggested as a group of professionals who can bridge this gap for schools, at both an individual and consultative level, although schools do not necessarily view EPs as well placed for adopting this role, and research has shown that EPs can still be viewed as more suited to addressing CYP learning needs. Of additional concern is that whilst EPs have been suggested as needing to take on a broader role within CYP mental health, apparently not all EPs seem to share this viewpoint, and with a number of competing demands within the profession, there are many barriers to EPs engaging in work relating to mental health. As a result, the following research aims (RAs) have been established:

RA1: What is the current role/practice of EPs in CYP mental health?
RA2: What are the facilitators and barriers to EPs work in CYP mental health?
RA3: Is there a current pressure on EPs to work in CYP mental health?
RA4: How can CYP mental health intervention be improved through EPs/education?

The current research will explore the following research questions (RQs) to achieve the above aims:

RQ1: What is the current role of EPs in relation to CYP mental health?
RQ2: What are the facilitators and barriers to EPs engagement in work related to CYP mental health?
RQ3: Is there a current pressure on EPs to engage in work related to CYP mental health?
RQ4: How might EPs improve their work in relation to CYP mental health?

RQ5: How do schools perceive the EP role in relation to CYP mental health?
RQ6: What are the facilitators and barriers to schools working with EPs in relation to CYP mental health?
RQ7: How do schools think CYP mental health practice can be improved?

References

Allen, A., & Hardy, J. (2013). The future of educational psychology. In C. Arnold and J. Hardy (Eds.), *British educational psychology the first hundred years* (pp. 141-149). Leicester: The British Psychological Society.

Ashton, R. & Roberts, E. (2006). What is valuable and unique about the educational psychologist? *Educational Psychology in Practice, 22*(2), 111-123.

Association of Educational Psychologists (2011). *The delivery of educational psychology services*. Retrieved from http://www.aep.org.uk/publications/models_of_delivery on 13.12.2016.

Atkinson, C., Bragg, J., Squires, G., Wasilewski, D., & Muscutt, J. (2012). Educational psychologists and therapeutic intervention: Enabling effective practice. *Assessment & Development Matters, 4*(2), 22 – 25.

Atkinson, C., Corban, I., & Templeton, J. (2011). Educational psychologists' use of therapeutic interventions: Issues arising from two exploratory case studies. *British Journal of Learning Support, 26*(4), 160-167.

Atkinson, C., Squires, G., Bragg, J., Muscutt, J., & Wasilewski, D. (2014). Facilitators and barriers to the provision of therapeutic interventions by school psychologists. *School Psychology International, 35*(4), 384 – 397.

Atkinson, C., Squires, G., Bragg, J., Wasilewski, D., & Muscutt, J. (2013). Effective delivery of therapeutic interventions: Findings from four site visits. *Educational Psychology in Practice, 29*(1), 54 – 68.

Bandler, R., & Grinder, J. (1975). *Patterns and hypnotic techniques of Milton H. Erickson, M. D.* Cupertino, CA: Meta.

BBC, (2015). *Children turned away by mental health services*. Retrieved from

http://www.bbc.co.uk/news/health-34485848 on 13.10.2015.

BBC (2017). *Mental health reforms to focus on young people, says PM.* Retrieved from www.bbc.co.uk/news/uk-politics-38548567 on 09.01.2017.

Beck, A. T., & Emery, G. (1985). *Anxiety disorders and phobias: A cognitive perspective.* New York: Basic Books.

Bilton, K., & Cooper, P. (2013). ADHD and children with social, emotional and behavioural difficulties. In T. Cole, H. Daniels and J. Visser (Eds.), *The routledge international companion to emotional and behavioural difficulties (pp. 32-39).* London: Routledge.

Boorn, C., Hopkins-Dunn, P., & Page, C. (2010). Growing a nurturing classroom. *Emotional and Behavioural Difficulties, 15*(4), 311 – 321.

Bostock, J. A., Kitt, R., & Kitt, C. (2011). Why wait until qualified?: The benefits and experiences of undergoing mental health awareness training for PGCE students. *Pastoral Care in Education, 29*(2), 103 – 115.

Boyle, C. & Lauchlan, F. (2009). Applied psychology and the case for individual casework: some reflections on the role of the educational psychologist. *Educational Psychology in Practice, 25*(1), 71 – 84.

Bozic, N. (1999). An educational psychologist in practice. *Educational Psychology in Practice, 14*(4), 240 – 242.

British Psychological Society (2016). *Delivering Psychological Therapies in Schools and Communities.* Leicester: British Psychological Society.

Bronfenbrenner, U. (1989). Ecological systems theory. *Annals of Child Development, 6*, 187-249.

Brown, E. L., Powell, E., & Clark, A. (2012). Working on what works: Working

with teachers to improve classroom behaviour and relationships. *Educational Psychology in Practice, 28*(1), 19 – 30.

Burr, V. (1995). *An introduction to social constructionism*. London: Routledge.

Burton, S. (2008). Empowering learning support assistants to enhance the emotional wellbeing of children in school. *Educational and Child Psychology, 25*(2), 40 – 56.

Cameron, R. J. (2006). Educational psychology: The distinctive contribution. *Educational Psychology in Practice, 22*(4), 289 – 304.

Campbell, D., & Marsh, S. (2016). *Quarter of a million children receiving mental health care in England*. Retrieved from https://www.theguardian.com/society/2016/oct/03/quarter-of-a-million-children-receiving-mental-health-care-in-england on 03.10.2016.

Cole, T. (2015). *Mental health difficulties and children at risk of exclusion from schools in England: A review from an educational perspective of policy, practice and research, 1997 to 2015*. Retrieved from http://www.education.ox.ac.uk/wordpress/wpcontent/uploads/2015/02/MENTAL---AND---EXCLUSION---FINAL---DIGITIAL---13---06---15.PDF on 17.07.2016.

Cole, T., & Knowles, B. (2011). *How to help children and young people with complex behaviour difficulties: A guide for practitioners in educational settings.* London: Jessica Kingsley Publishers.

Cooper, P. (2005). Biology and behaviour: The educational relevance of a biopsychosocial perspective. In P. Clough, P. Garner, J. T. Pardeck and F. Yuen (Eds.), *Handbook of emotional & behavioural difficulties (pp. 105-122).* London: Sage.

Cooper, P., Smith, C. J., & Upton, G. (1994). *Emotional and behavioural*

difficulties: Theory to practice. London: Routledge.

Department for Children, Schools and Families (DCSF)(2005). *Social and emotional aspects of learning: Improving behaviour, improving learning*. Nottingham: The Stationary Office.

Department for Children, Schools and Families (DCSF)(2008). *Targeted mental health in schools programme*. Nottingham: The Stationary Office.

Department for Children, Schools and Families (DCSF), & Department of Health (DoH). (2008). *Children and young people in mind: the final report of the national CAMHS review*. Nottingham: The Stationary Office.

Department for Children, Schools and Families (DCSF), & Department of Health (DoH). (2010). *Keeping children and young people in mind – full government response to the CAMHS review*. Nottingham: The Stationary Office.

Department for Education (DfE). (2011). *Developing sustainable arrangements for the initial training of educational psychologists*. London: The Stationary Office.

Department for Education (DfE). (2014). *Mental health and behaviour in schools.* Nottingham: The Stationary Office.

Department for Education (DfE). (2016). *Mental health and behaviour in schools.* Nottingham: The Stationary Office.

Department for Education (DfE) & Department of Health (DoH).(2015). *SEND code of practice: 0 to 25 years.* Nottingham: The Stationary Office.

Department for Education and Skills (DfES)(2003). *Every Child Maters.* Retrieved from http://webarchive.nationalarchives.gov.uk/20130401151715/http://ww

w.education.gov.uk/publications/eOrderingDownload/CM5860.pdf on 03.05.2016.

Department for Education and Skills (DfES) and Department of Health (DoH)(2004). *Promoting emotional health and wellbeing through the national healthy schools standard*. Wetherby: Health Development Agency.

Department of Health (DoH). (2014). *Children's and adolescents' mental health and CAMHS. Third report of session 2014-15*. Nottingham: The Stationary Office.

Department of Health (DoH)(2015). *Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing.* Nottingham: The Stationary Office.

Division of Educational and Child Psychology Training Committee (DECPTC) (2007). *Criteria for the accreditation of three-year training programmes for educational psychology in England, Northern Ireland and Wales.* Leicester: British Psychological Society.

Dowling, J., & Leibowitz, D. (1994). Evaluation of educational psychology services: Past and present. *Educational Psychology in Practice, 9*, 241 – 250.

Ekornes, S. (2015). Teacher perspectives on their role and the challenges of interprofessional collaboration in mental health promotion. *School Mental Health, 7*(3), 193 – 211.

Evans, M. E., & Wright, A. K. (1987). The Surrey school psychological service: An evaluation through teacher perceptions. *Educational Psychology in Practice, 3*(3), 12-20.

Fallon, K., Woods, K., & Rooney, S. (2010). A discussion of the developing role of educational psychologists within children's services. *Educational Psychology in Practice, 26*(1), 1-23.

Farrell, P. (2010). School psychology: learning lessons from history and moving forward. *School Psychology International, 31*(6), 581 – 598.

Farrell, P., Jimmerson, S., Kalambouka, A., & Benoit, J. (2005). Teachers perceptions of school psychologists in different countries. *School Psychology International, 26*(5), 525 – 544.

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., & O'Connor, M. (2006). *A review of the functions and contributions of educational psychologists in England and Wales in light of "Every Child Matters: Change for Children".* London: DFES Publications.

Finney, D. (2006). Stretching the boundaries: Schools as therapeutic agents in mental health. Is it a realistic proposition? *Pastoral Care in Education, 24*(3), 22 - 27.

Frith, E. (2016). *CentreForum Commission on Children and Young People's Mental Health: State of the Nation.* Retrieved from https://epi.org.uk/wp-content/uploads/2016/05/State-of-the-Nation-report-web.pdf on 15.07.2017.

Gaskell, S. & Leadbetter, J. (2009). Educational psychologists and multi-agency working: exploring professional identity. *Educational Psychology in Practice, 25*(2), 97-111.

Gersch, I. (2009). A positive future for educational psychology – if the profession gets it right. *Educational Psychology in Practice, 25*(1), 9 – 19.

Gibb, C. (1998). Turkeys voting for Christmas. *Special Children, 114*(1), 18-21.

Gott, J. (2003). The school: The front line of mental health development? *Pastoral Care in Education: International Journal of Personal, Social and Emotional Development, 21*(4), 5 -13.

Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2005). *Mental health of children and young people in Great Britain, 2004.* The Stationery Office, London: Office for National Statistics.

Greenberg, M. T. (2010). School-based prevention: Current status and future challenges. *Effective Education, 2*(1), 27 – 52.

Greig, A. (2007). A framework for the delivery of cognitive behavioural therapy in the educational psychology context. *Educational and Child Psychology, 24*(1), 19 -35.

Hepburn, H. (2016). *Number of pupils with special needs resulting from mental health issues doubles in four years*. Retrieved from https://www.tes.com/news/school-news/breaking-news/number-pupils-special-needs-resulting-mental-health-issues-doubles on 04.04.2016.

Herron, S., & Mortimer, R. (1999). 'Mental health': A contested concept. *The International Journal of Mental Health Promotion, 1*(1), 4-8.

Herron, S., & Trent, D. R. (2000). Mental health: A secondary concept to mental illness. *The International Journal of Mental Health Promotion, 2*(2), 29 – 37.

Kelly, B. (2008). Frameworks for practice in educational psychology: coherent perspectives for a developing profession. In B. Kelly, L. Woolfson and J. Boyle (Eds.), *Frameworks for practice in educational psychology (pp. 15-30).* London: Jessica Kingsley Publishers.

Kelly, D., & Gray, C. (2000). *Educational psychology services (England): Current role, good practice and future directions*. DfEE: The Stationary Group.

Kennedy, H. (2006). An analysis of assessment and intervention frameworks in educational psychology services in Scotland past, present and possible worlds. *School Psychology International, 33*, 515 – 534.

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal, 36*(6), 919 – 935.

Large, Z. (2016). '*Decade of delay' in help for children with mental health problems.* Retrieved from www.youngminds.org.uk/news/blog/3358_decade_of_delay_in_help_for_children_with_mental_health_problems on 07.06.2016.

Loades, M. E., & Mastroyannopoulou, K. (2010). Teachers' recognition of children's mental health problems. *Child and Adolescent Mental Health, 15*(3), 150 – 156.

Love, P. (2009). Educational psychologists: the early search for an identity. *Educational Psychology in Practice, 5*(1), 3 – 8.

Mackay, T. (2002). Discussion paper – the future of educational psychology. *Educational Psychology in Practice, 18*(3), 245 – 253.

Mackay, T. (2007). Educational psychology: The rise and fall of therapy. *Educational and Child Psychology, 24*(1), 7 – 18.

Mackay, D. (2015). *Children as young as 12 experiencing stress-related illnesses*. Retrieved from http://www.youngminds.org.uk/news/blog/3007_children_as_young_as_12_experience_stress-related_illnesses on 17.12.2015.

Mackay, T., & Boyle, J. M. (1994). Meeting the needs of pupils with learning difficulties: What do primary and secondary schools expect of their educational psychologists? *Educational Research, 36*(2), 221 – 230.

Mackay, T., & Greig, A. (2007). Editorial. *Educational and Child Psychology*,

24(1), 4 -6.

McManus, S., Meltzer, H., Brugha, T., Bebbington, P., & Jenkins, R. (2009). *Adult psychiatric morbidity in England, 2007: Results of a household survey*. London: The NHS Information Centre for Health and Social Care.

Mental Health Foundation (1999). *Bright futures: promoting children and young people's mental health*. Retrieved from https://www.mentalhealth.org.uk/publication-download/bright-futures-promoting-children-and-young-peoples-mental-health on 03.05.2016.

Mertens, D. (2010). *Research and evaluation in education and psychology: integrating diversity with quantitative, qualitative and mixed methods 2nd edition.* London: Sage.

Moor, S., Maguire, A., McQueen, H., Wells, E. J., Elton, R., Wrate, R., & Blair, R. (2007). Improving the recognition of depression in adolescence: Can we teach the teachers? *Journal of Adolescence, 30*(1), 81 -95.

Murphy, M., & Fonagy, P. (2012). *Mental health problems in children and young people*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CMO_Chapter_10.pdf on 13.12.2016.

National Assembly for Wales (2014). *Inquiry into Child and Adolescent Mental Health Service (CAMHS)*. Cardiff: National Assembly for Wales.

Norwich, B. (2000). *Education and psychology in interaction: Working with uncertainty in interconnected fields*. London: Routledge.

Norwich, B. (2005). Future directions for professional educational psychology. *School Psychology International, 26*(4), 387 – 397.

NSPCC, (2015). *1 in 5 children are rejected mental health treatment*. Retrieved

from http://www.nspcc.org.uk/fighting-for-childhood/news-opinion/1-in-five-5-children-referred-to-local-mental-health-services-are-rejected-for-treatment on 13.10.2015.

Ofsted (2005). *Healthy minds: Promoting emotional health and well-being in schools*. London: The Stationary Office.

Parry-Langdon, N. (2008). *Three years on: survey of the development and emotional well-being of children and young people*. The Stationery Office, London: Office for National Statistics.

Public Health England (2014). *The link between pupil health and wellbeing and attainment*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data_file/370686/HT_briefing_layoutvFINALvii.pdf on 03.04.2016.

Pugh, J. (2010). Cognitive behaviour therapy in schools: The role of educational psychology in the dissemination of empirically supported interventions. *Educational Psychology in Practice, 26*(4), 391 – 399.

Rait, S., Monsen, J. J., & Squires, G. (2010). Cognitive behaviour therapies and their implications for applied educational psychology practice. *Educational Psychology in Practice, 26*(2), 105 – 122.

Rogers, C. (1951). *Client centred therapy*. Boston: Houghton Mifflin.

Rothi, D. M., Leavey, G., & Best, R. (2008a). On the front-line: teachers as active observers of pupils' mental health. *Teaching and Teacher Education, 24*, 1217-1231.

Rothi, D. M., Leavey, G., & Best, R. (2008b). Recognising and managing pupils with mental health difficulties: teachers' views and experiences on working with educational psychologists in schools. *Pastoral Care in Education, 26*(3), 127-142.

Schwandt, T. A. (2003). Three epistemological stances for qualitative inquiry: interpretativism, hermeneutics and social constructionism. In N. Denzin and Y. Lincoln (Eds.), *The landscape of qualitative research: Theories and issues (pp. 292 – 331)*. Thousand Oaks, CA: Sage.

Sky News (2017). *Theresa May unveils children's mental health plans.* Retrieved from http://news.sky.com/story/may-to-focus-on-mental-health-stigma-for-shared-society-10722672 on 09.01.2017.

Spratt, J., Shucksmith, J., Philip, K., & Watson, C. (2006). 'Part of who we are as a school should include responsibility for wellbeing': Links between the school environment, mental health and behaviour. *Pastoral Care in Education, 24*(3), 14 – 21.

Squires, G. (2010). Countering the argument that educational psychologists need specific training to use cognitive behavioural therapy. *Emotional and Behavioural Difficulties, 15*(4), 279 – 294.

Squires, G., & Dunsmuir, S. (2011). Embedding cognitive behavioural therapy training in practice: Facilitators and barriers for trainee educational psychologists (TEPs). *Educational Psychology in Practice, 27*(2), 117-132.

Squires, G., & Farrell, P. (2007). Educational psychology in England and Wales. In S. R. Jimmerson, T. D. Oakland and P. T. Farrell (Eds.), *The handbook of international school psychology.* London: Sage.

Stallard, P., Sayal, K., Phillips, R., Taylor, J. A., Spears, M., Anderson, A., Araya, R., Lewis, G., Millings, A., & Montgomery, A. A. (2012). Classroom based cognitive behavioural therapy in reducing symptoms of depression in high risk adolescents: pragmatic cluster randomised controlled trial. *British Medical Journal*, 345. e6058

Stobie, I. (2002a). Processes of 'change' and 'continuity' in educational

psychology: Part 1. *Educational Psychology in Practice, 18*(3), 203-212.

Stobie, I. (2002b). Processes of 'change' and 'continuity' in educational psychology: Part 2. *Educational Psychology in Practice, 18*(3), 213 – 237.

Tait, P. (2015). *'Causes of growing mental health problems sit largely within schools'.* Retrieved from www.telegraph.co.uk/education/educationopinion/12025711/schools-largely-to-blame-for-rising-mental-health-issues.html on 03.04.2016

The Health Committee (2014). *Children's and adolescents' mental health and CAMHS. Third report of session 2014-15*. Nottingham: The Stationary Office.

Vostanis, P., Humphrey, N., Fitzgerald, N., Deighton, J., & Wolpert, M. (2013). How do schools promote emotional well-being among their pupils? Findings from a national scoping survey of mental health provision in English schools. *Child and Adolescent Mental Health, 18*(3), 151 – 157.

Wagner, P. (2000). Consultation: Developing a comprehensive approach to service delivery. *Educational Psychology in Practice, 16*(1), 9 – 18.

Weare, K. (2000). *Promoting mental, emotional, and social health: A whole school approach*. London: Psychology Press.

Weare, K. (2004). *Developing the emotional literate school*. London: Paul Chapman Publishing.

Weare, K. (2014). *What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document.* Retrieved from http://www.ncb.org.uk/media/1197143/ncb_framework_for_promoting_wellbeing_and_responding_to_mental_health_in_schools.pdf on 06.06.2016.

Welsh Assembly Government (WAG) (2001). *Improving mental health services*

in Wales: Child and Adolescent Mental Health Services (CAMHS) strategy. Cardiff: WAG.

Welsh Assembly Government (WAG). (2004). *Children and young people: rights to action*. Cardiff: WAG.

Welsh Assembly Government (WAG) (2010). *Thinking positively: emotional health and well-being in schools and early years setting*. Cardiff: WAG.

Welsh Audit Office (2009). *Services for children and young people with emotional and mental health needs*. Cardiff: Welsh Audit Office.

Wicks, A. (2013). Do frameworks enable educational psychologists to work effectively and efficiently in practice? A critical discussion of the development of executive frameworks. *Educational Psychology in Practice, 29*(2), 152 – 162.

Woods, K., & Farrell, P. (2006). Approaches to psychological assessment by educational psychologists in England and Wales. *School Psychology International, 27*(4), 387 – 404.

YoungMinds, (2015). *Widespread cuts in children and young people's mental health services*. Retrieved from http://www.youngminds.org.uk/news/blog/2942_widespread_cuts_in_children_and_young_people_s_mental_health_services on 17.12.2015.

The Role of the Educational Psychologist in Children and Young People's Mental Health: An Explorative Study in Wales

PART B: Empirical Study

Word count: 5913

1.Abstract

There is a growing interest in children and young people's (CYP) mental health. Prevalence rates of CYP with mental health difficulties are suggested to be increasing, whilst budget cuts to specialist services such as the Child and Adolescent Mental Health Service (CAMHS) are resulting in CYP with mental health difficulties receiving no specialist support. Educational Psychologists (EPs) are a group of professionals suggested to have the necessary skills to work at both an individual and consultative level to support CYP with a range of needs, with an increasing pressure on them to increase their work in the mental health field. However, research considering the EP role in mental health is limited, and that which does exist suggests a number of barriers to their work in this area. This mixed methods research aimed to explore the role of the EP in CYP mental health in Wales, by considering the views of EPs and Special Educational Needs Coordinators (SENCos) in relation to: the current practice of EPs in CYP mental health; facilitators and barriers to this; and ways forward. Questionnaires and semi-structured interviews were used, and findings were reported using descriptive statistics and thematic maps respectively. The findings indicated EPs engagement in a breadth of mental health intervention, however there are a number of existing barriers that can hinder this way of working. The findings are discussed in terms of implications for EP practice.

2.Introduction

2.1 Background

Recently, there has been a considerable interest in CYP mental health. Prevalence rates of CYP experiencing mental health difficulties have increased (Frith, 2016), and budget cuts to specialist services such as the Child and Adolescent Mental Health Service (CAMHS) have resulted in a lack of available support (Young Minds, 2015; Department of Health (DoH), 2015). Subsequently, it seems more important than ever that there is a shared responsibility in supporting CYP mental health. (Welsh Assembly Government (WAG), 2001).

2.2Defining Mental Health

Definitions of mental health vary, and terms such as 'mental health', 'emotional wellbeing' and 'emotional literacy' are often used interchangeably to refer to the same ideas (DCSF & DoH, 2008). It is highlighted that in education, medical language tends to be avoided, and other terms, such as social, emotional and behavioural difficulties are preferred (Gott, 2003; Bilton & Cooper, 2013; Cole, 2015). Whilst a number of theories of mental health exist, for example, the unipolar model; the bipolar model; and the dual-continua model (Herron & Mortimer, 1999; Herron & Trent, 2000), it is argued that mental health is best understood from a biopsychosocial perspective (Cooper, Smith & Upton, 1994; Cooper, 2005), whereby an individual's situation, strengths, difficulties, sources of resilience and risk factors are all prominent factors that need to be explored to understand his/her mental health (DCSF & DoH, 2008).

2.3The Current Context of CYP Mental Health in the UK

Prevalence rates of mental health difficulties in the UK are reported to be rising (Frith, 2016). Research suggests that one in ten CYP aged 5-16 have a diagnosed mental health illness (Green et al., 2005), although this figure is likely to be an underestimate, as many CYP demonstrate symptoms, yet do not meet the criteria for diagnosis and specialist support (Stallard et al., 2012). Further figures have established a bleak overview, suggesting an increase in anxiety, depression and self-harm amongst CYP (Donnelly, 2013; Mackay, 2015; Campbell & Marsh, 2016).

Despite this, access to specialist support for mental health difficulties is challenging, often meaning that opportunities for early intervention are missed (Large, 2016) and CYP are being turned away (NSPCC, 2015).

2.4 The Role of Schools in CYP Mental Health

A wealth of Government publications in England and Wales highlight the need for schools to prevent, identify and support mental health difficulties (e.g. DfES, 2003; WAG, 2004; DCSF & DoH, 2008; DCSF & DoH, 2010; WAG, 2010; DoH, 2015; DfE, 2016) and this decade has seen a growth in whole school interventions that target CYP mental health e.g. Social Emotional Aspects of Learning (SEAL) (DCSF, 2005), Targeting Mental Health in Schools (TAMHS) (DCSF, 2008), and the Emotional Literacy Support Assistant (ELSA) intervention (Burton, 2008).

Despite this, research has demonstrated shortcomings in the ability of school staff to provide adequate support to CYP, including: not perceiving mental health as part of the job role (Kidger et al., 2010); lacking confidence in identifying and supporting mental health needs (Rothi et al, 2008a); experiencing difficulty in identifying mental health needs (Moor et al. 2007); lacking capacity to meet the mental health needs of CYP with an already over-stretched educational role (Finney, 2006); receiving no support for their own mental health needs, which subsequently jeopardises their ability to support and respond to CYP appropriately (Kidger et al., 2010); and the implementation of interventions that are not evidence-based due to a lack of training (Vostanis et al. 2013).

2.5 The Role of the EP

It is suggested that EPs are ideally positioned to support schools with CYP behavioural, emotional and mental health needs (DfE, 2011). EPs have long been recognised as practitioners who are able to support schools with CYP mental health (Bozic, 1999), however there is now a particular emphasis on developing EP practice in this area (e.g. Mackay, 2007; Squires, 2010; Squires & Dunsmuir, 2011; Allen & Hardy, 2013). EPs have been highlighted as ideally placed to offer early therapeutic intervention (Squires & Dunsmuir, 2011), whilst having a range of appropriate therapeutic skills (DECPTC, 2007), a sound knowledge of the needs of

CYP and the school system (Squires, 2010), and an important role in consultative ways of working (Kennedy, 2006).

Despite this, research has suggested a number of barriers to EPs engagement in mental health intervention, including schools desire for more traditional EP practice (Ashton & Roberts, 2006), schools constructing a limited role for EPs in mental health (Rothi et al., 2008b); EPs not perceiving a role for themselves in mental health (Atkinson et al., 2014); time constraints (Atkinson et al., 2011; Atkinson et al., 2014); a lack of training and competency (Atkinson et al., 2014); and a lack of supervision (Atkinson et al., 2011).

2.6The Present Study

As a result of the current context of CYP mental health, and suggested implications for EPs, it is important to understand the current practice of EPs in this area. Research suggests a need for the role to incorporate more work in relation to CYP mental health, but there is a lack of EP response to this. Whilst research in this area is limited, that which exists seems to demonstrate a lack of clarity about the EP role in mental health and seems to predominantly focus on barriers to EP mental health intervention. Therefore, the following research aims (RAs) have been established:

RA1: What is the current role/practice of EPs in CYP mental health?
RA2: What the facilitators and barriers to EPs work in CYP mental health?
RA3: Is there a current pressure on EPs work in CYP mental health?
RA4: How can CYP mental health intervention be improved through EPs/education?

The above aims will be explored through the following research questions (RQs):

RQ1: What is the current role of EPs in relation to CYP mental health?
RQ2: What are the facilitators and barriers to EPs engagement in work related to CYP mental health?
RQ3: Is there a current pressure on EPs to engage in work related to CYP mental health?

RQ4: How might EPs improve their work in relation to CYP mental health?

RQ5: How do schools perceive the EP role in relation to CYP mental health?

RQ6: What are the facilitators and barriers to schools working with EPs in relation to CYP mental health?

RQ7: How do schools think CYP mental health practice can be improved?

3. Methodology

3.1 Design

The research was underpinned by a constructivist research paradigm, with a relativist ontology and a social constructionist epistemological stance (Guba & Lincoln, 1994). The research aimed to explore the constructions of EP and SENCo participants of the EP role in CYP mental health, with the recognition that individuals construct their own understanding and knowledge of particular phenomena through their personal experiences, and the meaning they attribute to these experiences. Thus, this suggests that one reality does not exist, and as such, multiple realities should be considered and explored. This ontological and epistemological stance was therefore selected as there is recognition that the data reflects each individual's experiences, as opposed to an objective truth. A mixed-methods approach was selected as the most appropriate methodology, weighted towards the qualitative phase of the research. Questionnaires (quantitative phase) and semi-structured interviews (qualitative phase) were used to explore the constructions of EPs and SENCos about the role of the EP in CYP mental health.

3.2 Participants

Participants were EPs and SENCos, for both phases of the research. Information about recruitment of participants is highlighted in the table below.

Table 1: Recruitment of participants

<table>
<tr><td>Stage 1</td><td colspan="3">Gatekeeper consent letter detailing the current research sent to Principal EP (PEP) of each Local Education Authority (LEA) in Wales (n=20), to gain consent to approach EPs (Strand 1) and schools (Strand 2) to take part in the research (Appendix 1). If there was no response, PEPs were approached again. PEPs were approached a maximum of three times.</td></tr>
<tr><td colspan="2">Strand 1 (EPs)</td><td colspan="2">Strand 2 (SENCos)</td></tr>
<tr><td>Stage 2</td><td>EP questionnaire pack, containing information about the research; a consent form; and the questionnaire, sent to the PEP to disseminate to all EPs in the team (Appendix 2). EPs given a time frame of three weeks to complete the questionnaire.</td><td>Stage 2</td><td>Gatekeeper consent letter detailing the current research sent to Head Teacher of two primary and two secondary schools in each LEA following PEP consent (Appendix 3).</td></tr>
<tr><td>Stage 3</td><td>Reminder sent to the PEP/EPs one week before questionnaire pack was due to be returned.</td><td>Stage 3</td><td>Following gatekeeper consent from the Head Teacher, SENCO questionnaire pack, containing information about the research; a consent form; and the</td></tr>
</table>

			questionnaire, sent to the Headteacher to disseminate to the SENCo (Appendix 4). SENCos given a time frame of three weeks to complete the questionnaire.
Stage 4	Due date extended by one week to give further opportunities for EPs who had not yet participated to complete questionnaire.	Stage 4	Reminder sent to the Head Teacher/SENCo one week before questionnaire pack due to be returned.
Stage 5	For EPs consenting to follow-up interview, details stored separately in a password protected spread sheet.	Stage 5	Due date extended by one week to give further opportunities for SENCos who had not yet participated to complete questionnaire.
Stage 6	Semi-structured interviews arranged and carried out with those who consented to be followed up (n=6).	Stage 6	For SENCos consenting to follow-up interview, details stored separately in a password protected spread sheet.
		Stage 7	Semi-structured interviews arranged and carried out with those who consented to be followed up (n=6).

The total number of participants and their demographics for each part of the study were as follows:

-Questionnaires:

- 17 EPs from 9 different LEAs completed the EP questionnaire. Number of years qualified ranged from 1-30 years, with an average number of years qualified of 13 years;
- 11 SENCos from 6 different LEAs completed the SENCo questionnaire. Number of years in the SENCo role ranged from 1-20 years, with an average number of years in the role of 7 years. 10 SENCos were primary school based, and 1 was secondary school based.

-Interviews:

- 6 EPs from 3 different LEAs participated in the semi-structured interview. Number of years qualified ranged from 1-18 years, with an average number of years qualified of 8 years;
- 6 SENCos from 4 different LEAs participated in the semi-structured interview. Number of years in the SENCo role ranged from 1-7 years, with an average number of years in role of 4 years. All SENCos were primary school based.

3.3 Procedure and Materials

Quantitative Phase: A gatekeeper letter (Appendix 1) was sent to the PEP of each EPS in Wales (N=20). This outlined the research, and requested consent to approach EPs in the service (Strand 1) and schools in the LEA (Strand 2) to complete a questionnaire. Questionnaires aimed to gain an overview of the constructions of EPs and SENCos regarding the role of the EP in CYP mental health. They were developed to ensure an overview was obtained of current EP practice in CYP mental health, considering aspects such as types of practice/work undertaken in mental health. For Strand 1, eleven PEPs consented for the EPS to take part, and were subsequently asked to disseminate an EP questionnaire pack to all EPs in the EPS (Appendix 2). For Strand 2, eight PEPs consented for schools to be approached, and were asked to nominate four primary and four secondary schools in the LEA. A gatekeeper letter was then sent to the Head Teacher of two primary and two secondary schools selected at random from those nominated by the PEP in each LEA (Appendix 3). If gatekeeper consent was obtained from the Head Teacher, a questionnaire pack was sent to the SENCo of the school (Appendix 4). As part of the questionnaire, EPs and SENCos were asked to opt in to being considered for a follow-up interview.

Qualitative Phase: Face-to-face, semi-structured interviews were held with six EP participants and six SENCo participants. These were recruited from a convenience sample of EPs and SENCos that had opted in for an interview on completion of the questionnaire. Consent forms were completed by all participants prior to the commencement of the interview (Appendix 5). Interviews were recorded for transcription. The semi-structured interview schedule for EPs and SENCos is included in the appendices (Appendix 6, 7). Examples of interview transcripts have also been included in the appendices (Appendix 8, 9).

3.4 Ethical Considerations

A number of ethical issues were posed by this study, and a summary of the pertinent issues can be found in the table below.

Table 2: Overview of ethical issues and researcher actions

Ethical Issue	Researcher Action
Gatekeeper Consent	Gatekeeper consent was gained from the PEP in each LEA (Appendix 1) to approach EPs and schools within that LEA. In the case whereby gatekeeper consent was not given, for either EPs or SENCos, these were not approached. Gatekeeper consent was further gained from the Head Teacher before approaching the SENCo of the school (Appendix 3).
Informed Consent	For the quantitative phase, EP and SENCo questionnaire packs contained an information letter that explained the nature of the research (Appendix 2, 4). This ensured that participants knew what was expected of them before giving written consent, which was also part of the pack. The information letter included contact details of the researcher, the researcher's university supervisor and the Cardiff University School of Ethics Committee Secretary, should any of the participants have required further information or clarification. For the qualitative phase, EP and SENCo participants received a further consent form (Appendix 5) explaining the nature of the interview and their ethical rights. The EPs and SENCos were given the opportunity to ask any questions prior to the commencement of the interview.
Confidentiality and Anonymity	For the quantitative phase, all returned questionnaire packs were anonymous, after the consent form was removed. Consent forms were stored separately and securely. For participants who agreed to be followed up for the qualitative phase, their names and contact details were also stored separately and in a password protected spread sheet. For the qualitative phase, as interviews were voice recorded for subsequent transcription, data was first stored confidentially in a password protected electronic device. Following transcription of data, voice recordings were deleted and data was held anonymously, with it not possible to trace data back to individual participants. If personal data, such as names of professionals were mentioned, these were anonymised in the transcripts.
Right to Withdraw	For the quantitative phase, participants who completed questionnaires were not able to withdraw due to questionnaires being anonymous. Participants were aware of this when completing the questionnaire. For the qualitative phase, whilst it was not anticipated that the interviews would cause distress to any of the participants, it was recognised that a semi-structured interview was being used, with it therefore difficult to predict the exact nature of the dialogue between the researcher and participant. Participants were therefore made aware at the beginning of the interview that they had the right to decline to answer any question, and also to withdraw from the interview at any time. Participants were given a written debrief (Appendix 11) at the end of the interview, with a date for transcription. Up until this date, participants were made aware that they had the right to withdraw their interview from the research.
Debrief	Qualitative participants received a full debrief (Appendix 11). A debrief was not offered following the quantitative phase of the research due to some participants being followed up for interview.

	However, the information letter in the questionnaire pack (Appendix 2, 4) highlighted the purpose of the research, and participants were made aware that the researcher could be contacted with any questions.

3.5 Data Analysis

3.5.1 Descriptive Statistics

The information provided in the questionnaires was analysed using descriptive statistics, with percentages calculated and results reported in graph form.

3.5.2 Thematic Analysis

Thematic analysis (TA) was selected to analyse both sets of interview data (EP and SENCo), as this fit with the epistemology of the research, and allowed for themes within the data to be reported to create a rich picture of participants' views (Braun & Clarke, 2006). Additionally, TA is compatible with the research's sample size, with an ideal sample highlighted as between 6-10 for a small study (Braun & Clarke, 2013). A deductive approach was selected, in order to provide "a less rich description of the data overall, and a more detailed analysis of some aspect of the data" (Braun & Clarke, 2006, p. 12). Braun and Clarke (2006) suggest that a dataset can be analysed with specific research questions in mind, which was the approach selected within this research. This was deemed important to obtain a detailed account of current practice within CYP mental health, whilst allowing for data unrelated to this topic to be disregarded.

A detailed account of how the analysis was carried out can be found in the table below. The step-by-step process of the EP analysis is also included in the Appendices for further information about how final themes were established (Appendix 10).

Table 3: Process of Braun & Clarke's (2006) Thematic Analysis

Phase	Process
Phase 1: Familiarisation with the data	This phase involved the researcher familiarising themselves with the data. This was achieved by transcribing each interview, re-reading each transcript a number of times, and beginning to highlight areas of interest.
Phase 2: Generating initial codes	This phase involved the production of initial codes from the data, considering each transcript one by one. Data that was relevant to each code was collated in a table. A deductive

	thematic analysis was used, therefore the entire dataset was coded with the specific research questions in mind.
Phase 3: Searching for Themes	This phase re-focused the analysis at the broader level of themes, rather than codes, by sorting different codes into potential themes. A deductive thematic analysis was used, therefore codes were grouped and themes were searched for and identified in relation to the research questions.
Phase 4: Refining of Themes	This phase involved the refining of the initial themes produced in Phase 3. Codes/themes were reviewed and refined, with similar codes/themes merged, and other codes disregarded due to lack of relevance or supporting information.
Phase 5: Defining and Naming Themes	During this phase, main themes and subordinate themes were finalised within tables, and thematic maps for each research question were developed with some final refinement of themes and subthemes.

4.Results

4.1 Overview of Analysis

Each RQ will be discussed separately below. The results from the quantitative and qualitative strands of the research will be discussed together. The quantitative strand of the research has allowed for a more general overview of the research questions; whilst a deductive TA has produced a thematic map for a more in depth insight. The table below highlights what has been included in the analysis of each RQ.

Table 4: Analysis of each research question

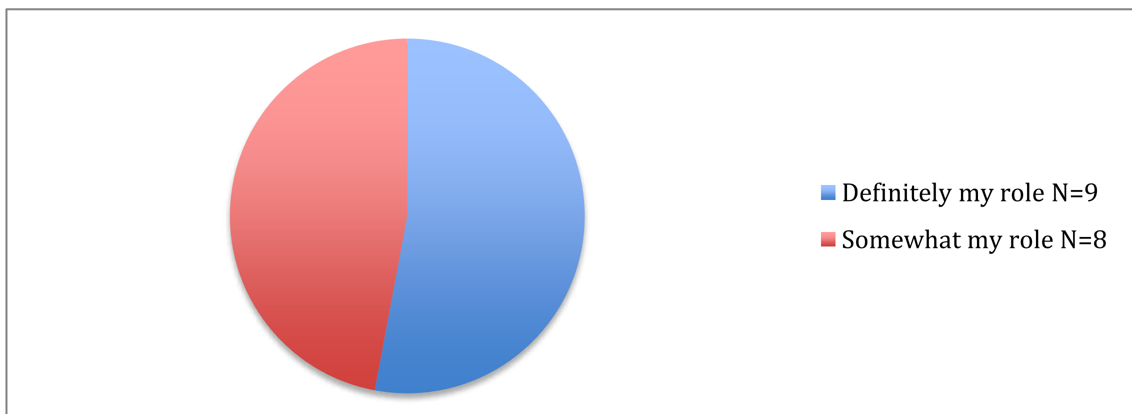
Strand 1: EPs		
	Quantitative (EP Questionnaires)	Qualitative (EP Semi-structured Interviews)
RQ1: What is the current role of EPs in relation to CYP mental health?	Q1. Do you consider yourself to have a role in children and young people's mental health? Q2. To what extent to do you consider it your role to engage in mental health interventions? (Figure 2) Q3. On average, how much of your school time is spent engaging in mental health interventions? (Figure 3) Q4. What kind of mental health intervention do you engage in as part of your role? (Figure 4)	Thematic Analysis (Figure 5)
RQ2: What are the facilitators and barriers to EPs engagement in work related to CYP mental health?	Q5. If you do not engage in any kind of mental health intervention, why is this?* Q6. Do you consider there to be barriers to your engagement in mental health intervention? (Figure 6)	Thematic Analysis (Figure 7)
RQ3: Is there a current pressure on EPs to engage in work related to CYP mental health?	Q7. Has there been pressure on yourself as an EP to complete mental health intervention as a result of CAMHS budget cuts and restrictions within local CAMHS departments? (Figure 8)	Thematic Analysis (Figure 9)
RQ4: How might EPs improve their work in relation to CYP mental health?		Thematic Analysis (Figure 10)
Strand 2: SENCos		
	Quantitative (SENCo Questionnaires)	Qualitative (SENCo Semi-structured Interviews)
RQ5: How do schools perceive	Q1. Do you consider your	Thematic analysis (Figure 13)

the EP role in relation to CYP mental health?	Educational Psychologist to have a role in children and young people's mental health? Q2. On average, how often do you speak to your Educational Psychologist about mental health issues? (Figure 11) Q3. What kind of mental health intervention does your Educational Psychologist engage in? (Figure 12)	
RQ6: What are the facilitators and barriers to schools working with EPs in relation to CYP mental health?	Q4. If you do not use Educational Psychologist time for mental health issues, why is this?* Q5. What professionals, other than the Educational Psychologist, do you engage with regarding children and young people's mental health? (Figure 14)	Thematic Analysis (Figure 15)
RQ7: How do schools think CYP mental health practice can be improved?		Thematic Analysis (Figure 16)
*Please note that these questions in the questionnaires yielded no responses, and have therefore not been included as figures in the below analysis.		

4.2 RQ1: What is the Current Role of EPs in Relation to CYP Mental Health?

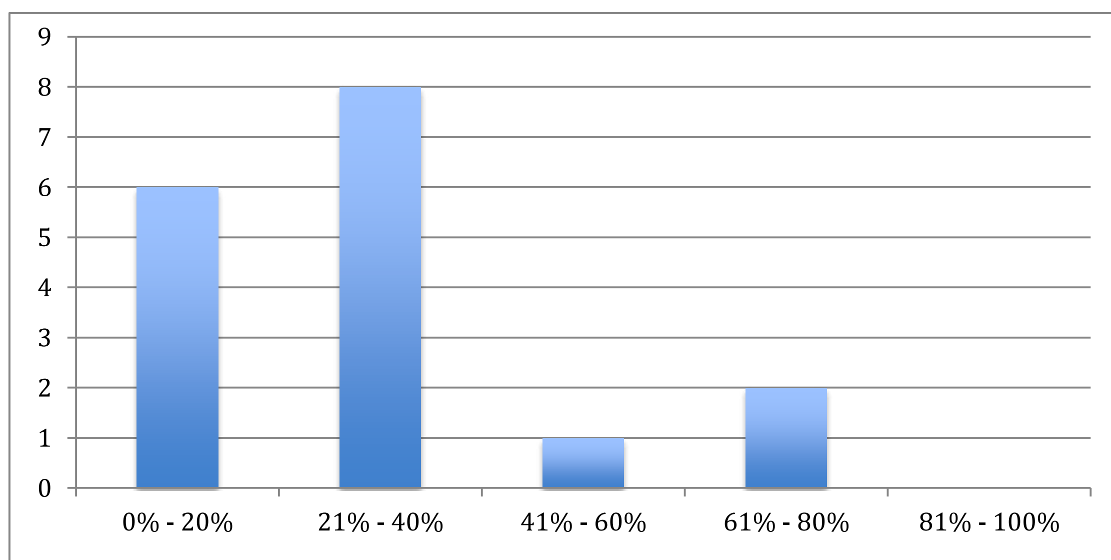
Questionnaire responses highlighted that 100% of EPs considered themselves to have a role in CYP mental health. However, the extent to which they perceived a role for themselves varied. As demonstrated below, 53% of EPs indicated that mental health intervention was definitely their role, whilst 47% indicated that it was somewhat their role.

Figure 2: Extent to which EPs perceive mental health intervention to be part of the role (N=17)



The amount of school time EPs spent engaging in mental health intervention varied. As shown below, 47% of EPs indicated spending 21%-40% of school time engaging in mental health intervention. 35% indicated spending 0%-20% of their time, 6% indicated spending 41%-60% of their time, and 12% indicated spending 61%-80% of their time. This suggests that whilst EPs all indicated spending time carrying out mental health intervention, this is perhaps not the most common type of work they engage in.

Figure 3: Average amount of EP school time spent engaging in mental health interventions (N=17)



EPs reported engaging in a range of mental health intervention. All EPs indicated carrying out consultation and multi-agency work in relation to mental health, suggesting this as the most common type of practice. More than 50% of EPs reported engaging in assessment, systemic intervention and therapeutic intervention.

Figure 4: Type of mental health intervention engaged in by EPs (N=17)

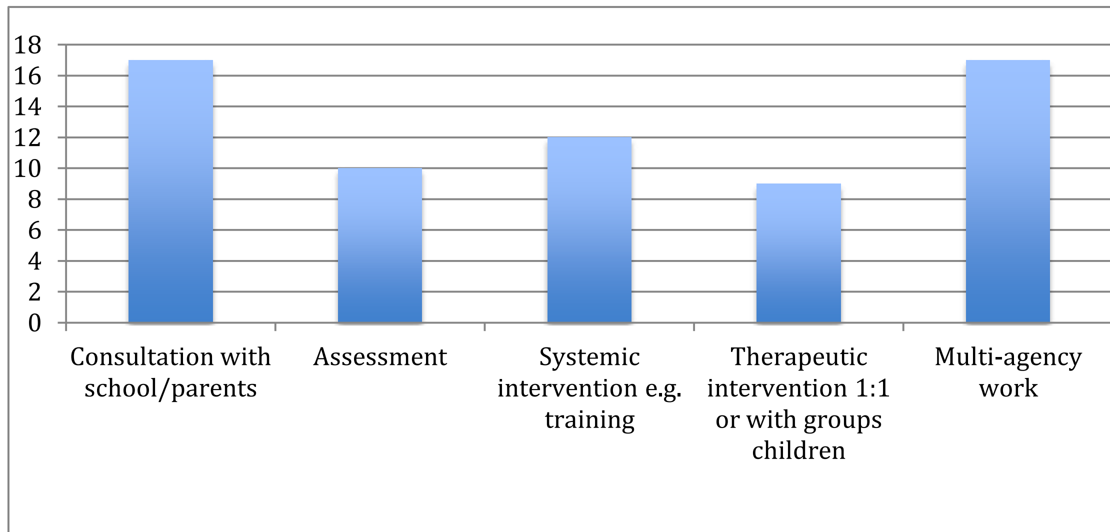
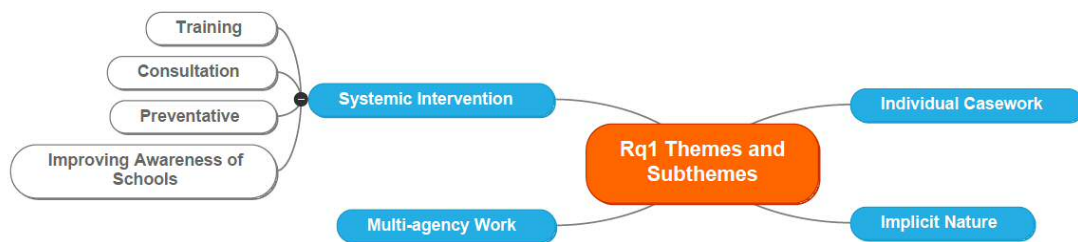


Figure 5: Main themes and subthemes of RQ1



**Please note that themes are shown in blue bubbles and subthemes are shown in white bubbles*

Four main themes emerged in relation to RQ1, highlighting that EPs engage in a breadth of work related to CYP mental health. The main themes emerged as 'Individual Casework', 'Systemic Intervention', 'Multi-agency Work' and 'Implicit Nature'. Whilst half of the participants discussed individual casework and mental health intervention often having an implicit nature, all six participants highlighted their engagement in multi-agency work and systemic intervention in CYP mental health. Additionally, 'Systemic Intervention' was further divided into four subthemes, 'Training', 'Consultation', 'Preventative', and 'Improving Awareness of Schools'. Given the range of systemic practices discussed, and all EPs highlighting engaging in systemic work in the mental health field, this potentially suggests that systemic practice is the most common way of working by EPs in the mental health field. A selection of responses for the themes and subthemes are highlighted in the table below.

Table 5: Illustrative quotations for themes/subthemes of RQ1

Theme	Illustrative Quotations
Individual Casework	*"We might do some individual sessions of therapeutic work, such as Personal Construct Psychology"* (EP5, Lines 105-107) *"I have done some CBT approaches where you try and link the child's thoughts to how they're feeling and what they then do, and try and work through that with them"* (EP6, Lines 275-277)
Systemic Intervention	*"More recently we've become more systemic in trying to do things"* (EP1, Lines 137-138) *"I guess I see improving children's mental health about changing that systemic or ecological network around the child"* (EP5, Lines 81-82)
Subtheme: Training	*"The classic one we've been doing is the ELSA training, supporting staff to support pupils with low to mid level mental health needs" (*EP1, Lines 115-116)
Subtheme: Consultation	*"consultations with teachers, perhaps supporting a different strand of hypotheses to support teachers in explaining behaviours"* (EP3, Lines 182-183)
Subtheme: Preventative	*"I think we've got a responsibility to think of mental health and emotional wellbeing in more of a preventative sense … to increase that awareness of support, identification and preventative approaches for people working with children before there are difficulties, before the sort of self-harm, suicide, eating disorders…things we see later on*" (EP3, Lines 20-27)
Subtheme: Improving Awareness of Schools	*"when we're trying to understand why they're not getting there, is about making schools aware of pupils' mental health, so yeah we will often bring it in as some of the insight we provide to schools*" (EP5, Lines 224-226)
Multi-agency Work	*"Each of the secondary schools have a multi-agency meeting on a monthly basis, a JAF meeting, and there are always a number of professionals and people from school…cases will be brought… often youngsters who have social, emotional, behavioural and mental health issues. They follow a pattern of joint problem solving, and collaboratively planning a way forward for these youngsters"* (EP1, Lines 85-92) *"I've worked closely with CAMHS on a couple of cases"* (EP6, Line 183)
Implicit Nature	*"Emotional wellbeing and mental health is linked to everything I do"* (EP3, Line 156) *"The role of the EP and emotional health or mental health, I think it is, like, it is fundamental to everything we do"* (EP6, Lines 451-452)

4.3 RQ2: What are the Facilitators and Barriers to EPs Engagement in Work Related to CYP Mental Health?

Questionnaire responses highlighted that almost 25% of EPs did not perceive there to be any barriers to their engagement in mental health interventions. The most commonly reported barrier was school constructions of the role, with almost half citing this as a barrier. Time constraints, LEA constraints and EP factors were reported as barriers to a much lesser extent.

Figure 6: Barriers to EP engagement in mental health interventions (N=17)

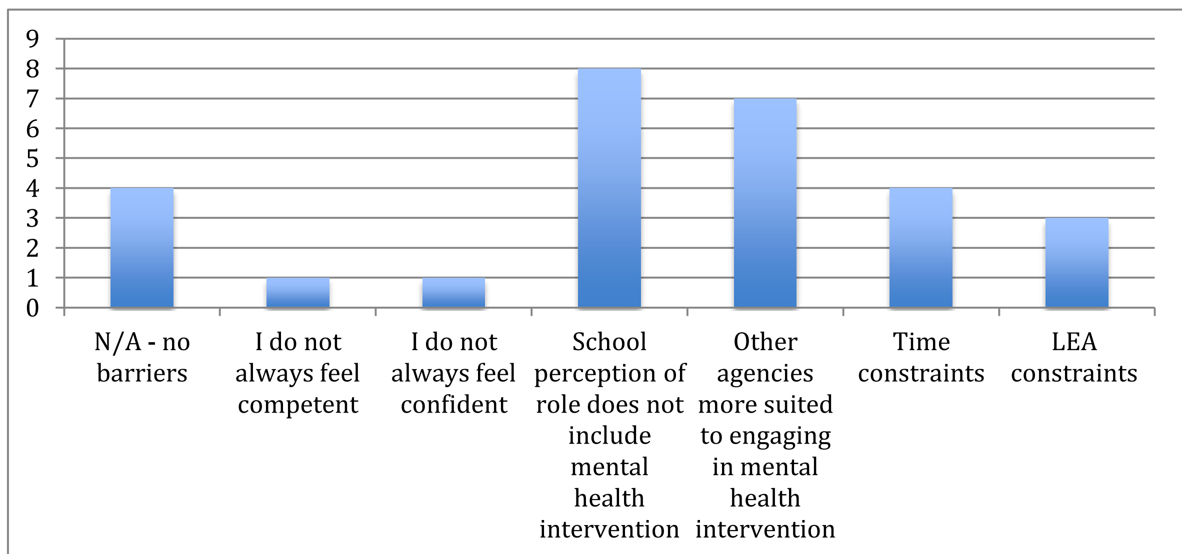
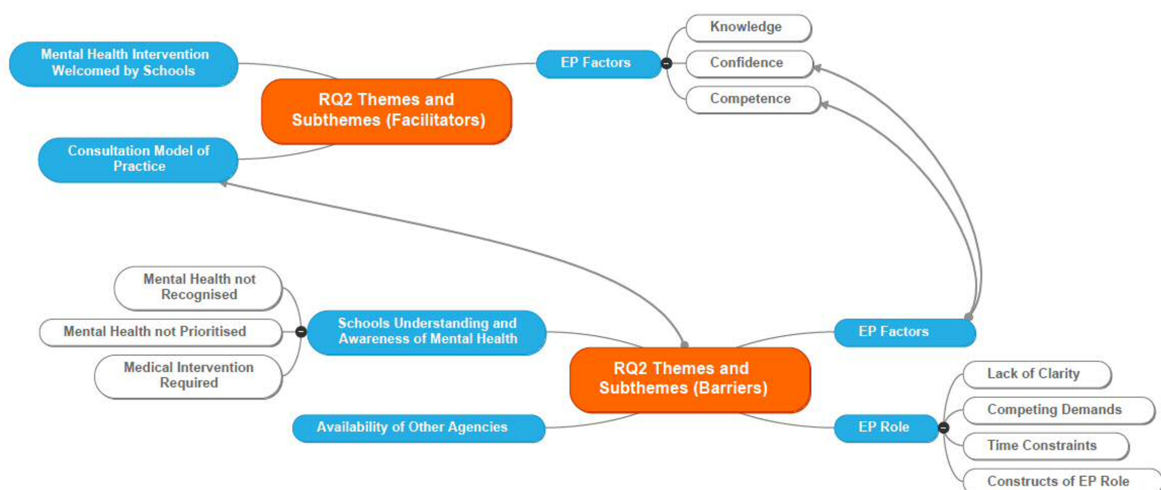


Figure 7: Main themes and subthemes of RQ2



**Please note that themes are shown in blue bubbles and subthemes are shown in white bubbles*

Three main themes emerged as facilitators to EPs practice within CYP mental health. These were ‘EP Factors’, ‘Consultation Model of Practice’, and ‘Mental Health Intervention Welcomed by Schools’. The ‘EP Factors’ theme was further categorised by three subthemes, ‘Knowledge’, ‘Confidence’, and ‘Competence’, and

in particular, three EPs discussed ideas relating to their own skills enabling them to carry out effective work in relation to mental health. It was evident that each of these areas enabled the better facilitation and practice of mental health work by EPs. A selection of responses for the themes and subthemes are highlighted in the table below.

Table 6: Illustrative quotations for themes/subthemes of RQ2 (Facilitators)

Theme	Illustrative Quotations
EP Factors	
Subtheme: Knowledge	*"As a service, some of us have had training on Cognitive Behavioural Therapy, and we will have a certain level of background knowledge in different areas"* (EP1, Lines 106-108)
Subtheme: Confidence	*"I think I'd feel reasonably confident in working in that way"* (EP3, Line 267) *(re: working therapeutically)*
Subtheme: Competence	*"I have done this kind of intervention before, and even as a Trainee, I was developing skills to enable me to work therapeutically, so yeah I would feel that I have enough psychological skills to be able to do that"* (EP4, Lines 375-378)
Consultation Model of Practice	*"we had some anxiety training recently, and so we might discuss ideas from aspects like that in consultation"* (EP5, Lines 107-109) *"consultation is generally the way I work, and through the consultation process you'll draw out some themes and be thinking about what's going on and developing hypotheses, and usually you know, you want to be thinking about the child's emotional wellbeing within all that* (EP6, Lines 251-254)
Mental Health Intervention Wanted by Schools	*"So when you look at the nature of 'requests for support' that you have, some schools tend to refer a lot of children with what they perceive as cognitive difficulties and learning difficulties, but others are much more about the emotional, behaviour, mental health issues. Sometimes you do get schools that present you with a range of issues"* (EP4, Lines 187-192) *"Some schools really do get emotions, and some schools do get that it's not just about what the child is achieving, but it's about the child being happy"* (EP6, Lines 329-331)

Alternatively, five main themes emerged in relation to barriers to EPs practice in CYP mental health, and it was therefore apparent that there were more aspects that hindered the practice of EPs in the mental health field. These were: 'EP Factors', 'EP Role', 'Consultation Model of Practice', 'Schools Awareness and Understanding of Mental Health', and 'Availability of Other Agencies'. Notably, there was some crossover between facilitators and barriers, as highlighted in Figure 7. One example is whilst some EPs discussed feeling competent and

confident, the majority of EPs felt that their own confidence or competence was a barrier to them completing mental health work. Additionally, whilst the consultation framework was highlighted by some EPs as a facilitator, others saw it as a barrier, as it prevented them from completing direct therapeutic work with CYP. As additionally demonstrated in Figure 7, main themes were further categorised by a number of subthemes. A selection of responses for the themes and subthemes are highlighted in the table below.

Table 7: Illustrative quotations for themes/subthemes of RQ2 (Barriers)

Theme	Illustrative Quotations
EP Factors	
Subtheme: Competence	*"When things become a little bit more specific or more complicated, or if there are more outside factors such as family issues, then it's probably not appropriate for us"* (EP1, Lines 199-201)
Subtheme: Confidence	*"Our own confidence maybe, you know sometimes I think we wonder whether we are the best person to do it, because your skills to diminish over time"* (EP6, Lines 360-362)
EP Role	
Subtheme: Lack of Clarity	*"I think there are a lot of questions about what exactly our role is within mental health … I think one of the issues that I often struggle with, and I know colleagues do as well, is about where does our role stop, and when do we need to hand over to another agency?"* (EP4, Lines 71-77)
Subtheme: Competing Demands	*"we do have a role in statutory assessment… and that's a really important role that we have, but unfortunately, it does eat into our time to support children and young peoples mental health"* (EP6, Lines 344-349)
Subtheme: Time Constraints	*"Sometimes it might be more likely that we do a one-session therapy, when they might actually require a twelve-session therapy"* (EP1, Lines 111-112) *"there could be a role for us supporting these lower level mental health needs. But we'd have to have far more resources, far more time made available to us to be able to support* (EP2, Lines 328-330)
Subtheme: Constructs of EP Role	*"Some schools I think tend to see us purely as our being around learning and have that perception that we don't do anything else"* (EP1, Lines 147-148) *"it may be that if you're within the Local Education Authority, what line managers above us, their perceptions of our role, they may be part of that culture whereby educational psychologists are seen as part of learning and testing and whatever, and nothing else" (*EP1, Lines 235-238) *"This is where the bulk of our focus should be… children's*

	education and learning" (EP2, Lines 198-199)
Consultation Model of Practice	*"we have moved towards a model of consultation in the EP world, which means not necessarily working so therapeutically with individuals"* (EP6, Lines 412-413)
Schools Awareness and Understanding of Mental Health Subtheme: Mental Health not Recognised' Subtheme: 'Mental Health not Prioritised' Subtheme: 'Medical Intervention Required'	*"...mental health. It's a thing that is sort of expected to exist, and there's this sort of negative view that things aren't a problem unless they're a problem, which again I suppose is just a traditional view of health. You're healthy unless you get sick. So mental health probably isn't on their radar"* (EP4, Lines 284-288) *"some schools would raise children "oh we've got concerns about so and so because of these emotional wellbeing difficulties, but actually they're making good progress and working at appropriate academic levels so we're not going to raise them with you" which is well... they need to, because in six, twelve months time you might potentially see all those other difficulties"* (EP3, Lines 205-210) *"I can think of one SENCo I worked with in the past who had a very definite view of what my role was, and believed that anything that was mental health related needed to be taken to the GP and dealt with within a very medical model kind of way"* (EP4, Lines 337-340)
Availability of Other Agencies	*I guess the more services there are, the less I try to stretch myself into these different directions, and the more I focus on the needs that are unmet"* (EP5, Lines 115-117) *other barriers might include the way that we link up with other services and other services perhaps being seen as having more of a role* (EP6, Lines 353-355)

4.4 RQ3: Is there a Current Pressure on EPs to Engage in Work Related to CYP Mental Health?

Questionnaire responses indicated that 41% of EPs felt a pressure to engage in mental health intervention, whilst 59% indicated that they did not.

Figure 8: Pressure on EPs to engage in mental health intervention as a direct result of CAMHS budget cuts (N=17)

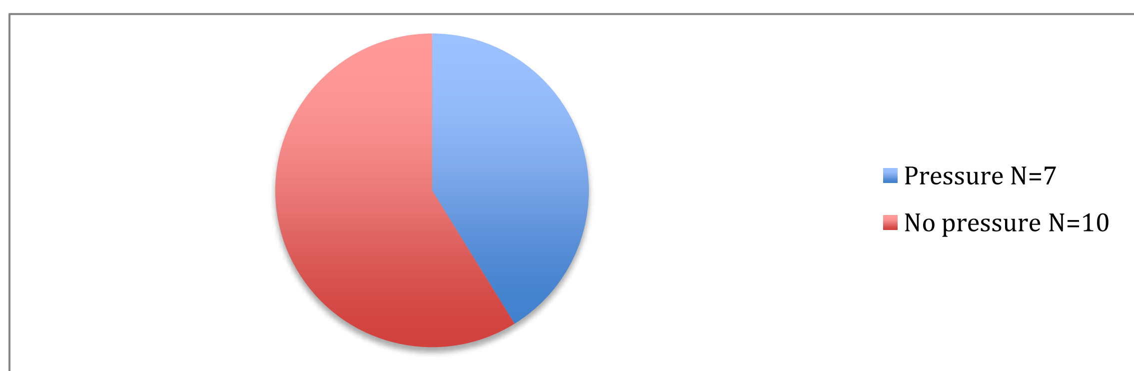


Figure 9: Main themes of RQ3

**Please note that themes are shown in blue bubbles*

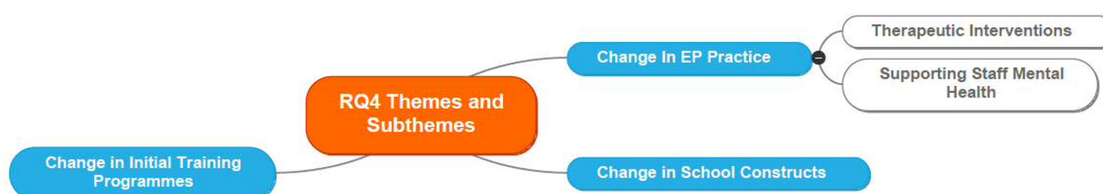
Four main themes emerged in relation to RQ3, and it was evident that where EPs felt pressure, this emerged from a range of sources. Themes were, 'Current Context', 'Moral' 'Other Agencies', and 'No pressure'. It is important to note that three EPs in particular mentioned feeling pressure, therefore indicating some variation in the experience of EPs. The divide in EPs who felt pressure compared to those who did not was similar to the divide shown in the quantitative results. A selection of responses for the themes are highlighted in the table below.

Table 8: Illustrative quotations for themes of RQ3

Theme	Illustrative Quotations
Current Context	*"I guess the pressure might come in terms of people or meeting people that have those sort of concerns about getting access to mental health provision or whatever, that might not be coming as quickly as they might hope, so waiting lists are getting longer."* (EP1, Lines 40-43)
Moral	*"when you're aware that other agencies are really pushed ... can you in all consciousness say "well I'm not going to do anymore with this" and refer on, knowing that that child isn't going to be seen for a really long time?".* (EP4, Lines 77-81)
Other Agencies	*"There is certainly a pressure. The pressure isn't just from services such as CAMHS, but also there is a pressure on us from GPs"* (EP4, Lines 138-139)
No Pressure	*"...if I refer a child to CAMHS, and CAMHS don't respond, nobody has made me feel that it's my job to take up this particular child"* (EP2, Lines 376-378) *"it's a very long waiting list for whatever reason... but that's almost a separate thing from the work that we do"* (EP5, Lines 350-352)

4.5 RQ4: How Might EPs Improve their Work in Relation to CYP Mental Health?

Figure 10: Main themes and subthemes of RQ4



**Please note that themes are shown in blue bubbles and subthemes are shown in white bubbles*

Three main themes emerged in relation to RQ4. EPs highlighted that to improve their work in relation to CYP mental health, there would have to be a number of changes. These were 'Change in EP Practice', 'Change in School Constructs', and 'Change in Initial Training Programmes'. These themes are suggestive that EPs did not perceive all changes to improving their work in this area to be under their control. The 'Change in EP Practice' theme was further categorised by two subthemes: 'Therapeutic Interventions' and 'Supporting Staff Mental Health', which highlighted a desire for more creativity in how mental health is supported, and the importance of considering systemic factors which can impact on CYP mental health. A selection of responses for the themes are highlighted in the table below.

Table 9: Illustrative quotations for themes/subthemes of RQ4

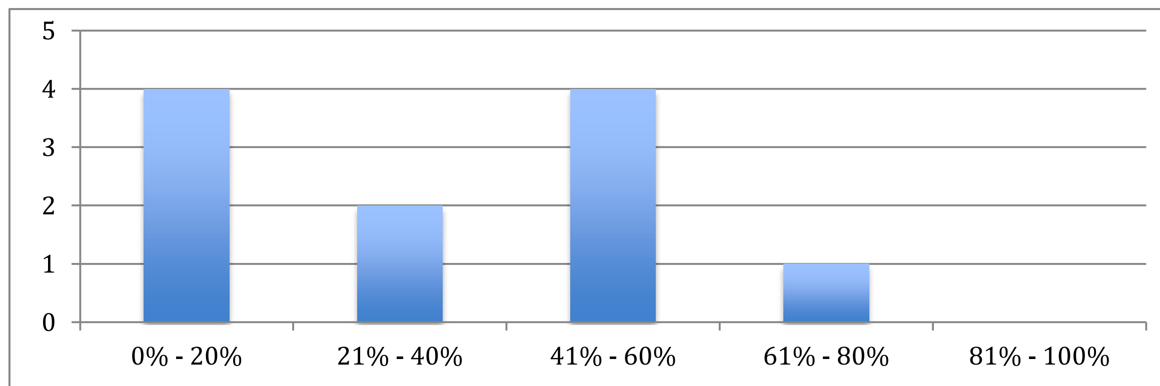
Theme	Illustrative Quotations
Change in EP Practice	
Subtheme: Therapeutic Interventions	*"I would like more of a therapeutic role myself"* (EP3, Lines 257-258) *"where I feel a child or young person needs more intensive therapy, and I say therapy in the broadest sense … on a little wish list, that would be something I'd like to do more of"* (EP4, Lines 367-370)
Subtheme: Supporting Staff Mental Health	*"how are we supporting, targeting, helping, teachers mental health, in that research is showing that direct correlation between a teachers mental health, stress, anxiety levels and that of children in the classroom"* (EP3, Lines 322-325)
Change in School Constructs	*"you have to go through your list, your menu, of what you can actually do, … we look at a child holistically, it's not just about cognition and learning, and so sometimes it is just about challenging those preconceptions"* (EP6, Lines 311-315)
Change in Initial Training	*"I know thinking back to my time of training, one of the course*

Programmes	*directors spoke about the whole training course becoming… more of a generic thing. For educational, clinical, whatever Psychologists would do one doctorate that would cover all…"* (EP1, Lines 208-211)

4.6 RQ5: How do Schools Perceive the EP Role in Relation to CYP Mental Health?

Questionnaire responses highlighted that 100% of SENCos considered EPs to have a role in CYP mental health. However, the extent to which they perceived a role for EPs varied. The most common responses given were '0%-20%' and '41%-60%', indicating a possible large variation between how different schools use their EP time.

Figure 11: Average amount of EP school time spent engaging in mental health intervention



SENCos reported EPs engagement in a range of mental health interventions. As highlighted below, 100% of SENCos indicated that EPs carried out consultation, suggesting that this is the most common type of mental health intervention engaged in by EPs. This mirrors the responses given by EPs, who also reported consultation as the most common type of mental health intervention. The majority of SENCos also reported EPs engagement in assessment, systemic intervention and multi-agency work. Around one-third of SENCos reported EPs engagement in 1:1 therapeutic work, suggesting this as the least common type of mental health intervention engaged in. This again mirrors the responses given by EPs.

Figure 12: Type of mental health intervention EPs reported to engage in by SENCos

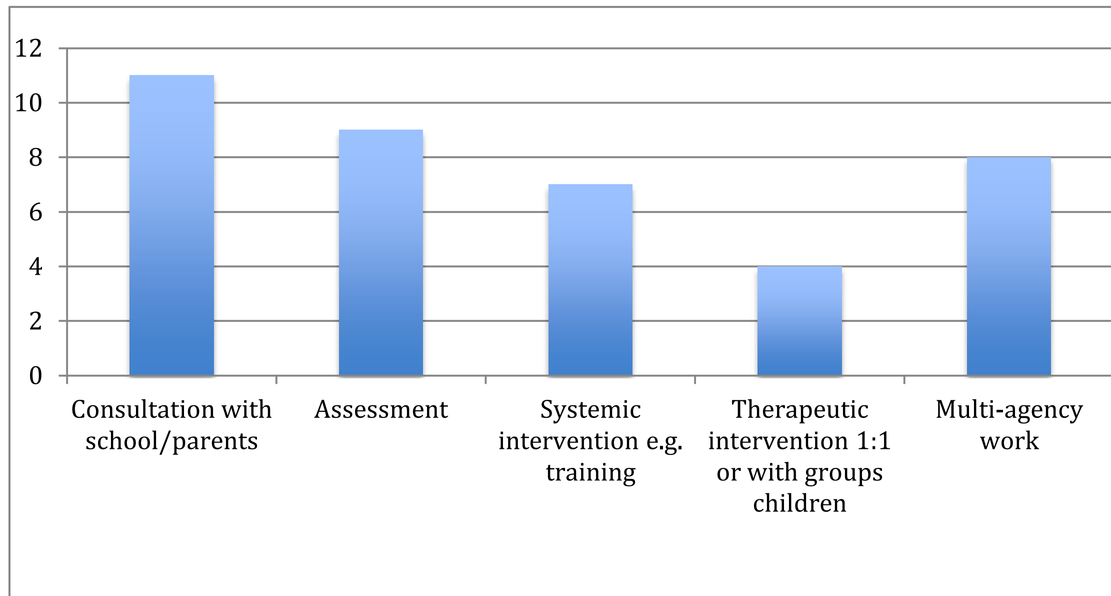
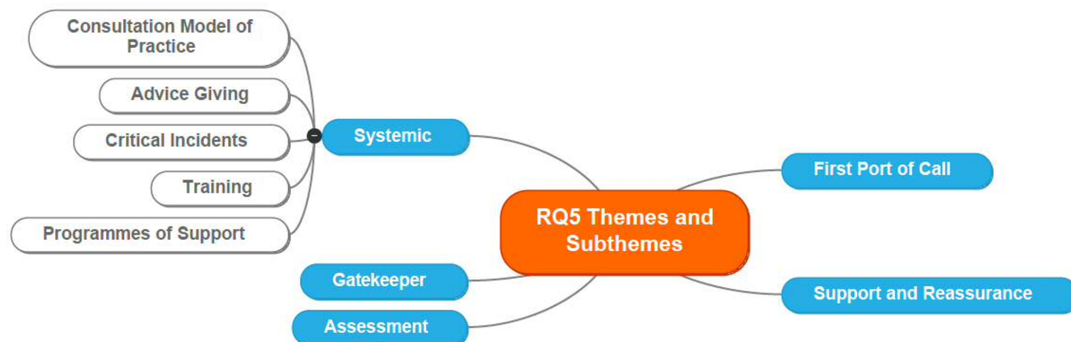


Figure 13: Main themes and subthemes of RQ5



**Please note that themes are shown in blue bubbles and subthemes are shown in white bubbles*

Five main themes emerged in relation to RQ5. These were: 'First Port of Call', 'Support and Reassurance', 'Assessment', 'Systemic', and 'Gatekeeper'. Systemic intervention was established as the most common type of practice, with all six SENCos highlighting EPs engagement in at least one form of systemic work. This theme was further categorised by five subthemes: 'Consultation Model of Practice', 'Advice Giving', 'Critical Incidents', 'Training', and 'Programmes of Support'. A selection of responses for the themes and subthemes are highlighted in the table below.

Table 10: Illustrative quotations for themes/subthemes of RQ5

Theme	Illustrative Quotations
First Port of Call	*"we'd always start with the Educational Psychologist, I think that would always be our first port of call"* (SENCo1, Lines 38-39) *"they are the first port of call, and help us decide where to go"* (SENCo5, Lines 82-83)
Support and Reassurance	*"I think it's the reassurance that even if you have made a judgement, that you're gathering enough evidence and enough opinions from someone else that you are going to go down the right track"* (SENCo1, Lines 65-67)
Assessment	*"I see the EP as having an assessment and evidence gathering role… we're not experts in school, we might have some clear ideas about what's going on for more of the common problems, but sometimes we really haven't got a clue"* (SENCo4, 202-205) *"In the past, they've assessed the children, perhaps using a measure of emotional wellbeing, or perhaps assessing their self-esteem, stuff like that"* (SENCo5, Lines 76-78)
Systemic	
Subtheme: Consultation Model of Practice	*"he works on a consultation basis. He doesn't come in to work with the children one on one, he doesn't come in to observe the children, he's there mainly to listen to us and guide teachers and the staff involved, rather than work with the children"* (SENCo3, 128-131)
Subtheme: Advice Giving	*"they advise us, with the limited knowledge we have as teachers, you know? Well, we have a lot of knowledge, but I mean from a mental health point"* (SENCo5, Lines 83-85)
Subtheme: Critical Incidents	*"…if there's a critical incident in the school, whether it be a bereavement or something else, I know the Ed Psychs go in and do counselling with individuals and groups, teachers and pupils"* (SENCo6, Lines 87-89)
Subtheme: Training	*"We've received training on issues such as Attachment Disorder"* (SENCo1, Line 95) *"we've had EPs getting involved in a wellbeing project, which is training up the ELSAs…"* (SENCo6, Lines 121-122)
Subtheme: Programmes of Support	*"the EP also gives us programmes to implement to support mental health"* (SENCo5, Lines 95-96)
Gatekeeper	*"They can take what we've got, and give us advice on what track to take, where to go for the appropriate support"* (SENCo1, Lines 57-58) *"we would always go through the Ed Psych. Obviously then the Ed Psych would advise us where to go"* (SENCo6, Lines 56-57)

4.7 RQ6: What are the Facilitators and Barriers to Schools Working with EPs in Relation to CYP Mental Health?

First of all, no SENCos in the quantitative phase of the research highlighted any barriers to working with EPs in relation to CYP mental health. However, SENCos reported engaging with a wide range of professionals about CYP mental health,

which could be seen as a barrier to engagement with EPs, particularly if other agencies are seen to have more of a role in the field, such as CAMHS.

Figure 14: Other professionals engaged with in relation to CYP mental health

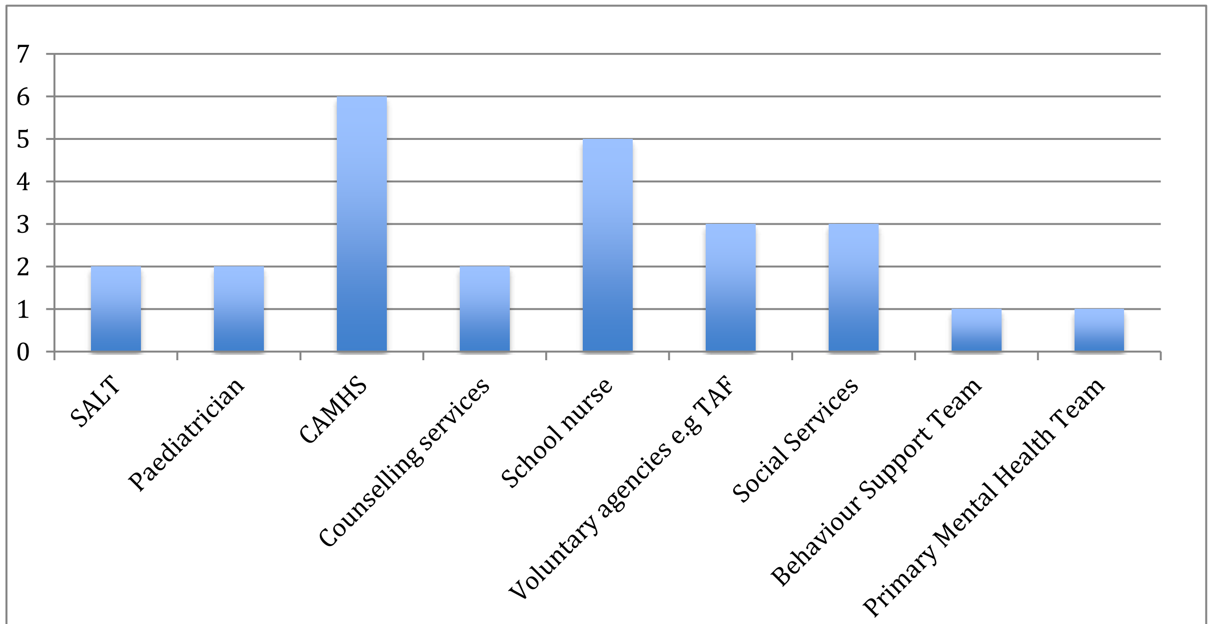
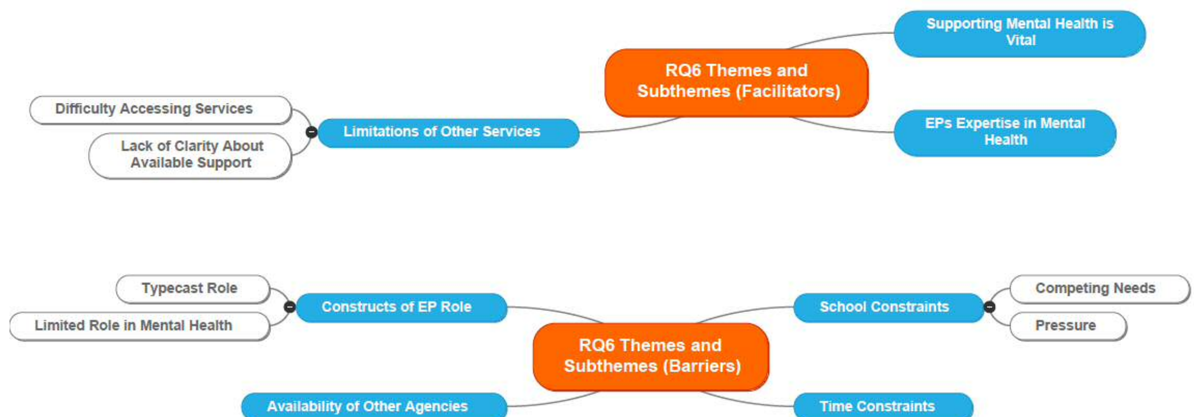


Figure 15: Main themes and subthemes of RQ6



**Please note that themes are shown in blue bubbles and subthemes are shown in white bubbles*

Three main themes emerged as facilitators to schools working with EPs in relation to CYP mental health: 'Supporting Mental Health is Vital', 'Limitations of Other Services', and 'EP Expertise in Mental Health'. 'Supporting Mental Health is Vital' related to SENCos' constructions that school was the appropriate environment to support CYP with mental health needs. 'EP Expertise in Mental Health' highlighted that EPs were viewed by SENCos to be knowledgeable and 'experts' in the mental

health field. 'Limitations of Other Services' was further categorised by two subthemes, 'Difficulty Accessing Services' and 'Lack of Clarity about Available Support'. This theme related to EPs being a convenient professional group to engage with as a result of current contextual issues. A selection of responses for the themes and subthemes are highlighted in the table below.

Table 11: Illustrative quotations for themes/subthemes of RQ6 (Facilitators)

Theme	Illustrative Quotations
Supporting Mental Health is Vital	*"children and young peoples mental health is so vitally important, and it's important that we get it right for them"* (SENCo2, Lines 22-24) *"mental health is at the forefront of my mind always" (SENCo3, Line 157)*
Limitations of Other Services	
Subtheme: Difficulty Accessing Services	*"It's an incredible battle to get children who we know have mental health issues seen"* (SENCo1, Lines 6-7)
Subtheme: Lack of Clarity about Available Support	*"I don't really think that there are good or well established routes for us to go down"* (SENCo2, Lines 11-13)
EP Expertise in Mental Health	*"...we've got a lot of knowledge, but not a lot of the right knowledge, or the right expertise, to deal with mental health. It's useful to have people to call on that do have that expertise. Like the Educational Psychologist"* (SENCo1, Lines 54-57)

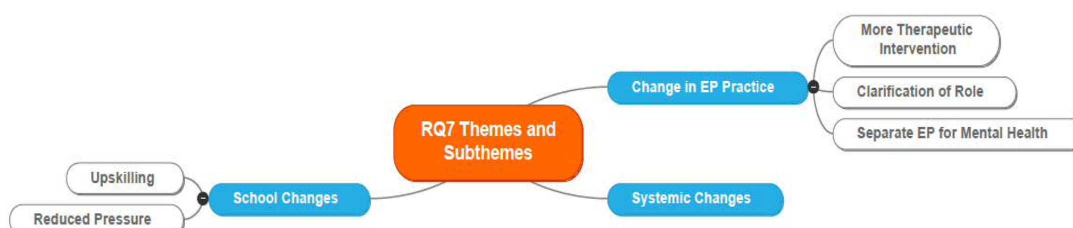
Four main themes emerged in relation to barriers, and it was therefore apparent that there were more aspects that hindered schools working with EPs in relation to CYP mental health. These were: 'School Constraints', 'Time Constraints', 'Constructs of EP Role', and 'Availability of other Agencies'. 'School Constraints' referred to the difficulty faced by school in prioritising mental health needs, and was further categorised into two subthemes: 'Competing Needs' and 'Pressure'. Three participants highlighted 'Time Constraints' as a barrier. 'Constructs of EP Role' was a theme that emerged across the majority of the interviews, and was further categorised into the subthemes: 'Typecast Role', and 'Limited Role in Mental Health'. The majority of the participants also highlighted 'Availability of other Agencies'. Notably, there was some contradiction between facilitators and barriers. A selection of responses for the themes and subthemes are highlighted in the table below.

Table 12: Illustrative quotations for themes/subthemes of RQ6 (Barriers)

Theme	Illustrative Quotations
School Constraints	
Subtheme: Competing Needs	*"the children we're talking about with mental health issues, they're almost a side-line, because we need the funding for other children because that's how our school runs fluidly"* (SENCo2, Lines 144-146)
Subtheme: Pressure	*"I hate to say it, but I couldn't prioritise mental health, because my Head would be asking me to prioritise learning needs for the funding"* (SENCo2, Lines 198-200)
Time Constraints	*"we have had a Trainee EP also, who has done some lovely work with children with emotional difficulties. Some groupwork. But she had more time. Our EP can't really do that. It's not possible in the scope of her time or our time"* (SENCo2, Lines 125-128) *"I wish he had the time to perhaps carry out some 1:1 therapeutic work. But that would be extra time, I know, the school visits he has wouldn't allow time for that currently"* (SENCo3, Lines 206-208)
Constructs of EP Role	
Subtheme: Typecast Role	*"I think it's different though if the behaviour is affecting classwork and achievement. Then that would be the role of the EP. If mental health and behaviour is not affecting achievement or classwork, then that wouldn't be the EP's role I don't think"* (SENCo2, Lines 112-116) *"The Ed Psych, we would refer to them for learning needs, academic difficulties…"* (SENCo6, Lines 104-105)
Subtheme: Limited Role in Mental Health	*"I haven't got a massive amount to say in terms of how the EP has been involved in mental health issues, I don't know whether the two merge particularly well at the moment"* (SENCo2, Lines 82-84)
Availability of other Agencies	*"Families First and Social Services are often used in this authority for mental health support"* (SENCo3, Lines 56-57) *"I think mental health is covered by all services"* (SENCo5, Line 51)

4.8 RQ7: How do Schools Think CYP Mental Health Practice can be Improved?

Figure 16: Main themes and subthemes of RQ7



**Please note that themes are shown in blue bubbles and subthemes are shown in white bubbles*

Three main themes emerged in relation to RQ7. These were 'Change in EP practice', 'School Changes' and 'Systemic Changes'. 'Change in EP Practice' related to how SENCos perceived the EP role could change for better mental health intervention, and was further categorised into three subthemes, 'More Therapeutic Intervention', 'Clarification of Role', and 'Separate EP for Mental Health'. The theme 'School Changes' was categorised into two subthemes, 'Upskilling', which highlighted the need for schools ability to improve, and 'Reduced Pressure'. 'Systemic Changes' made reference to the need for change in wider structures and procedures in place. A selection of responses for the themes and subthemes are highlighted in the table below.

Table 13: Illustrative quotations for themes/subthemes of RQ7

Theme	Illustrative Quotations
Change in EP Practice	
Subtheme: More Therapeutic Intervention	*"I think EPs could perhaps have more of a role in delivering the therapeutic interventions" (SENCo5)*
Subtheme: Clarification of Role	*"I don't think enough people know what educational psychologists have the scope to do"* (SENCo2)
Subtheme: Separate EP for Mental Health	*"it would be nice to have an educational psychologist in a mental health capacity, and a different one working in a learning assessment capacity"* (SENCO2)
School Changes	
Subtheme: Upskilling	"*I think we need more training in recognising mental health, and how to support mental health. I think that's the main thing"* (SENCo5, Lines 148-149)
Upskilling: Reduced Pressure	*"We are supposed to do all of these other things in the classrooms, and teach all of these things, which is hard enough to put into the timetable as it is, then we've got all of the emotional things we need to do"* (SENCo6, Lines 17-20)
Systemic Changes	*"It feels like a battle at the moment, mental health, and I don't really know what to do. There's no particular structure in place" (SENCo2, Lines 170-172)*

5.Discussion

5.1 Overview of Discussion

The current research aimed to explore the role of the EP in CYP mental health, through the following research aims and questions:

Table 14: Research aims and research questions

Research Aim (RA)	Research Questions (RQ)	How Explored
RA1: What is the current role/practice of EPs in CYP mental health?	RQ1: What is the current role of EPs in relation to CYP mental health? RQ5: How do schools perceive the EP role in relation to CYP mental health?	RQ1: EP questionnaire, EP interview RQ5: SENCo questionnaire, SENCo interview
RA2: What are the facilitators and barriers to EPs work in CYP mental health?	RQ2: What are the facilitators and barriers to EPs engagement in work related to CYP mental health? RQ6: What are the facilitators and barriers to schools working with EPs in relation to CYP mental health?	RQ2: EP questionnaire, EP interview RQ6: SENCo questionnaire, SENCo interview
RA3: Is there a current pressure on EPs to work in CYP mental health?	RQ3: Is there a current pressure on EPs to engage in work related to CYP mental health?	RQ3: EP questionnaire, EP interview
RA4: How can CYP mental health intervention be improved through EPs/education?	RQ4: How might EPs improve their work in relation to CYP mental health? RQ7: How do schools think CYP mental health practice can be improved?	RQ4: EP interview RQ7: SENCo interview

The quantitative and qualitative, and the EP and SENCo strands of the analysis will be discussed together below to provide an overall understanding of the RAs. This

research has established a number of findings, with a comprehensive overview given in the results section. As a result, only an outline of what has been constructed as the most pertinent findings will be discussed here, particularly those that are perceived to have the most relevance for EP practice.

5.2 RA1: What is the Current Role/Practice of EPs in CYP Mental Health?

Quantitative results from EPs and SENCos indicated that EPs engage in consultation, assessment, systemic intervention, 1:1 or group therapeutic intervention and multi-agency work. These results are in line with previous findings, for example Atkinson et al. (2012), who established that EPs engagement in therapeutic intervention can take a number of approaches; and Mackay and Greig (2007), who highlighted that therapeutic work includes the wider role of supporting those who work with CYP on a daily basis. Furthermore, consultation was suggested as the most common type of practice by EPs in mental health by both EPs and SENCos, and all EPs discussed having a systemic role in the qualitative phase of the research, highlighting a potential biopsychosocial construction of mental health and systemic ways forward. The finding that EPs commonly used a systemic approach for supporting mental health is additionally in line with previous research with explores functions of the EP role more generally, for example Kennedy (2006) and Boyle and Lauchlan (2009), who highlight systemic practice as an important and widely used approach by EPs.

Previous research exploring constructions of schools has suggested a limited role for EPs in CYP mental health (Ashton & Roberts, 2006; Rothi et al., 2008b), however the current research has provided a contrasting finding. SENCos reported often using EPs as their first port of call for mental health issues, and also felt that the EP role offered a supportive and reassuring function. However, it was also established that SENCos viewed EPs as gatekeepers to other services; which perhaps suggests that schools perceive other professionals to have more of a role in mental health. This echoes Atkinson et al. (2011), who found that EPs are often not selected as the most appropriate professionals for mental health intervention. This also argues that there is a construction held by schools that mental health is viewed as part of a medical model, and mental health difficulties subsequently require medical intervention.

5.3 RA2: What are the Facilitators and Barriers to EPs Work in CYP Mental Health?

A number of facilitators and barriers were found to EPs engagement in CYP mental health intervention. Interestingly, EPs and SENCos reported similar facilitators. Some EPs indicated having skills that enabled them to work confidently and competently in CYP mental health; whilst SENCos similarly suggested EPs having 'expertise'. These results are partly in line with previous findings, for example Pugh (2010), who suggests that EPs are competent in the field due to skills acquired through their initial training; however they contrast with findings that suggest EPs are not viewed by schools as being able to contribute much more to their existing mental health knowledge base (Rothi et al., 2008b). A further facilitator reported by SENCos was the limitation of other services, resulting in EP time being used for mental health intervention due to the lack of availability of other agencies. This echoes the suggestion made by Allen and Hardy (2013) that EPs should expect a developed role in supporting CYP who have not been able to access specialist services.

In relation to barriers, more EPs reported a lack of confidence and competence in working with CYP with mental health needs than those that indicated feeling confident and competent. This echoes previous research, with EP confidence/competence a commonly cited barrier (Atkinson et al., 2011; Atkinson et al., 2014). However, this barrier was typically in reference to individualised therapeutic interventions, despite many EPs previously stating that this was not the main method of mental health intervention used. This potentially highlights that individual support continues to be constructed as the main type of mental health intervention by EPs, despite the breadth of work that they engage in. This construction might restrict EP practice in mental health, and also seems to downplay the alternative forms of practice.

A further barrier highlighted by EPs and SENCos was the availability of other agencies for supporting mental health, which meant that EPs felt they did not have to 'stretch' themselves (EP5), and SENCos perceiving a number of agencies as being able to offer them support. This is a direct contradiction to the facilitator

reported that SENCos saw a limited availability of other agencies. Additionally, it seems to directly contradict previous research that highlights the need for progression in the EP role to incorporate the current level of mental health need (e.g. Mackay, 2007; Gersch, 2009; Allen & Hardy, 2013). Interestingly, within the quantitative research, SENCos also reported a wide variety of agencies they engage with. This might suggest that whilst there are a number of agencies available, SENCos are unsure about who exactly they should be approaching, and will therefore accept advice from whoever is available.

A further barrier highlighted by EPs and SENCos was constructions of the EP role, with both highlighting schools constructing a limited role for EPs in mental health. Within the quantitative research, this was the most commonly reported barrier for EPs. This is in line with previous findings, for example Rothi et al. (2008b). EPs and schools additionally recognised competing priorities, and schools especially indicated feeling a pressure to prioritise children with learning needs, which was also reported by Rothi et al. (2008b). This suggests that whilst mental health intervention is considered to be a part of the EP role, there exists conflicting pressures that continue to impact on the work that EPs engage in.

5.4 RA3: Is there a Current Pressure on EPs to Work in CYP Mental Health?

The current research established some variations in pressure felt by EPs. The quantitative results showed that 41% of EPs felt a pressure directly as a result of the CAMHS budget cuts, whilst 59% disagreed. The qualitative results demonstrated some pressure in relation to the current context, but also highlighted a current pressure as a result of other professionals, such as GPs, asking them to engage in work as part of a gatekeeper role. A pressure was also identified as a result of EPs own moral compass, which could be argued to be a result of aspects such as CAMHS budget cuts, and EPs implicating themselves as having to 'pick up' CYP who could not access CAMHS support. This finding seems to confirm suggestions made in the literature that EPs might need to develop the role to incorporate more mental health intervention as a result of the current context (e.g. Allen & Hardy, 2013).

5.5 RA4: How can CYP Mental Health Intervention be Improved through EPs/Education?

EPs and SENCos made similar suggestions for how mental health intervention could be improved. There was an agreement that schools need better clarity about the role of the EP in CYP mental health; suggesting that findings that have implicated a limited role constructed for EPs in mental health both in the current and previous research (Rothi et al., 2008b; Atkinson et al., 2014), might partly stem from schools not fully understanding the scope of the EP role, and continuing to prioritise learning needs as something which they had been used to doing. A further way forward highlighted by both was the need for improvement in skills and knowledge, with EPs suggesting they needed further training, or perhaps better initial training, and SENCos highlighting that they would benefit from being up-skilled to support CYP. This is in line with previous research, which suggests that EPs do not feel competent in engaging in mental health intervention (Atkinson et al., 2014), and that school staff felt the same about themselves (Rothi et al., 2008a). Finally, EPs highlighted an interest in supporting the mental health of school staff, recognising the importance of promoting the wellbeing of the school system as a whole. This is in line with findings from Kidger et al. (2010), whereby school staff indicated a lack of support for their own mental health, which in turn impacted on their perceived ability to support CYP. Again this suggests that EPs are constructing mental health as part of a biopsychosocial model.

5.6 Implications for EP Practice

It might be beneficial to consider the results and implications for EP practice in terms of short and long term. Those short term implications are perhaps more reflective of what is achievable for EPs within the daily aspects of their role, whilst the longer term ideas reflect those aspects that are not necessarily possible for the EP to achieve in a straightforward, simplistic way.

In the short term, there is agreement that EPs are able to engage in a breadth of creative practices in supporting CYP mental health, and these creative practices should continue, in the hope that change will continue to be facilitated, both in respect for CYP, and in relation to constructions of the EP role. EPs are professionals who have skills in working at a consultative level (DfE, 2011), and

part of the strength of the role is argued to be the creative nature that mental health intervention can take, a function that sets them apart from professionals in other branches of psychology (Squires, 2010). Further, research suggests that the prevalence in mental health needs might have increased as a result of a number of biopsychosocial factors experienced by CYP today (Donnelly, 2013; Parry-Langdon, 2008), and therefore the more common practice of CYP systemic intervention, such as consultation, might address these difficulties and enable more effective ways forward for facilitating change than direct, therapeutic support, which can downplay the importance of the wider system impact on mental health difficulties. Additionally, consistent clarification about the role, and the challenge of fixed constructions of what mental health intervention should look like or what the EP has the scope to do, will be essential for optimal practice of EPs. Additionally, opportunities for CPD will be helpful and likely beneficial to address issues of competency in EPs and SENCos.

Longer-term change is more complex. Previous research considering the EP role has suggested a varied nature (Boyle & Lauchlan, 2009), however there is the pervasive suggestion that EPs main attribute is the completion of statutory work and assessments of CYP learning needs (Farrell, 2010). Despite the current context of mental health suggested as concerning, the role of the EP seems to continue to be implicated in more traditional forms of practice. However, rather than considering this as a fixed construction of the role held by EPs and others, it seems that wider systemic pressures in place are significantly impacting on the work that EPs are able to engage in. For example, EPs and SENCos might construct a role for EPs in mental health, however pressures from different systems, such as the Education system and the LEA, might impact on the CYP that are subsequently prioritised for EP involvement. For long term and substantial change to occur, it seems too simplistic to suggest that further training of EPs and schools, or challenging the constructions of the role, will be beneficial. Whilst factors such as these might enable smaller change, this research suggests that wider systems and procedures need to commit to change in a top-down manner, if widespread change in the EP role is to occur.

5.7 Strengths and Limitations

At present, the role of the EP in CYP mental health is underexplored, and given the current shortcomings of mental health support, this research has provided further insight into the EP role and potential implications for better practice. Furthermore, existing research has mainly explored the views of EPs, however the current research also explored the views of SENCos. Exploring the constructions of both adds a further dimension to the existing research.

One of the major limitations of the research is the small sample size, and therefore it is difficult to suggest any generalisability of the results. Additionally, the semi-structured interviews yielded a convenience sample (Marshall, 1996), which might have biased the results if participants had particularly strong opinions on the topic. A further limitation relates to the sample of SENCos used. In the qualitative phase, only primary school SENCos were interviewed, again as the research yielded a convenience sample. Research suggests that mental health difficulties are more apparent in adolescence (Mackay, 2015), and subsequently how EP time is spent in secondary schools could be more focused on mental health. This is essential to consider in terms of generalisability of results. A final limitation of the research was only considering the constructions of EPs and SENCos in a Welsh context. It is suggested that many EPSs in England are now offering fully traded services, whereby schools pay for EP time (AEP, 2011). There is currently a lack of research that considers traded models of EP practice, however this could have potential implications for EPs and their work. The findings of the current research might therefore not be applicable to an English context.

5.8 Future Directions

First and foremost, larger sample sizes are essential if research is to offer generalisability to wider contexts. It would also be interesting to use a similar methodology to explore the research questions with EPs and SENCos working in England. Considering the constructions of secondary school SENCos might also be important, to establish whether there are differences in how EP time is used, and how the EP role is viewed in comparison to a primary school context. Finally, the current research has established an issue with how therapeutic intervention is being constructed. Exploring constructions of therapeutic intervention would be

interesting, in that fixed constructions of this as involving individual therapy is a significant barrier of its own to EP practice in CYP mental health.

6.Conclusion

The constructions of EPs and SENCos have been explored in relation to the EP role in CYP mental health. Results highlighted that whilst EPs are constructed to have a role in this area, the extent to which is variable, and mental health intervention is perhaps not the most common type of work that EPs engage in. As part of this, a number of barriers to EP mental health intervention were established.

With the growing concern for CYP mental health, it is paramount to consider the role and practice of different professionals, and this research has offered insight into the EP role, coupled with suggested ways forward.

The research concludes that the EP role can be widely implicated in the support of CYP mental health, however the extent to which widespread change to current practice can occur is uncertain.

References

Allen, A., & Hardy, J. (2013). The future of educational psychology. In C. Arnold and J. Hardy (Eds.), *British educational psychology the first hundred years* (pp. 141-149). Leicester: The British Psychological Society.

Ashton, R. & Roberts, E. (2006). What is valuable and unique about the educational psychologist? *Educational Psychology in Practice, 22*(2), 111-123.

Association of Educational Psychologists (2011). *The delivery of educational psychology services*. Retrieved from http://www.aep.org.uk/publications/models_of_delivery on 13.12.2016.

Atkinson, C., Bragg, J., Squires, G., Wasilewski, D., & Muscutt, J. (2012). Educational psychologists and therapeutic intervention: Enabling effective practice. *Assessment & Development Matters, 4*(2), 22 – 25.

Atkinson, C., Corban, I., & Templeton, J. (2011). Educational psychologists' use of therapeutic interventions: Issues arising from two exploratory case studies. *British Journal of Learning Support, 26*(4), 160-167.

Atkinson, C., Squires, G., Bragg, J., Muscutt, J., & Wasilewski, D. (2014). Facilitators and barriers to the provision of therapeutic interventions by school psychologists. *School Psychology International, 35*(4), 384 – 397.

Bilton, K., & Cooper, P. (2013). ADHD and children with social, emotional and behavioural difficulties. In T. Cole, H. Daniels and J. Visser (Eds.), *The routledge international companion to emotional and behavioural difficulties (pp. 32-39).* London: Routledge.

Bozic, N. (1999). An educational psychologist in practice. *Educational Psychology in Practice, 14*(4), 240 – 242.

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

Braun, V., & Clarke, V. (2013). *Successful qualitative research: practical guide for beginners*. London: Sage.

Burton, S. (2008). Empowering learning support assistants to enhance the emotional wellbeing of children in school. *Educational and Child Psychology, 25*(2), 40 – 56.

Campbell, D., & Marsh, S. (2016). *Quarter of a million children receiving mental health care in England.* Retrieved from https://www.theguardian.com/society/2016/oct/03/quarter-of-a-million-children-receiving-mental-health-care-in-england on 03.10.2016.

Cole, T. (2015). *Mental health difficulties and children at risk of exclusion from schools in England: A review from an educational perspective of policy, practice and research, 1997 to 2015*. Retrieved from http://www.education.ox.ac.uk/wordpress/wpcontent/uploads/2015/02/MENTAL---AND---EXCLUSION---FINAL---DIGITIAL---13---06---15.PDF on 17.07.2016.

Cooper, P. (2005). Biology and behaviour: The educational relevance of a biopsychosocial perspective. In P. Clough, P. Garner, J. T. Pardeck and F. Yuen (Eds.), *Handbook of emotional & behavioural difficulties (pp. 105-122).* London: Sage.

Cooper, P., Smith, C. J., & Upton, G. (1994). *Emotional and behavioural difficulties: Theory to practice.* London: Routledge.

Department for Children, Schools and Families (DCSF)(2005). *Social and emotional aspects of learning: Improving behaviour, improving learning*. Nottingham: The Stationary Office.

Department for Children, Schools and Families (DCSF)(2008). *Targeted mental health in schools programme*. Nottingham: The Stationary Office.

Department for Children, Schools and Families (DCSF), & Department of Health (DoH). (2008). *Children and young people in mind: the final report of the national CAMHS review*. Nottingham: The Stationary Office.

Department for Children, Schools and Families (DfCSF), & Department of Health (DoH). (2010). *Keeping children and young people in mind – full government response to the CAMHS review*. Nottingham: The Stationary Office.

Department for Education (DfE). (2011). *Developing sustainable arrangements for the initial training of educational psychologists*. London: The Stationary Office.

Department for Education (DfE). (2016). *Mental health and behaviour in schools.* Nottingham: The Stationary Office.

Department for Education and Skills (DfES)(2003). *Every Child Maters.* Retrieved from http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/CM5860.pdf on 03.05.2016.

Department of Health (DoH)(2015). *Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing.* Nottingham: The Stationary Office.

Division of Educational and Child Psychology Training Committee (DECPTC) (2007). *Criteria for the accreditation of three-year training programmes for educational psychology in England, Northern Ireland and Wales.* Leicester: British Psychological Society.

Donnelly, L. (2013). *Children as young as five suffering from depression*. Retrieved from http://www.telegraph.co.uk/news/health/news/10342447/Children-as-young-as-five-suffering-from-depression.html on 17.12.2015.

Farrell, P. (2010). School psychology: learning lessons from history and moving forward. *School Psychology International, 31*(6), 581 – 598.

Finney, D. (2006). Stretching the boundaries: Schools as therapeutic agents in mental health. Is it a realistic proposition? *Pastoral Care in Education, 24*(3), 22 - 27.

Frith, E. (2016). *CentreForum Commission on Children and Young People's Mental Health: State of the Nation.* Retrieved from https://epi.org.uk/wp-content/uploads/2016/05/State-of-the-Nation-report-web.pdf on 15.07.2017.

Gersch, I. (2009). A positive future for educational psychology – if the profession gets it right. *Educational Psychology in Practice, 25*(1), 9 – 19.

Gott, J. (2003). The school: The front line of mental health development? *Pastoral Care in Education: International Journal of Personal, Social and Emotional Development, 21*(4), 5 -13.

Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2005). *Mental health of children and young people in Great Britain, 2004.* The Stationery Office, London: Office for National Statistics.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of Qualitative Research, 2*, 163-194.

Herron, S., & Mortimer, R. (1999). 'Mental health': A contested concept. *The International Journal of Mental Health Promotion, 1*(1), 4-8.

Herron, S., & Trent, D. R. (2000). Mental health: A secondary concept to mental illness. *The International Journal of Mental Health Promotion, 2*(2), 29 – 37.

Kennedy, H. (2006). An analysis of assessment and intervention frameworks in educational psychology services in Scotland past, present and possible worlds. *School Psychology International, 33*, 515 – 534.

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal, 36*(6), 919 – 935.

Large, Z. (2016). '*Decade of delay' in help for children with mental health problems.* Retrieved from www.youngminds.org.uk/news/blog/3358_decade_of_delay_in_help_for_children_with_mental_health_problems on 07.06.2016

Mackay, T. (2007). Educational psychology: The rise and fall of therapy. *Educational and Child Psychology, 24*(1), 7 – 18.

Mackay, D. (2015). *Children as young as 12 experiencing stress-related illnesses*. Retrieved from http://www.youngminds.org.uk/news/blog/3007_children_as_young_as_12_experience_stress-related_illnesses on 17.12.2015.

Mackay, T., & Greig, A. (2007). Editorial. *Educational and Child Psychology*, 24(1), 4 -6.

Moor, S., Maguire, A., McQueen, H., Wells, E. J., Elton, R., Wrate, R., & Blair, R. (2007). Improving the recognition of depression in adolescence: Can we teach the teachers? *Journal of Adolescence, 30*(1), 81 -95.

NSPCC, (2015). *1 in 5 children are rejected mental health treatment*. Retrieved

from http://www.nspcc.org.uk/fighting-for-childhood/news-opinion/1-in-five-5-children-referred-to-local-mental-health-services-are-rejected-for-treatment on 13.10.2015.

Pugh, J. (2010). Cognitive behaviour therapy in schools: The role of educational psychology in the dissemination of empirically supported interventions. *Educational Psychology in Practice, 26*(4), 391 – 399.

Rothi, D. M., Leavey, G., & Best, R. (2008a). On the front-line: teachers as active observers of pupils' mental health. *Teaching and Teacher Education, 24*, 1217-1231.

Rothi, D. M., Leavey, G., & Best, R. (2008b). Recognising and managing pupils with mental health difficulties: teachers' views and experiences on working with educational psychologists in schools. *Pastoral Care in Education, 26*(3), 127-142.

Squires, G. (2010). Countering the argument that educational psychologists need specific training to use cognitive behavioural therapy. *Emotional and Behavioural Difficulties, 15*(4), 279 – 294.

Squires, G., & Dunsmuir, S. (2011). Embedding cognitive behavioural therapy training in practice: Facilitators and barriers for trainee educational psychologists (TEPs). *Educational Psychology in Practice, 27*(2), 117-132.

Stallard, P., Sayal, K., Phillips, R., Taylor, J. A., Spears, M., Anderson, A., Araya, R., Lewis, G., Millings, A., & Montgomery, A. A. (2012). Classroom based cognitive behavioural therapy in reducing symptoms of depression in high risk adolescents: pragmatic cluster randomised controlled trial. *British Medical Journal*, 345, e6058

Vostanis, P., Humphrey, N., Fitzgerald, N., Deighton, J., & Wolpert, M. (2013).

How do schools promote emotional well-being among their pupils? Findings from a national scoping survey of mental health provision in English schools. *Child and Adolescent Mental Health, 18*(3), 151 – 157.

Welsh Assembly Government (WAG) (2001). *Improving mental health services in Wales: Child and Adolescent Mental Health Services (CAMHS) strategy.* Cardiff: WAG.

Welsh Assembly Government (WAG). (2004). *Children and young people: rights to action*. Cardiff: WAG.

Welsh Assembly Government (WAG) (2010). *Thinking positively: emotional health and well-being in schools and early years setting*. Cardiff: WAG.

YoungMinds, (2015). *Widespread cuts in children and young people's mental health services*. Retrieved from http://www.youngminds.org.uk/news/blog/2942_widespread_cuts_in_children_and_young_people_s_mental_health_services on 17.12.2015.

The Role of the Educational Psychologist in Children and Young People's Mental Health: An Explorative Study in Wales

PART C: Critical Appraisal

Word count: 5973

1.Overview

The critical appraisal provides a reflexive account of two themes: the contribution of the current research to the field of the educational psychologist (EP) role in children and young people's (CYP) mental health and a critical account of the research practitioner. Both are discussed in conjunction with each other, as opposed to separately. Included in this part of the thesis is: the epistemological position; the development of the research aims including the rationale for each; the research design; data collection; data analysis; the contribution of findings to knowledge; the contribution to knowledge of the research practitioner; the relevance to EP practice; and limitations of the current research. A final summary is also provided.

The critical review will be written in the first person to ensure a reflective and reflexive account is provided.

2.Development of Research Position

Guba and Lincoln (1994) state that a paradigm represents a set of basic beliefs that define a worldview. Before beginning the research, it was important to consider my research paradigm, as I recognised that this would impact on all decisions made regarding my research design. Before the doctoral training, my knowledge of research paradigms and epistemology was limited, despite having completed research as an undergraduate Psychology student and postgraduate masters student. I now understand that my previous research was based in a positivism paradigm, which suggests the existence of a measurable reality that exists independently of an individual's subjective experience (Robson, 2002). Both research used quantitative measures and statistical analyses, and aimed to establish a truth.

Since practicing as a Trainee EP (TEP), my understanding of paradigms has developed. I now realise that all views held by individuals are affected by their own paradigms and epistemological stances. Throughout my training, it has been

important to consider different epistemological and ontological beliefs, and establish where I position myself in my own view of the world.

As a TEP, the Constructionist Model of Informed and Reasoned Action (COMOIRA)(Gameson & Rhydderch, 2008) is imbedded in my practice, of which social constructionism is at the centre (Burr, 2003). Social constructionism is a theoretical model that views knowledge and truth as created, as opposed to discovered, by the mind (Schwandt, 2003). A social constructionist stance, which is based in relativism, highlights that views of the world are subjective and phenomenological, and as such, it is not possible to establish absolute truths. Using COMOIRA as a professional practice framework has highlighted the importance of understanding the constructions of those that I work with, and co-constructing hypotheses and ideas has been essential to the process of change. Subsequently, I consider myself to be a relativist, in that I firmly believe that is not possible to reveal the truth, but rather consider different constructions and what these mean for an individual's reality.

My research was similar to that of my everyday practice as a TEP, as I was concerned with establishing the views and beliefs of individuals. I recognised that measuring a truth would not be possible, as each individual's personal experiences would impact on their beliefs. As such, the research was carried out using a constructivist research paradigm, with a relativist ontology and social constructionist epistemology. This position highlights the subjective nature of the data, and suggests that an individual's truth is influenced by their previous experiences, including aspects such as social, cultural and moral factors.

3.Development of the Research Aims

3.1 Origins of Researcher Interest in the Topic

I had always been interested in mental health, and throughout my practice as a TEP, I became aware of the different constructions held by EPs about how involved we should or should not be in CYP mental health. As I was given more responsibility on placements, becoming the lead link for my own schools, I realised that schools also experience difficulty in establishing what is and is not the role of

the EP. I had numerous conversations with special educational needs co-ordinators (SENCos), supporting them in deciding ways forward for individual children with mental health difficulties, that could all have warranted an EP referral.

My interest was backed up by current legislation, and in the Draft Additional Learning Needs Code (Welsh Government (WG), 2015), continued focus was placed on additional learning needs as relating to learning needs, with what I perceived as a more limited reference given to social, emotional, behavioural difficulties, or mental health. This surprised me, as the media portrayal of CYP mental health, and aspects such as budget cuts to specialist services such as CAMHS, suggested that there might be a pressure on schools to support these CYP more than ever. Additionally, I was aware of the Mental Health and Behaviour in Schools document (DfE, 2014, 2016), and its limited reference to the role of the EP. In fact, despite the continued commitment from the Government to address CYP mental health by increasing the role of schools, it seemed unusual that the EP role was often overlooked. Therefore, I wanted to establish a better clarification of the role of the EP in CYP mental health, particularly as I wondered whether these factors would affect the constructions held of the EP role by both EPs and schools.

3.2The Literature Review

The literature search attempted to confirm the relevance of exploring the role of the EP in CYP mental health. It was apparent that whilst there was a growing concern for CYP mental health, the role of the EP in this context had been underexplored.

3.2.1 The Role of Schools

Part of understanding the EP role in CYP mental health meant understanding the role of schools. Despite the emphasis placed on schools, numerous papers explored their shortcomings in responding effectively to CYP mental health. Barriers included school staff not feeling confident in identifying mental health issues (Rothi, Leavey & Best, 2008a); school staff not having the ability to identify mental health issues (Moor et al., 2007); and school staff not perceiving themselves to have the capacity to meet the mental health needs of CYP with an already over-

stretched educational role (Finney, 2006). These findings were also reiterated in Government publications, such as an Ofsted report (Ofsted, 2005) and a CAMHS review (DCSF & DoH, 2008), although I recognised these were both dated. When considering these barriers, the COMOIRA framework (Gameson & Rhydderch, 2008) came to mind, as despite the emphasis placed on schools to support CYP mental health, their intentions and ability in this area might be low. I thought that if schools had a low intention and ability to support CYP mental health, there might be an important role for EPs in supporting school staff to improve their confidence and motivation. I wondered if this was something that would be reflected in the research relating to the role of the EP in CYP mental health.

3.2.2The Role of the EP

Research considering the role of the EP predominantly considered the role in general. Within the existing research, a common finding was the difficulty had by EPs, and those that work with EPs, in defining the role. A range of research suggested a lack of clarity of the EP role, and this ranged in date from Gibb (1998) to Love (2009). I wondered how there could exist a lack of clarity for such a long time. However, research by Boyle and Lauchlan (2009) highlighted the diversity of the role, and I wondered whether defining the role was difficult because there was not necessarily a prescribed way of practicing as an EP.

3.2.3 The Role of the EP in CYP Mental Health

Given the complexity of defining the general EP role, I wondered if gaining a true understanding of the EP role in mental health would be possible, as it seemed that different EPs constructed the role in different ways (Boyle & Lauchlan, 2009). Research exploring the EP role in mental health was also limited. Furthermore, I was aware that despite the growing commitment from the Government to address CYP mental health in continuous legislation since the *Every Child Matters* agenda in England (Department for Education and Skills (DfES), 2003) and the corresponding *Children and Young People: Rights to Action* agenda in Wales (Welsh Assembly Government (WAG), 2004), the EP role was predominantly overlooked. I wondered whether the lack of onus placed on EPs by the Government would in turn affect EPs constructions of their own role in this area.

Despite limited insight into the EP role in mental health, research suggested a growing pressure on EPs to increase their work in this area, suggesting several reasons for the importance of this, including: the increased prevalence of mental health needs in CYP (Mackay, 2007; Gersch, 2009); the development of EPs therapeutic skills as a result of the change to the initial training course (DECPTC, 2007); the importance of early identification and support for mental health needs (Squires & Dunsmuir, 2011); and the difficulty in CYP being able to access specialist services in the current context (Allen & Hardy, 2013). Taken together these suggested a huge pressure on EPs. However, there was a lack of EP response available in the research, which highlighted the importance of obtaining EP views of the role in mental health. With an emerging body of research suggesting the need for development of the role, it could be argued that this might lead to a time of change within the profession.

A number of papers of which Atkinson was the lead author arguably influenced my research the most (e.g. Atkinson et al., 2011; Atkinson et al., 2012; Atkinson et al., 2013; Atkinson et al., 2014). These predominantly explored facilitators and barriers to EPs work within CYP mental health. The work of Atkinson et al. (2014) in particular was a large-scale study, exploring the views of 455 EPs about facilitators and barriers to EP practice in CYP mental health. Whilst this provided interesting findings, a limited research base for comparison meant that it was difficult to assume any reliability and validity. However, it also suggested that this was an area that warranted further exploration, to contribute further to the findings. Additionally, given the commonly reported barrier in many of the papers by Atkinson that school constructs of the role posed a barrier, I wondered further about whether constructions of school staff affected the EP role in this area, which seemed to be a significant shortcoming of the existing research.

3.3The Gap in the Literature

My literature search highlighted that the role of the EP in CYP mental health had been underexplored, and this in itself formed part of the rationale for my research. Taken together with the reportedly increasing prevalence rates of CYP with mental health difficulties, the difficulty faced by schools in providing adequate support, and the limited emphasis on the EP role, it seemed essential to offer clarification.

Although limited, existing research had already explored the views of EPs, therefore I recognised the benefits of including an additional participant group to build on what had already been explored and achieved.

SENCos are professionals who EPs work closely with. Referrals to EPs typically come from SENCos; therefore they are likely to have a key role in deciding the CYP who are prioritised for EP involvement. Consequently, their constructions of the EP role in CYP mental health are arguably vital to EPs having the opportunity to engage in this kind of work. Despite this, their views have been under-explored in research relating to the EP role in CYP mental health, and existing research has established a number of barriers to schools working with EPs in this area (Rothi, Leavey, & Best, 2008b). Furthermore, research exploring constructions of the EP role in general has argued that SENCos value traditional models of EP practice, such as assessments of learning needs, suggesting that SENCos would not necessarily perceive EPs to have a role in CYP mental health (Ashton & Roberts, 2006). However, this research was published at a time when mental health initiatives in schools were in their infancy, therefore they cannot necessarily be accepted as true of the current views of SENCos in a very different context. As such, gaining a current understanding of SENCos constructions at a time when mental health initiatives have been imbedded in schools' procedures for some time seemed paramount.

3.4 The Research Aims

In broad terms, my research was concerned with offering further insight into constructions held of the EP role in CYP mental health. Previous research had considered the constructions of EPs of type of interventions, and facilitators and barriers to these. I was therefore keen to expand on this research by exploring four different aims, considering the views of both EPs and SENCos.

3.4.1 RA1: What is the Current Role/Practice of EPs in CYP Mental Health?

Previous research highlighted EPs engagement in a range of specific psychological approaches to support CYP mental health, including Cognitive Behavioural Therapy (Pugh, 2010). However, research also suggested EPs use of broader practices to support CYP mental health, such as consultation (Atkinson et al.,

2014), which is argued to be as important as carrying out individual therapeutic work (Mackay & Greig, 2007). This study incorporated the views of both EPs and SENCos, to explore the work that EPs engage in relating to CYP mental health.

3.4.2 RA2: What are the Facilitators and Barriers to EPs Work in CYP Mental Health?

Existing research has explored facilitators and barriers to EPs engagement in mental health intervention (e.g. Atkinson et al., 2014, Atkinson et al. 2013; Atkinson et al., 2011). This has typically highlighted similar facilitators and barriers, suggesting some reliability and validity of results. However, research has mainly focused on the views of EPs, with limited consideration of the views held of those that EPs work with. Arguably, the facilitators and barriers held by schools will significantly impact on the work that EPs are asked to engage in. Furthermore, as the constructions held by schools of the EP role in mental health has been established as both a facilitator or a barrier to EPs work in this field (Atkinson et al., 2013; Atkinson et al., 2011), it seemed paramount to build on previous research by seeking facilitators and barriers from both EPs and schools.

3.4.3 RA3: Is there a Current Pressure on EPs to Work in CYP Mental Health?

Research suggests a growing need for EPs to engage in mental health intervention (Allen & Hardy, 2013; Squires & Dunsmuir, 2011). However, there is a limited response from EPs regarding this, and it is unclear whether this has impacted on their practice. Arguably, it was beneficial to understand the implications of aspects such as the current climate on the EP role in mental health.

3.4.4 RA4: How Can CYP Mental Health Intervention be Improved Through EPs/Education?

Considering the continued Government commitment to addressing CYP mental health through new initiatives and legislation, how mental health is supported is suggested as a consistently evolving process. High prevalence rates of CYP with mental health needs (Frith, 2016), coupled with research suggesting a need for improved mental health intervention (Allen & Hardy, 2013), suggests that research considering how intervention can be improved is paramount. Previous research

considering the role of EPs in mental health is not only limited, but also has not explicitly explored how practice could be improved.

4.Development of Research Design

4.1 Mixed Methods Approach

It is argued that adopting a mixed methods approach to research is not possible, as this creates an incompatible epistemological position (Robson, 2015). By contrast, it is suggested that mixed-methods approaches can be an effective way to understand real-life contextual situations (Creswell, 2013). It was always important for me to carry out qualitative research, and my constructivist paradigm meant that this was the most appropriate method of exploring participants' views. However, I knew that using a solely qualitative approach would limit my findings, as this would consider the constructions of a very small number of participants. My aim was to gain an overview of the current context of EPs work in CYP mental health through the quantitative phase, and explore the same ideas further through the qualitative phase. I thought that this would achieve greater generalisability of my results, particularly as I hoped to achieve a large sample size by approaching EPs and SENCos in every LEA in Wales with my questionnaire. I was also aware that both phases could still be considered using a constructivist research paradigm, and quantitative responses would also be highly dependent on different social constructions held by participants.

4.2 The Quantitative Phase

My experience of questionnaire design was limited, therefore utilising different resources was paramount to ensure I designed a questionnaire that was fit for purpose. Dawson (2009) highlighted the need to consider aspects such as: what the questionnaire is hoping to measure; how data will be analysed; types of questions; and how the questionnaire will be administered. As my research was weighted towards the qualitative phase, the purpose of the questionnaire was mainly to consider an overview of the factors that would be explored in greater depth through the interview. As such, I designed a questionnaire comprising of mainly closed-ended questions, which could be analysed using descriptive statistics. Within the time scales of the research, I knew this would be the most

realistic format for my questionnaire, and I did not have the scope to analyse further qualitative information that might arise from open-ended questions. However, I recognised the limitations of using closed-ended questions, such as limiting the choice of response (Dawson, 2009), hence giving the participants the choice of 'other' for some questions.

4.3 The Qualitative Phase

I was familiar with qualitative research, having used qualitative methods previously. I had used both structured and semi-structured interviews, and understood the strengths and limitations of each. On previous occasions where I used a structured interview schedule, if supplementary questions had been asked, I felt my research would have achieved a far greater depth of results. I found myself frustrated at the restrictions, and felt valuable information was not shared because I was unable to ask follow-up questions. As such, I was confident that using a structured interview would not be appropriate in my research.

Whilst I had not used focus groups previously, I considered the benefits of using this approach. Time restrictions were at the forefront of my mind, and I was aware that focus groups could be the most efficient technique when using qualitative methods (Robson, 2015). I was also aware that a focus group approach might encourage the participation of participants who were more reluctant to engage in an interview format (Kitzinger, 1995). However, I considered the limitations to surpass the strengths, and I did not select a focus group approach for numerous reasons, as reported by Dawson (2009):

- The possibility that not all members would share their views;
- The difficulty of establishing individual constructions;
- A pressure to echo the views shared by others; and
- The difficulty of an inexperienced researcher in effectively managing a focus group.

Ultimately, I decided that semi-structured interviews were the best fit for my qualitative research. When using this approach previously, I had been satisfied that

a large amount of varied data had been obtained. I was also aware from my reading that semi-structured interviews would enable the following (Fylan, 2005):

- The same broad set of questions to be asked of each participant, thus ensuring the research aims were met;
- A flexible interview schedule, allowing for the exploration of different themes that emerged throughout each interview;
- The ability of participants to raise issues that had not been considered through questions asked;
- The sharing of personal experiences in a safe and private environment.

I recognised that different participants would likely hold different constructions of the EP role, thus exploring these constructions with a semi-structured interview seemed to be the most appropriate. I designed a schedule that ensured I could explore the same set of questions to allow for comparison between participants, but I appreciated the flexibility of being able to follow-up themes that emerged in each interview (Dawson, 2009).

5.Data Collection

5.1 Participant Recruitment

Participant recruitment was difficult from the offset, due to a challenge with gaining gatekeeper consent. I opted to use the Principal EP (PEP) within each LEA as the first gatekeeper, to approach both EPs in the service and schools within the LEA. 11/20 PEPS consented for me to approach EPs, and 9/20 PEPs consented for me to approach schools. It was therefore apparent that PEPs faced ethical dilemmas in whom they could and not give consent for me to approach. Whilst gaining gatekeeper consent was paramount from an ethical perspective, in hindsight I should have given more thought into who would have been the best fit for a gatekeeper to approach schools. PEPs obviously have their own ethical procedures to follow, and this limited my research potential.

Approaching EPs once I gained gatekeeper consent was straightforward, and this was done via the PEP, who disseminated an electronic copy of the questionnaire. I

thought this would be an easier approach for myself, and I had considered that more EPs might choose to complete the questionnaire knowing that their PEP was on board with the research, thus the PEP disseminating the questionnaire seemed to be beneficial to this. With hindsight, I wondered whether approaching EPs myself and thus being more personable would have achieved a better sample size. I wondered whether I could have visited EPSs and shared my research during a team meeting. It would not have been possible to approach all EPSs in Wales, however had I selected a smaller sample of EPSs, this would have been achievable and perhaps beneficial.

SENCo recruitment was also difficult. To approach SENCos, I had to gain further gatekeeper consent from the Head Teacher of each school. Of the Head Teachers I approached, 14/18 primary schools and 4/18 secondary schools gave gatekeeper consent. I then had questionnaire responses from ten primary schools and one secondary school.

On reflection, whilst gatekeeper consent is important, I underestimated the difficulty in obtaining this, and it was a definite hurdle in my participant recruitment. Waiting to gain consent from each of the gatekeepers was an anxious time, and I felt uncomfortable in the knowledge that this stage of the research was ultimately beyond my control. Had I understood the difficulty I would face during this stage of my research, I perhaps would have approached fewer LEAs, and designated more time to aspects such as follow-up emails and reminders.

5.2 The Questionnaire

The questionnaire yielded a very low response rate, despite issuing several reminder emails, and extending the time EPs and SENCos had to complete the questionnaire. These are noted as important factors to improve response rates (Nulty, 2008). The questionnaire was part of a questionnaire pack, which first contained information about the research and a consent form. The pack was set out in this way to address the ethical issue of informed consent, and I wanted my participants to have enough information about the study before consenting to participate. This is also highlighted as important in questionnaire design (Dawson, 2009). However, the amount of information that participants had to read prior to

completing the questionnaire might have been off-putting, therefore affecting the response rate. Had I understood the difficulty I would face during this stage of my research, I perhaps would have approached fewer LEAs, and designated more time to aspects such as follow-up emails and reminders.

5.3 The Semi-Structured Interview

I initially planned to obtain a sample of EPs and SENCos from six different LEAs, however this was not possible due to a lack of participants opting in from the questionnaire. Ultimately, I obtained a convenience sample of both EPs and SENCos. This suggested a possible limitation that participants were interested in my field of research, and therefore motivated to take part. However, participants' were from a range of LEAs, which was important as I recognised that as constructions are influenced by social and contextual factors and experiences, there might have been some similarities between EPs or SENCos working in the same LEAs. The semi-structured interview worked well, and I found that different interviews explored different themes that arose as a result of the flexible nature. Using a semi-structured interview schedule, I was able to appreciate the strengths suggested by Fylan (2005), and I do not think I would have achieved the depth and variety of data had I used a focus group or structured interview schedule.

6. Data Analysis

6.1 Quantitative Analysis

The purpose of the questionnaires was to provide a more general overview of the current context of the role of the EP in CYP mental health, and descriptive statistics seemed the best fit to do this. I did not need to analyse the quantitative data further than presenting aspects such as averages, therefore inferential statistics would have been inappropriate and irrelevant.

It was during my quantitative analysis that it became apparent that both questionnaires had several design flaws, and I did not achieve the overview that I set out to. First of all, the questions between the EP questionnaire and SENCo questionnaire did not marry up, for example there was a question which specifically asked EPs about barriers to their practice within CYP mental health,

but there was not a question which specifically asked SENCos about barriers. Rather, SENCos were asked, "If you do not use Educational Psychologist time for mental health issues, why is this?" This question suggests that no time at all is used for mental health intervention, and does not refer to barriers to intervention, which are very different concepts. I recognise that this is a major flaw of the questionnaire design, and no participants gave a response to this question, presumably as it was perceived to be inapplicable. Had different wording been used, i.e. had participants specifically been asked about barriers, I might have obtained additional results? Furthermore, neither questionnaire considered facilitators to EPs engagement in mental health intervention, which was one of the key aims of the research. A pilot study would have highlighted the flaws in the design of the questionnaires, and in hindsight, this should have been done. There is no particular reason why I chose not to carry out a pilot study, however I was very concerned about time constraints of the research, so this is likely to be the main factor that prevented this.

6.2 Qualitative Analysis

Analysing my qualitative data was the part of the research process that daunted me most, despite having had experience carrying out qualitative analysis. Previously I had used Braun and Clarke's (2006) Thematic Analysis (TA), and I therefore felt relatively competent in using this method. Braun and Clarke (2006) state that TA is independent of theory and epistemology, therefore suggesting it as a relatively flexible approach. However, Willig (2013) suggests that TA is well suited to research questions about people's views about particular social phenomena. As a result, I decided that TA would be an appropriate method of analysis. Additionally, I liked the structure of having a step-by-step guide to follow, and I felt this made my data analysis process more transparent, which was important for me, as I was aware that there are many limitations of a qualitative analysis approach, including researcher bias. I now recognise that my uncertainties in this area also contributed to my selection of an approach that had a prescribed series of clear stages, and subsequently avoid qualitative measures that were seemingly more open-ended, such as IPA.

Despite my initial anxiety about this stage of the process, I found that it was one of the stages of the research that I enjoyed the most. Ultimately, it was the stage whereby I established findings, and I was excited by what I had found and the direct implications my findings could have for EP practice. Perhaps what I found most difficult at this stage was deciding whether to use an inductive or deductive approach, but ultimately, whilst my interviews had yielded lots of very interesting findings, many of these were not relevant to the RAs, and therefore it did not make sense to consider them in my analysis. I therefore decided to use a deductive approach, so my data was analysed directly in accordance to the research questions. Braun and Clarke (2006) argue that a deductive approach leads to a more detailed analysis of some aspect of the data, as opposed to an inductive approach which provides a less rich description of the data overall. Although I had not used a deductive approach before, this made most sense for this research topic, and I was careful to ensure that my results were relevant to the study.

Whilst following Braun and Clarke's (2006) step-by-step guide to analysis, ensuring my results had a degree of transparency, I recognise that as a result of aspects such as researcher bias, they are still not as robust as could be. Having a second researcher to carry out an analysis and subsequently comparing themes would have counteracted this to a certain extent. However, given the time constraints of the study, this was not possible. I recognise this as a major limitation of the research.

7. Characteristics of Good Qualitative Research

Yardley (2000, 2008) argues that whilst qualitative research is the most appropriate methodology for the exploration of views and experiences, there are a number of conditions that must be met to ensure that the research is of good quality. These are 'sensitivity to context', 'commitment to rigour', 'transparency and coherence', and 'impact and importance'. Each of these aspects were met in a number of ways. Sensitivity to context relates to aspects such as limiting a power imbalance between researcher and participant, and showing awareness of participants perspectives (Yardley, 2017). This was done effectively by using a semi-structured interview schedule, which allowed each individual participant's

interview to follow ideas and perspectives of interest to them, and by carrying out interviews within an environment specified by the participant, ideally a place of safety to them, such as their workplace. Additionally, attempts were made for the interview to flow as a discussion, to hopefully enable the participant to feel at ease. Commitment to rigour was demonstrated by prolonged and in-depth engagement with the research over a period of time. Transparency and coherence has been highlighted by following Braun and Clarke's (2006) step-by-step guide to analysis, which has also demonstrated an in depth analytical process. Finally, the impact and importance of the research is highlighted in its direct implications for EP practice, and the relevance the findings have for how the role can be improved in the context of CYP mental health. Qualitative research has been criticised as an unacceptable psychological research tool (Yardley, 2000), however these descriptions of trustworthiness are offered in an attempt to demonstrate insight into the steps that have been taken to demonstrate rigour.

8. Contribution of Findings to Knowledge

The current research considers a broader picture of EP practice in CYP mental health in comparison to previous studies, due to its inclusion of the views of both EPs and SENCos. Previous research has used a similar approach, but is not specific to the role of the EP in mental health (Ashton & Roberts, 2006). Additionally, the current research builds on previous research by considering a wider range of data, accounting for types of current EP practice in CYP mental health; facilitators and barriers to this; and ways forward for improved practice. Additionally, pressure faced by EPs is considered, which seems important in light of the current economic climate, and a lack of EP response to suggestions that the role might be implicated.

EP and SENCo participants highlighted EP engagement in a range of mental health interventions. Consultation and multi-agency work were some of the responses most commonly reported, suggesting the construction that mental health intervention does not have to follow the more traditional approach of 1:1 therapeutic input. Despite EPs and SENCos reporting a definite role for EPs in mental health, a number of facilitators and barriers were identified. Facilitators included schools prioritising CYP with mental health needs, and EPs having skills

to enable them to work therapeutically. These are in line with previous findings (e.g. Atkinson et al., 2011; Pugh, 2010). Barriers included constructions of the role not including mental health, time constraints, and school constraints. These are additionally in line with previous findings (e.g. Atkinson et al., 2014; Atkinson et al., 2011). Ways forward for better mental health intervention included better training for EPs, and a better understanding of the EP role for SENCos. Prior to the current research, little was known in relation to how EPs and their role have been affected by a suggested pressure in light of the economic climate, and some suggestion has been offered that it has the potential to lead EPs to carry out more mental health intervention.

9. Contribution to Knowledge of Research Practitioner

Whilst I began the research process with a developing knowledge as a researcher, I learnt a great deal more. In particular, my knowledge of research design, methodology, and quantitative and qualitative data collection and analyses have all improved.

Perhaps the most important increase in knowledge for me has been what the findings mean for my own practice. It was important that my research area was current and directly relevant to EP practice, as I relished the opportunity to be able to learn about how I could improve my own practice as a TEP and ultimately a qualified EP. Gaining insight into the current practice of EPs in CYP mental health and expanding on this to consider what SENCOs highlighted as valuable has enabled me to take these ideas forward in my practice. Also, having an understanding of the facilitators and barriers, particularly the barriers, has been important for me to try to overcome these in my day-to-day work. Ensuring SENCos have an understanding of the scope of the EP role has always been important to me in my planning meetings, and I continue to challenge fixed constructions held of the role when faced with SENCos who do not think mental health is something EPs can be involved in. It has also been important for me to highlight that mental health intervention does not have to consist of 1:1 therapy. I hope that this contribution to knowledge will also help other EPs in their practice in this area.

10. Relevance to EP Practice

The relevance to EP practice is embedded in the topic, and is evidenced throughout all parts of the research and its write-up. The research relates explicitly to the role of the EP, and has considered the views of EPs and SENCos of a specific area of EPs professional practice.

11. Limitations of Research and Future Directions

11.1 Sample Size

Despite attempting to gather a representative sample of quantitative data from EPs and SENCos from all LEAs in Wales, I was only able to recruit a small number of EPs and SENCos. Consequently, the quantitative phase of my research was much smaller in scale than I had hoped, and whilst the results provide a helpful overview of more general information about EPs work within CYP mental health, they cannot be generalised to the wider population of EP and SENCos. Nulty (2008) suggests that paper questionnaires typically yield a higher response rate than online questionnaires, and it therefore seems that conditions were optimal to ensure a response rate as high as possible. However, whilst it is suggested that follow-up emails can improve return rates, this has also been found to irate participants, therefore practicing in this way as a researcher might have impacted on the low return rate. In hindsight, it might have been more appropriate to approach a smaller sample of LEAs, and spend more time adopting a more personable approach.

11.2 Primary or Secondary SENCos

I did not set out to only interview primary school SENCos, but my research yielded a convenience sample and unfortunately I was only able to recruit primary SENCos for interview. I recognise this as a significant limitation of the research, and the constructions of primary and secondary SENCos of the EP role in mental health might be varied. Research suggests that mental health difficulties are more apparent in adolescence (Mackay, 2015), and subsequently how EP time is spent in

secondary schools could be more focused on mental health. This is essential to consider in terms of generalisability of results.

11.3 Wales or England

I chose to carry out my research in Wales, given the easier task of approaching all EPSs in Wales. Considering the scope, size and timescale of my research, this would not have been possible in England. Additionally, all my practice as a TEP had been in Wales, and I was more familiar with systems and procedures in place, which I recognised might be different in England. However, it is suggested that many EPSs in England are now offering fully traded services, whereby schools pay for EP time (AEP, 2011). There is currently a lack of research that considers traded models of EP practice, however I recognised that traded models could have potential implications for EPs and their work. Therefore, the same research carried out in England might establish different findings, and would be interesting to explore.

12. Summary

The critical review has aimed to provide an outline of the rationale for the current study, and an insight into the research process. It has considered key decisions that were made and their impact upon the outcomes of the research at each stage of the process. Furthermore, the contribution the research has made to knowledge has been discussed, whilst also considering the development of my own knowledge as a research practitioner.

References

Allen, A., & Hardy, J. (2013). The future of educational psychology. In C. Arnold and J. Hardy (Eds.), *British educational psychology the first hundred years* (pp. 141-149). Leicester: The British Psychological Society.

Ashton, R. & Roberts, E. (2006). What is valuable and unique about the educational psychologist? *Educational Psychology in Practice, 22*(2), 111-123.

Association of Educational Psychologists (2011). *The delivery of educational psychology services*. Retrieved from http://www.aep.org.uk/publications/models_of_delivery on 13.12.2016.

Atkinson, C., Bragg, J., Squires, G., Wasilewski, D., & Muscutt, J. (2012). Educational psychologists and therapeutic intervention: Enabling effective practice. *Assessment & Development Matters, 4*(2), 22 – 25.

Atkinson, C., Corban, I., & Templeton, J. (2011). Educational psychologists' use of therapeutic interventions: Issues arising from two exploratory case studies. *British Journal of Learning Support, 26*(4), 160-167.

Atkinson, C., Squires, G., Bragg, J., Muscutt, J., & Wasilewski, D. (2014). Facilitators and barriers to the provision of therapeutic interventions by school psychologists. *School Psychology International, 35*(4), 384 – 397.

Atkinson, C., Squires, G., Bragg, J., Wasilewski, D., & Muscutt, J. (2013). Effective delivery of therapeutic interventions: Findings from four site visits. *Educational Psychology in Practice, 29*(1), 54 – 68.

Boyle, C. & Lauchlan, F. (2009). Applied psychology and the case for individual casework: some reflections on the role of the educational psychologist. *Educational Psychology in Practice, 25*(1), 71 – 84.

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

Burr, V. (2003). *Social constructionism 2nd edition*. New York: Routledge.

Creswell, J. W. (2013). *Research design: Qualitative, quantitative and mixed methods approaches Fourth Edition.* Thousand Oaks, CA: Sage Publications.

Dawson, C. (2009). *Introduction to research methods: A practical guide for anyone undertaking a research project Fourth Edition*. Oxford: How to Books.

Department for Children, Schools and Families (DCSF), & Department of Health (DoH). (2008). *Children and young people in mind: the final report of the national CAMHS review*. Nottingham: The Stationary Office.

Department for Education (DfE). (2014). *Mental health and behaviour in schools.* Nottingham: The Stationary Office.

Department for Education (DfE). (2016). *Mental health and behaviour in schools.* Nottingham: The Stationary Office.

Department for Education and Skills (DfES)(2003). *Every Child Maters.* Retrieved from http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/CM5860.pdf on 03.05.2016.

Division of Educational and Child Psychology Training Committee (DECPTC) (2007). *Criteria for the accreditation of three-year training programmes for educational psychology in England, Northern Ireland and Wales.* Leicester: British Psychological Society.

Finney, D. (2006). Stretching the boundaries: Schools as therapeutic agents in mental health. Is it a realistic proposition? *Pastoral Care in Education, 24*(3), 22 - 27.

Frith, E. (2016). *CentreForum Commission on Children and Young People's Mental Health: State of the Nation.* Retrieved from https://epi.org.uk/wp-content/uploads/2016/05/State-of-the-Nation-report-web.pdf on 15.07.2017.

Fylan, F. (2005). Semi structured interviewing. *A handbook of research methods for clinical and health psychology*, 65-78.

Gameson, J., & Rhydderch, G. (2008). The constructionist model of informed and reasoned action (COMOIRA). In B. Kelly, L. Woolfson and J. Boyle (Eds.), *Frameworks for practice in educational psychology (pp. 94-120).* London: Jessica Kingsley Publishers.

Gersch, I. (2009). A positive future for educational psychology – if the profession gets it right. *Educational Psychology in Practice, 25*(1), 9 – 19.

Gibb, C. (1998). Turkeys voting for Christmas. *Special Children, 114*(1), 18-21.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of Qualitative Research, 2*, 163-194.

Kitzinger, J. (1995). Qualitative research: Introduction to focus groups. *British Medical Journal, 311*(7000), 299-302.

Love, P. (2009). Educational psychologists: the early search for an identity. *Educational Psychology in Practice, 5*(1), 3 – 8.

Mackay, T. (2007). Educational psychology: The rise and fall of therapy. *Educational and Child Psychology, 24*(1), 7 – 18.

Mackay, D. (2015). *Children as young as 12 experiencing stress-related illnesses*. Retrieved from http://www.youngminds.org.uk/news/blog/3007_children_as_young_as_12_experience_stress-related_illnesses on 17.12.2015.

Mackay, T., & Greig, A. (2007). Editorial. *Educational and Child Psychology*, 24(1), 4 -6.

Moor, S., Maguire, A., McQueen, H., Wells, E. J., Elton, R., Wrate, R., & Blair, R. (2007). Improving the recognition of depression in adolescence: Can we teach the teachers? *Journal of Adolescence, 30*(1), 81 -95.

Nulty, D. (2008). The adequacy of response rates to online and paper surveys: What can be done? *Assessment & Evaluation in Higher Education, 33*(3), 301-314.

Ofsted (2005). *Healthy minds: Promoting emotional health and well-being in schools*. London: The Stationary Office.

Pugh, J. (2010). Cognitive behaviour therapy in schools: The role of educational psychology in the dissemination of empirically supported interventions. *Educational Psychology in Practice, 26*(4), 391 – 399.

Robson, C. (2002). *Real world research: A resource for social scientists and practitioner researchers Second Edition*. London: John Wiley and Sons.

Robson, C. (2015). *Real world research Third Edition*. Cornwall: Wiley.

Rothi, D. M., Leavey, G., & Best, R. (2008a). On the front-line: teachers as active observers of pupils' mental health. *Teaching and Teacher Education, 24*, 1217-1231.

Rothi, D. M., Leavey, G., & Best, R. (2008b). Recognising and managing pupils

with mental health difficulties: teachers' views and experiences on working with educational psychologists in schools. *Pastoral Care in Education, 26*(3), 127-142.

Schwandt, T. A. (2003). Three epistemological stances for qualitative inquiry: Interpretatavism, hermeneutics and social constructionism. In N. Denzin. and Y. Lincoln. (Eds.), *The Landscape of Qualitative Research: Theories and Issues*. (pp. 292-331). Thousand Oaks: Sage.

Squires, G., & Dunsmuir, S. (2011). Embedding cognitive behavioural therapy training in practice: Facilitators and barriers for trainee educational psychologists (TEPs). *Educational Psychology in Practice, 27*(2), 117-132.

Welsh Assembly Government (WAG). (2004). *Children and young people: rights to action*. Cardiff: WAG.

Welsh Government (WG).(2015). *Draft additional learning needs code*. Cardiff: WG.

Willig, C. (2013). *Introducing qualitative research in psychology third edition*. London: Open University Press.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health, 15*(2), 215-228.

Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Eds.), *Qualitative Psychology* (pp. 235-251). London: Sage.

Yardley, L. (2017). Demonstrating the validity of qualitative research. *The Journal of Positive Psychology, 12*(3), 295 – 296.

LIST OF APPENDICES

Appendix 1: Gatekeeper Letter to Principal Educational Psychologist

Appendix 2: EP Questionnaire Pack

Appendix 3: Gatekeeper Letter to Head Teacher

Appendix 4: SENCo Questionnaire Pack

Appendix 5: Semi-structured Interview Consent Form

Appendix 6: EP Semi-structured Interview Schedule

Appendix 7: SENCo Semi-structured Interview Schedule

Appendix 8: Example of Interview Transcript (EP1)

Appendix 9: Example of Interview Transcript (SENCo1)

Appendix 10: Step-by-step Guide to EP Thematic Analysis

Appendix 11: Debrief Form

Appendix 1 – Gatekeeper Letter to Principal Educational Psychologist

FAO: Rachel Price, c/o Dr Ian Smillie
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Email: pricerl4@cardiff.ac.uk

Date

Dear Sir or Madam,

My name is Rachel Price and I am an Educational Psychology Doctoral student from Cardiff University. I am in the process of carrying out my thesis, and am writing to ask your permission for your Educational Psychology Service (EPS) to participate in my research. My research is exploring constructions of the role of the Educational Psychologist (EP) in children and young people's mental health, and I am keen to explore the views of EPs and schools. Given the current pressure on the Child and Adolescent Mental Health Service (CAMHS), coupled with research suggesting that EPs are beginning to work more therapeutically and might be implicated in 'picking up' work that might previously have been accepted by CAMHS, I believe this is a highly important area to explore, and to date, there is very little research on this topic.

At this stage of my research, I am in the process of writing to every Principal Educational Psychologist in Wales, as I am keen for my research to gain an overview of the current context in Wales. There are two separate strands to my research, both of which I am requesting your gatekeeper permission for. For Strand 1, I require your permission for EPs within your service to be approached. For Strand 2, I require your permission for two schools in your local authority to be approached, a primary school and a secondary school. The details of both strands are outlined below:

Strand 1

EPs within your EPS will be asked to complete a short questionnaire regarding their constructions of their role in children and young people's mental health. Should you consent for your EPS to participate, I can forward a questionnaire pack to you electronically, which you will then be able to forward to the EPs. The questionnaire pack contains an information letter, a consent form and the questionnaire, which should take no longer then 5-10 minutes to complete. The information letter and consent form will enable each EP to make an informed decision about whether to participate, and of course no EP is obliged to participate. At the end of the questionnaire, EPs will be asked whether or not they are happy to be followed up for a more in depth, semi-structured interview. Six EPs from six different local authorities will be selected for interview, and the interview can take place in the service if this is convenient. The questionnaire aims to recruit a much larger sample of EPs than the interviews, therefore EPs within your service will not necessarily be contacted for a follow up interview.

Strand 2

Two schools, one primary and one secondary, will be asked to complete a short questionnaire regarding their constructions of the EP role in children and young people's mental health. The Special Educational Needs Co-coordinator (SENCo) of each school will be asked to fill in the questionnaire. Should you consent for two schools in your local

authority to be approached, I would be grateful if you could nominate four primary schools and four secondary schools who you think will be happy to take part in the research. I will then select one primary school and one secondary school at random to approach to take part in my research. For each of these schools, the Head Teacher will be approached in the first instance in order to gain gatekeeper consent before approaching the SENCo. Should the Head Teacher consent, a questionnaire pack will then be sent to the SENCo. The questionnaire pack contains an information letter, a consent form and the questionnaire, which should take no longer then 5-10 minutes to complete. The information letter and consent form will enable each SENCo to make an informed decision about whether to participate, and of course no SENCo is obliged to participate. At the end of the questionnaire, SENCos will be asked whether or not they are happy to be followed up for a more in depth, semi-structured interview. Six SENCos from six different local authorities will be selected for interview, and the interview can take place in the school if this is convenient. The questionnaire aims to recruit a much larger sample of SENCos than the interviews, therefore the schools you select will not necessarily be contacted for a follow up interview.

May I take this opportunity to highlight that all data collected will be confidential, and when the results are reported, no information will be linked back to your service or schools. The questionnaires which are being used in the first instance aim to provide a representative sample to gain insight into the current context of constructions of the EP role in children and young people's mental health in Wales, therefore EP and SENCo participants will be asked to name their local authority on the questionnaires, however this is only to ensure that the sample can be reported as representative. Should EP and SENCo participants agree to be followed up for interview, they will be asked to provide their name and contact details, however these details will be deleted as soon as interviews have been arranged with six EPs/six SENCos.

The research will be supervised by Dr Ian Smillie, Professional Tutor at Cardiff University. Full ethical approval will be gained from Cardiff University before beginning the research. The contact details of Cardiff University's Ethics Committee are also included, should you wish to contact them for further information about this research:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 02920 870360
Email: psychethics@cardiff.ac.uk

Many thanks in advance for your consideration of this research.

Please let me know if you require further information.

The consent form can be returned either by post to the address at the top of the letter, or electronically.

Regards,

Rachel Price Dr Ian Smillie,

Trainee Educational Psychologist
Address as above

Email: Pricerl4@cardiff.ac.uk

Professional Tutor
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3EU
E-mail: Smillie@cardiff.ac.uk

Strand 1 Consent

I, ______________________________________(NAME) consent to the above research going ahead in ___________________________ Educational Psychology Service by Rachel Price, under the supervision of Dr Ian Smillie. (smillie@cardiff.ac.uk). I am happy to disseminate the questionnaire pack to EPs in my service once they have been forwarded to me.

Signed:

Date:

Strand 2 Consent

I, ____(NAME) consent to two schools within the local authority being approached to take part in the research by Rachel Price, under the supervision of Dr Ian Smillie (smillie@cardiff.ac.uk).
Name and details of four Primary Schools selected (Please provide name of school and name, email address and contact telephone number of Head Teacher if possible):

____
____
____
____

Name and details of four Secondary Schools selected (Please provide name of school and name, email address and contact telephone number of Head Teacher if possible):

____
____
____
____

Signed:
Date:

Appendix 2 – EP Questionnaire Pack

Educational Psychologist Questionnaire Pack

Contents:

Page 2-3: Information Letter
Page 4: Consent Form
Page 5-8: Questionnaire

Please ensure you read the information letter and consent form thoroughly before completing the questionnaire. Returned questionnaires can only be used in the research if the consent form has been signed.

Information Letter

FAO: Rachel Price, c/o Dr Ian Smillie
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Email: pricerl4@cardiff.ac.uk

Date

Dear Educational Psychologist,

My name is Rachel Price and I am an Educational Psychology Doctoral student from Cardiff University. I am in the process of carrying out my thesis, and am writing to ask you for your participation in this research. My research is exploring constructions of the role of the Educational Psychologist (EP) in children and young people's mental health, and I am keen to explore the views of EPs and schools. Given the current pressure on the Child and Adolescent Mental Health Service (CAMHS), coupled with research suggesting that EPs are beginning to work more therapeutically, I believe this is a highly important area to explore, and to date, there is very little research on this topic.

Included in this pack with this information letter are a consent form and a questionnaire. Please read this information letter and consent form carefully before agreeing to participate and completing the questionnaire. If you are able to give permission for this to go ahead, please be aware that **the consent form needs to be signed**, either electronically or by hand.

The research will be supervised by Dr Ian Smillie, Professional Tutor at Cardiff University, who can be contacted if there are any concerns throughout the duration of the research. The contact details of Cardiff University's Ethics Committee are also included, should you wish to contact them for further information:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 02920 870360
Email: psychethics@cardiff.ac.uk

For the purpose of this research, “mental health” is used as an umbrella term to incorporate a definition of mental health and mental illness. Please refer to the following definitions when thinking about your responses to the questionnaire:

Mental health: “A person’s condition with regard to their psychological and emotional well-being” (Oxford English Dictionary definition of mental health)

Mental illness: “A condition which causes serious disorder in a person’s behaviour or thinking” (Oxford English Dictionary definition of mental illness)

The questionnaire includes a number of multiple choice questions, and should take no longer than 5-10 minutes to complete. Please be as honest as you can in your responses.

Thank you in advance for your consideration of this research. Please let me know if you require further information.

Please note that this questionnaire pack can be sent back via post or electronically.

Regards,

Rachel Price
Trainee Educational Psychologist
Address as above

Email: Pricerl4@cardiff.ac.uk

Dr Ian Smillie,
Professional Tutor
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3EU
E-mail: Smillie@cardiff.ac.uk

School of Psychology, Cardiff University

Consent Form - Anonymous data

I understand that my participation in this research will involve the completion of a short questionnaire regarding my constructions of the role of the Educational Psychologist in children and young people's mental health. The questionnaire should take no longer than five-ten minutes to complete.

I understand that my participation in this study is entirely voluntary and that I am not obligated in any way to complete the questionnaire.

I understand that I am not required to answer any questions that make me feel uncomfortable throughout the questionnaire.

I understand that I will need to give the name of my local authority in the questionnaire, however that no information will be traced back to my local authority, and this will only be provided in order for the researcher to ensure she has a representative sample across different local authorities in Wales, and that this can be reported in the write up. I understand that I do not have to give any personal information in the questionnaire, unless I agree to be followed up for interview, and in this case I will need to provide my name and contact details. I understand that the information provided by me will be held confidentially, either under lock and key or in a password protected electronic device, depending on my mode of completion (by hand or electronically). I understand that once interviews have been arranged with a sample of those that have agreed to be followed up, my name and contact details will be removed from the questionnaire. I understand that information provided by me will be held totally anonymously following this, so that it is impossible to trace this information back to me individually. I understand that this information may be retained indefinitely.

I understand that agreeing to participate in a follow up interview does not necessarily mean I will be selected for an interview, as the questionnaires are being completed by a much larger sample than is needed for interview. I understand that I am able to change my mind about participating in a follow up interview until the point that the interview takes place. I understand that should I participate in an interview, I will receive a separate consent form at the time of interview and that this consent form only applies to this questionnaire.

I understand that I am free to ask any questions at any time. I am free to discuss my concerns with Dr Ian Smillie (DEdPsy professional tutor, Cardiff University) who is supervising this research. I am also able to contact the School of Psychology's Ethics Committee Secretary, Natalie Moran (psychethics@cardiff.ac.uk), should I have any further questions before agreeing to participate in the research.

I, ________________________________(NAME) consent to participate in the study conducted by Rachel Price, School of Psychology, Cardiff University (pricerl4@cardiff.ac.uk) with the supervision of Dr Ian Smillie (smillie@cardiff.ac.uk).

Signed:

Job Role:

Date:

The Role of the Educational Psychologist in Children and Young People's Mental Health: Educational Psychologist Questionnaire

Please ensure you have read the information letter, and read and signed the consent form before completing this questionnaire

Please provide the following information:

Local Authority:____
Number of Years Qualified:____

1. Do you consider yourself to have a role in children and young people's mental health?

   Yes □ No □

2. To what extent do you consider it your role to engage in mental health interventions?
   Definitely my role □
   Somewhat my role □
   Not my role □

3. On average, how much of your school time is spent engaging in mental health interventions?

   0% - 20% of my time □
   21% - 40% of my time □
   41% - 60% of my time □
   61% - 80% of my time □
   81% - 100% of my time □

4. What kind of mental health intervention do you engage in as part of your role? (Please tick all of those which apply)

   Systemic consultation with school and/or parents □
   Assessment □
   Systemic intervention such as Training □
   Therapeutic intervention with individual or groups of children □
   Multi-agency work □
   None of the above □
   Other, please indicate____

5. If you do not engage in any kind of mental health intervention, why is this? (Please tick all of those which apply)

   Not applicable – I engage in mental health intervention □
   I do not consider it my role □
   Other Professionals are more suited to support with mental health intervention □
   Schools do not tend to use my time for mental health needs and intervention □

   Other, please indicate____

6. Do you consider there to be barriers to your engagement in mental health intervention? (Please tick all of those which apply)

   Not applicable – I do not consider there to be any barriers □
   I do not always feel competent to engage in mental health intervention □
   I do not always feel confident to engage in mental health intervention □
   Schools perception of my role does not include mental health intervention □
   There are other agencies more suited to engaging in mental health intervention □

   Other, please indicate____

7. Has there been pressure on yourself as an EP to complete mental health intervention as a result of CAMHS budget cuts and restrictions within local CAMHS departments?
   Yes □ No □

8. Would you be happy to engage in a follow up interview with the researcher?

   Yes □ No □

   If you have ticked yes, please provide your name and contact details on a separate sheet of paper when returning the questionnaire by hand, or via email if you are returning the questionnaire electronically.

Returning the questionnaire pack

If you have completed the questionnaire pack electronically, could you please save your completed copy to your computer and return it via email to:

PriceRL4@cardiff.ac.uk

If you have completed the questionnaire by hand, or would like to send it by post, please return to:

FAO Rachel Price, c/o Dr Ian Smillie
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT

If you would like further information about the research, please do not hesitate to contact me on the above email address.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!

Appendix 3 – Gatekeeper Letter to Head Teacher

FAO: Rachel Price, c/o Dr Ian Smillie
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Email: pricerl4@cardiff.ac.uk

Date

Dear Head Teacher,

My name is Rachel Price and I am an Educational Psychology Doctoral student from Cardiff University. I am in the process of carrying out my thesis, and am writing to ask your permission for your school to participate in my research. My research is exploring constructions of the role of the Educational Psychologist (EP) in children and young people's mental health, and I am keen to explore the views of EPs and schools. Given the current pressure on the Child and Adolescent Mental Health Service (CAMHS), coupled with research suggesting that EPs are beginning to work more therapeutically, I believe this is a highly important area to explore, and to date, there is very little research on this topic.

At this stage of my research, I am aiming to recruit two schools, a primary school and a secondary school, from each local authority in Wales to participate. In this respect, I am aiming to obtain an overview of the current context in Wales by incorporating responses from each local authority. The Principal Educational Psychologist within your local authority has highlighted that your school might be happy to participate in this research. Should you consent, a questionnaire pack will be sent to your school's SENCo. The questionnaire pack contains an information letter, a consent form and the questionnaire, which should take no longer then 5-10 minutes to complete. The information letter and consent form will enable the SENCo to make an informed decision about whether to participate, and of course there is no obligation for him/her to participate. At the end of the questionnaire, SENCos will be asked whether or not they are happy to be followed up for a more in depth, semi-structured interview. Six SENCos from six different local authorities will be selected for interview, and the interview can take place in the school if this is convenient. The questionnaire aims to recruit a much larger sample of SENCos than the interviews, therefore your school will not necessarily be selected for a follow up interview, regardless of your SENCo stating they would be happy to take part in an interview.

May I take this opportunity to highlight that all data collected in this research will be confidential, and when the results are reported, no information will be linked back to your school. The questionnaires which are being used in the first instance aim to provide a representative sample to gain insight into the current context of constructions of the EP role in children and young peoples mental health in Wales, therefore the SENCo will be asked to name their local authority on the questionnaire, however this is only to ensure that the sample is representative. Should your SENCo agree to be followed up for interview, they will be asked to provide their name and contact details, however these details will be deleted as soon as interviews have been arranged with six SENCos.

The research will be supervised by Dr Ian Smillie, Professional Tutor at Cardiff University. Full ethical approval will be gained from Cardiff University before starting the research. The contact details of Cardiff University's Ethics Committee are also included, should you wish to contact them for further information:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 02920 870360
Email: psychethics@cardiff.ac.uk

Many thanks in advance for your consideration of this research.

Please let me know if you require further information.

The consent form can be returned either by post to the address at the top of the leter, or electronically.

Regards,

Rachel Price
Trainee Educational Psychologist
Address as above

Email: Pricerl4@cardiff.ac.uk

Dr Ian Smillie,
Professional Tutor
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3EU
E-mail: Smillie@cardiff.ac.uk

I, ____(NAME) consent to the above research going ahead in ____________________________ School by Rachel Price, under the supervision of Dr Ian Smillie. (smillie@cardiff.ac.uk).

The name and contact details of the school's SENCo are as follows (please include telephone number and email address if possible):

____
____
____
____

Signed:

Date:

Appendix 4 – SENCo Questionnaire Pack

Special Educational Needs Co-Ordinator (SENCo) Questionnaire Pack

Contents:

Page 2-3: Information Letter
Page 4: Consent Form
Page 5-7: Questionnaire

Please ensure you read the information letter and consent form thoroughly before completing the questionnaire. Returned questionnaires can only be used in the research if the consent form has been signed.

Information Letter

FAO: Rachel Price, c/o Dr Ian Smillie
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Email: pricerl4@cardiff.ac.uk

Date

Dear SENCo,

My name is Rachel Price and I am an Educational Psychology Doctoral student from Cardiff University. I am in the process of carrying out my thesis, and am writing to ask you for your participation in this research. My research is exploring constructions of the role of the Educational Psychologist (EP) in children and young people's mental health, and I am keen to explore the views of EPs and schools. Given the current pressure on the Child and Adolescent Mental Health Service (CAMHS), coupled with research suggesting that EPs are beginning to work more therapeutically, I believe this is a highly important area to explore, and to date, there is very little research on this topic.

Included in this pack with this information letter are a consent form and a questionnaire. Please read this information letter and consent form carefully before agreeing to participate and completing the questionnaire. If you are able to give permission for this to go ahead, please be aware that **the consent form needs to be signed**, electronically or by hand.

The research will be supervised by Dr Ian Smillie, Professional Tutor at Cardiff University, who can be contacted if there are any concerns throughout the duration of the research. The contact details of Cardiff University's Ethics Committee are also included, should you wish to contact them for further information:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 02920 870360
Email: psychethics@cardiff.ac.uk

For the purpose of this research, "mental health" is used as an umbrella term to incorporate a definition of mental health and mental illness. Please refer to the following definitions when thinking about your responses to the questionnaire:

Mental health: "A person's condition with regard to their psychological and emotional well-being" (Oxford English Dictionary definition of mental health)

Mental illness: "A condition which causes serious disorder in a person's behaviour or thinking" (Oxford English Dictionary definition of mental illness)

The questionnaire includes a number of multiple choice questions, and should take no longer than 5-10 minutes to complete. Please be as honest as you can in your responses.

Thank you in advance for your consideration of this research. Please let me know if you require further information.

Please note that this questionnaire pack can be returned via post or electronically.

Regards,

Rachel Price
Trainee Educational Psychologist
Address as above

Email: Pricerl4@cardiff.ac.uk

Dr Ian Smillie,
Professional Tutor
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3EU
E-mail: Smillie@cardiff.ac.uk

School of Psychology, Cardiff University

Consent Form - Anonymous data

I understand that my participation in this research will involve the completion of a short questionnaire regarding my constructions of the role of the Educational Psychologist in children and young people's mental health. The questionnaire should take no longer than five-ten minutes to complete.

I understand that my participation in this study is entirely voluntary and that I am not obligated in any way to complete the questionnaire.

I understand that I am not required to answer any questions that make me feel uncomfortable throughout the questionnaire.

I understand that I will need to give the name of my local authority in the questionnaire, however that no information will be traced back to my local authority, and this will only be provided in order for the researcher to ensure she has a representative sample across different local authorities in Wales, and that this can be reported in the write up. I understand that I do not have to give any personal information in the questionnaire, unless I agree to be followed up for interview, and in this case I will need to provide my name and contact details. I understand that the information provided by me will be held confidentially, either under lock and key or in a password protected electronic device, depending on my mode of completion (by hand or electronically). I understand that once interviews have been arranged with a sample of those that have agreed to be followed up, my name and contact details will be removed from the questionnaire. I understand that information provided by me will be held totally anonymously following this, so that it is impossible to trace this information back to me individually. I understand that this information may be retained indefinitely.

I understand that agreeing to participate in a follow up interview does not necessarily mean I will be selected for an interview, as the questionnaires are being completed by a much larger sample than is needed for interview. I understand that I am able to change my mind about participating in a follow up interview until the point that the interview takes place. I understand that should I participate in an interview, I will receive a separate consent form at the time of interview and that this consent form only applies to this questionnaire.

I understand that I am free to ask any questions at any time. I am free to discuss my concerns with Dr Ian Smillie (DEdPsy professional tutor, Cardiff University) who is supervising this research. I am also able to contact the School of Psychology's Ethics Committee Secretary, Natalie Moran (psychethics@cardiff.ac.uk), should I have any further questions before agreeing to participate in the research.

I, ________________________________(NAME) consent to participate in the study conducted by Rachel Price, School of Psychology, Cardiff University (pricerl4@cardiff.ac.uk) with the supervision of Dr Ian Smillie (smillie@cardiff.ac.uk).

Signed:
Job Role:
Date:

The Role of the Educational Psychologist in Children and Young People's Mental Health: SENCo Questionnaire

Please ensure you have read the information letter, and read and signed the consent form before completing this questionnaire

Please provide the following information:
Local Authority:____
Primary school / Secondary school (Please delete as appropriate)
Years in Special Educational Needs Co-Ordinator (SENCo) post: _______________________

1. Do you consider your Educational Psychologist to have a role in children and young people's mental health?

   Yes □ No □

2. On average, how often do you speak to your Educational Psychologist about mental health issues?

   0% - 20% of allocated EP time □
   21% - 40% of allocated EP time □
   41% - 60% of allocated EP time □
   61% - 80% of allocated EP time □
   81% - 100% of allocated EP time □

3. What kind of mental health intervention does your Educational Psychologist engage in? (Please tick all of those which apply)

   Consultation with school and/or parents □
   Assessment □
   Whole school interventions such as Training □
   Therapeutic intervention with individual or groups of children □
   Multi-agency work □
   None of the above □

   Other, please indicate____

4. If you do not use Educational Psychologist time for mental health issues, why is this? (Please tick all of those which apply)

   I do not consider it the role of the Educational Psychologist □
   I liaise with other Professionals about mental health issues □
   I prefer to use my Educational Psychologist's time for other issues □
   My Educational Psychologist does not consider it his/her role □
   I did not realise I could □

   Other, please indicate____

5. What professionals, other than the Educational Psychologist, do you engage with regarding children and young people's mental health? Please list below
____
____
____
____

6. Would you be happy to engage in a follow up interview with the researcher?

   Yes □ No □
   If you have ticked yes, please provide your name and contact details on a separate sheet of paper when returning the questionnaire by hand, or via email if you are returning the questionnaire electronically.

Returning the questionnaire pack

If you have completed the questionnaire pack electronically, could you please save your completed copy to your computer and return it via email to:

PriceRL4@cardiff.ac.uk

If you have completed the questionnaire pack by hand, or would like to send it by post, please return to:

FAO Rachel Price, c/o Dr Ian Smillie
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT

If you would like further information about the research, please do not hesitate to contact me on the above email address.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!

Appendix 5 – Semi-structured Interview Consent Form

School of Psychology, Cardiff University

Consent Form - Anonymous data

I understand that my participation in this research will involve an interview with Rachel Price, Trainee Educational Psychologist, regarding my constructions of the role of the Educational Psychologist in children and young people's mental health. The interview should last no longer than 30-45 minutes. I understand that the interview will be voice recorded to reduce the interview time.

I understand that my participation in this study is entirely voluntary and that I can withdraw from the interview at any time without giving a reason.

I understand that I am not required to answer any questions that make me feel uncomfortable throughout the duration of the interview.

I understand that the information provided by me will be held confidentially in a password protected electronic device until it is transcribed. I understand that once my interview has been transcribed, information provided by me will be held totally anonymously, so that it is impossible to trace this information back to me individually. I understand that this information may be retained indefinitely. I understand that the recording of the interview will be transcribed anonymously in written form and the recording deleted by **(insert date here).** I understand that before this date I am able to withdraw my interview from the research.

I understand that I am free to ask any questions at any time. I am free to discuss my concerns with Dr Ian Smillie (DEdPsy professional tutor, Cardiff University) who is supervising this research. I am also able to contact the School of Psychology's Ethics Committee Secretary, Natalie Moran (psychethics@cardiff.ac.uk), should I have any further questions before agreeing to participate in the research.

I understand that at the end of the study I will be provided with additional information and feedback about the purpose of the study.

I, ______________________________(NAME) consent to participate in the study conducted by Rachel Price, School of Psychology, Cardiff University (pricerl4@cardiff.ac.uk) with the supervision of Dr Ian Smillie (smillie@cardiff.ac.uk).

Signed:

Job Role:

Date:

Appendix 6 – EP Semi-structured Interview Schedule

Semi Structured Interview Schedule for Educational Psychologists

Please note that all questions are subject to amendments as a result of the questionnaire responses, however that the following questions, or variations of these questions, are likely to be asked. It is anticipated that the questionnaire responses will lead to additional questions being added to the schedule, as opposed to leading to major alterations of the below questions.

Key:

Likely Core Questions: to be asked to all participants, although the order and wording may differ slightly

Potential Follow Up Questions: potential questions to be asked according to participants responses

1. Opening question (to be asked to all participants to begin interview): There has been a lot of recent media coverage which suggests that children are not always receiving support for mental health difficulties, and perhaps as a result, there seems to be a lot of pressure on different professionals to support children and young people with mental health difficulties at present. What are your views on this?

   What does "mental health" mean to you?

   Do you construct "mental health" and "emotional wellbeing" as separate aspects?

2. What services are there in your local authority for supporting children and young people with mental health difficulties?

   How do you think the services available (or limited amount of services) in your local authority affect your role within children and young people's mental health?

   Do you engage in multi-agency work in relation to children and young people's mental health?

3. Tell me about the work that you engage in relating to children and young people's mental health?

   How do you think schools construct your role in relation to children and young people's mental health?

   Do you perceive there to be a definitive cut off point between what is considered to be your role, and what is considered to be the role of a different professional, such as a Clinical Psychologist or Psychiatrist?

4. Are there barriers to your engagement in mental health intervention?

   How do you think these barriers could be overcome?

5. Would you like the mental health intervention you engage in to be different in anyway?

   How do you think this could be achieved?

6. Have you noticed any implications on the current budget cuts to services such as CAMHS on your job role and what is expected of you?

   What are the links like between your EPS and CAMHS?

7. Is there anything you would like to add that we have not discussed?

Appendix 7 – SENCo Semi-structured Interview Schedule

Semi Structured Interview Schedule for SENCos

Please note that all questions are subject to amendments as a result of the questionnaire responses, however that the following questions, or variations of these questions, are likely to be asked. It is anticipated that the questionnaire responses will lead to additional questions being added to the schedule, as opposed to leading to major alterations of the below questions.

Key:

Likely Core Questions: to be asked to all participants, although the order and wording may differ slightly

Potential Follow Up Questions: potential questions to be asked according to participants responses

1. Opening question (to be asked to all participants to begin interview): There has been a lot of recent media coverage which suggests that children are not always receiving support for mental health difficulties, and there is a significant emphasis on schools to support pupils. That's a lot of pressure. What are your views on this?

   What does "mental health" mean to you?

   Do you construct "mental health" and "emotional wellbeing" as separate aspects?

2. What services are there available to you in your local authority for supporting children and young people with mental health difficulties?

   If you have a pupil with a mental health difficulty, how do you decide on the most appropriate support for that pupil?

3. Tell me about your EP. What kind of work do they engage in relating to children and young people's mental health?

   Do you consider it the role of the EP to engage in mental health interventions?

   Do you perceive there to be a definitive cut off point between what is considered to be the role of your EP, and what is considered to be the role of a different professional, such as a Clinical Psychologist or Psychiatrist?

4. Do you consider there to be barriers to you liaising with your EP about children and young people's mental health difficulties?

   How do you think these barriers could be overcome?

5. Would you like the mental health intervention your EP engages in to be different in anyway?

How do you think this could be achieved?

6. Is there anything you would like to add that we have not discussed?

Appendix 8 – Example of Interview Transcript (EP1)

Researcher: Can you tell me about how you see your role as an Educational Psychologist?

Participant: What, in general this is now?

Researcher: Yes, in general terms.

Participant: Ok, so I suppose it's about helping schools with the problems they have with youngsters, to identify what those needs might be, and help them find ways forward so they can help those youngsters in terms of learning, behaviour, responding better within a school environment.

Researcher: What sort of problems are you talking about? What might schools raise with you day to day?

Participant: Oh, a wide range. There could be a lot around learning, around behaviour, and emotional wellbeing, and often, there won't just be one item, there'll be several that are interlinked. There are probably others that I can't think of off the top of my head.

Researcher: Ok. There has been a lot of recent media coverage which suggests that children are not always receiving support for mental health difficulties, and perhaps as a result, there seems to be a lot of pressure on different professionals to support children and young people with mental health difficulties at present. What are your views on this?

Participant: Yeah, that's probably quite accurate, that there is a pressure on these sorts of things. I know obviously we're in an era of austerity, so these sort of things are in the background as well, and obviously as people become more and more aware of information, they're more likely to perhaps make, not diagnoses, but pick up on things that might not have been as prevalent as before, for example, I don't know, 100 years ago Autism, people would have said "what's that?" whilst nowadays, people I think are perhaps more aware and you know, there's an increase in diagnoses as a result. I guess the picture's probably much the same for mental health sort of issues.

Researcher: So do you feel any pressure on yourself as an EP as a result of this current situation?

Participant: Not personally, no. I guess the pressure might come in terms of people or meeting people that have those sort of concerns about getting access to mental health provision or whatever, that might not be coming as quickly as they might hope, so waiting lists are getting longer.

Researcher: What services are there in your local authority for supporting children and young people with mental health difficulties?

Participant: Well there's the Child and Adolescent Mental Health Service, so that's your Clinical Psychologists, and Psychiatrists. There's the Primary Mental Health

Team, who can do short term interventions. There are, or there is an assessment unit at (Hospital Name) in (Town Name), so they will do short term work just to identify what a youngsters needs are, and there might be suggestions for support that come out of that. I can't think what else there is… From, just from mental health professionals?

Researcher: Yes.

Participant: There probably are other agencies that I'm not aware of, but that's what I know about.

Researcher: OK. So how would you describe the links between your service and the different mental health professionals that work within the authority?

Participant: They don't work for the Local Education Authority, they work for the National Health Service, but our links with them primarily are on a monthly basis through a meeting we have called PPP – which for the purpose of recording is Psychology, Psychiatry and Paediatrics.

Researcher: OK, so what does that involve?

Participant: I guess it's an information sharing, joint problem solving process, where we discuss particular cases and sort of think about what needs to happen and who might need to do what actions. That's it very loosely I think.

Researcher: OK. So would you describe that as multi-agency work in relation to children and young people with mental health difficulties?

Participant: Pretty much, yeah.

Researcher: Would you say there's any other multi-agency work that you engage in, in terms of mental health?

Participant: Just mental health by itself, no, but there are other groups where there might be mental health issues for particular youngsters discussed. We have, each of the secondary schools have a multi agency meeting on a monthly basis, a JAF meeting, and there are always a number of professionals and people from school. I know Paediatricians often attend, and it will depend on the school who is generally there, but it will often be other health related people, School Health Nurses, Youth Offending Team, and cases will be brought…often youngsters who have social, emotional, behavioural and mental health issues. They follow a pattern of joint problem solving, and collaboratively planning a way forward for these youngsters.

Researcher: So how would you define mental health?

Participant: Oh, I don't know. I don't walk around with a definite definition of what mental health is. Um, hmmm, I've not really thought of that, so I don't really want to say, "this is my definition" or say a specific set of things. I think it would be about judging each case on its merits, and what's presenting with a particular difficulty.

Researcher: OK. Do you see yourself as having a role in supporting children and young people with mental health difficulties?

Participant: Yes, I think we do. I'm not sure it's a role where I would be like a therapist who the child would necessarily meet. As a service, some of us have had training on Cognitive Behavioural Therapy, and we will have a certain level of background knowledge in different areas, but the difficulties with things like that are the time commitment that might mean, you know, following one particular case and how that might fit in with schools perceptions of time needs that they might have. Sometimes it might be more likely that we do a one-session therapy, when they might actually require a twelve-session therapy… I don't know. So there's that side of things. There's also the more systemic side, in terms of engaging with school staff so they can take things forward better, and they can be better trained. The classic one which we've been doing is the ELSA training, supporting staff to support pupils with low to mid level mental health needs, so staff can do things to support pupils with these needs. As well as other things of course.

Researcher: OK. So you've kind of started to answer the next question, but can you tell me about the work you engage in relating to children and young people's mental health?

Participant: On a day-to-day basis that could be that one-session therapy and feeding things into school that they can perhaps take forward. And the other one, at the systemic level, is about training staff in school so that they can do work to support youngsters in whatever way that might be. You know, the classic example is the Emotional Literacy Support Assistant (ELSA) stuff, which we've started this year. I suppose if you go back in the past, we've had involvement in the introduction and implementation of the SEAL materials into schools, so that's something that we have done for a time, we don't keep our hands on it or have any direct involvement, but we try and skill teachers to carry initiatives forward.

Researcher: Do you see your role as having changed? Obviously you've been working as an EP for fifteen years?

Participant: I suppose yes. In the sense that more recently we've become more systemic in trying to do things, so the ELSA training is a good example. I suppose mental health would be a key factor that has changed, and we're now trying to do things more systemically with schools, so rather than chasing up each case and thinking about what needs to be done at the bottom level, it's about top level stuff that can be applied by schools across the board.

Researcher: Ok. You've touched on schools a little bit, so how do you think that schools see your role, in terms of in general and in relation to mental health?

Participant: It can vary. Some schools I think tend to see us purely as our job being around learning and have that perception that we don't do anything else. So there is that constant battle of shifting that perspective. Other schools can be very on board with, you know, seeing our wider role… we're often I think in this authority being seen as gatekeepers towards things that you know, we need to be brought in to tick a box, so schools can then access whatever it might be, or try to access

whatever that might be. I think it's a constant battle of trying to shift that perspective for us really, that there's other things we can do.

Researcher: So why do you think some schools have that view of EPs being for learning based needs?

Participant: I don't know. It might be a historic sort of perception that's been put out there, that's sort of become imbedded… it becomes a cultural norm, you know, and those sort of attitudes are hard to shift. We need to chip away at it gradually, and hopefully that rock will disappear if we keep chipping.

Researcher: So it's something you think can be challenged?

Participant: Um… Yes, you know, with the persistent chipping away, and I think the other thing is if we keep introducing things like the Emotional Literacy Support Assistant training, you know, that might get people seeing us from a different perspective, that Psychology, or Educational Psychology, is not just purely about learning, but it can encompass a wider range of things.

Researcher: Ok. Do you perceive there to be a definitive cut off point between what is considered to be your role, and what is considered to be the role of a different professional, such as a Clinical Psychologist?

Participant: Um… Yes, I suppose… My perception of the Clinical Psychologist would be that they would be doing more therapeutic work. They wouldn't necessarily be doing things around a youngsters learning. They wouldn't necessarily be working in schools with teaching staff, whereas we would. And then vice versa, we wouldn't necessarily be working in the home or seeing people in a clinic setting, whereas they probably would be doing that. And I suppose they would be targeting a specific mental health problem, which might lead to diagnosis, whereas we are likely to have a wider remit of children we are able to work with, albeit education focused.

Researcher: Do you consider there to be barriers to your engagement in mental health intervention?

Participant: Yeah, I suppose just going back to my earlier answer, one of those is about how schools might perceive us. If they don't see mental health as being part of our role, they're not going to ask about it, and they might not prioritise that until things get to more of a crisis point, so that's one thing. Um… what other barriers? I don't know, training needs perhaps. I mean, we're not experts in every area. I can't think of anything else.

Researcher: So, do you mean that you wouldn't necessarily feel competent in mental health intervention?

Participant: Yes and no. When things become a little bit more specific or more complicated, or if there are more outside factors such as family issues, then it's probably not appropriate for us. I mean, we couldn't do intensive family therapy or anything like that, and then I think it's about looking at professionals who are more

qualified to do that sort of intervention. I don't think any of us are an expert, I mean I'm certainly not.

Researcher: Do you think some of these barriers could be overcome?

Participant: Yeah… I'm not sure really. I know thinking back to my time of training, one of the course directors spoke about the whole training course becoming… more of a generic thing. For educational, clinical, whatever Psychologists would do one doctorate that would cover all… although I don't know how that might work and I was a bit sceptical myself, thinking about how that might work. Something like that might help? Although I have to say I'm a bit sceptical about where that might go or how it might develop. What was the question again?

Researcher: How do you think some of the barriers you have suggested to your engagement in mental health intervention could be overcome?

Participant: Oh, could be overcome.

Researcher: How about… I know we've touched on schools perception of the role, and I know you've probably answered this, but how do you think that could be overcome?

Participant: I guess it's about continually letting them know about what else we can do as a service, you know, putting out a service 'menu' of what we can do and where our expertise lies. If they think they'll always have beans on toast, and they're not aware that they can have caviar and champagne, then they're not going to ask for caviar and champagne are they?

Researcher: OK.

Participant: Actually, thinking back to that, the other one, as well as schools having a certain perception of the role, it may be that if you're within the Local Education Authority, what line managers above us, their perceptions of our role, they may be part of that culture whereby educational psychologists are seen as part of learning and testing and whatever, and nothing else. So again it's about chipping away at that side of things as well, so that people see that we have a bigger role, and again the Emotional Literacy Support Assistant programme we've implemented has helped there I think.

Researcher: So would you say there is a pressure in your Local Education Authority?

Participant: Um… yes and no. I suppose the contact and sort of the links there are not sort of… I don't see these people on a daily basis so that I can talk about my role and say " oh, what about this?" or other matters. But I suppose it's about us starting to let people know what other things we can do, that message might drip feed through.

Researcher: OK. Would you like the mental health intervention you engage in to be different in any way?

Participant: Um… I'd like us to do more I think. For example the Emotional Literacy Support Assistant programme, I think that's been a good thing. I think it's about looking at what sort of similar things there might be, or what could link in with that, or be developed in other ways. I think it's about trying to become more systemic in how we do things. I mean the limiting factor in our service in the past few years or so has been capacity, if we were at full capacity then we could plan ahead and think more strategically about what we can and can't do in terms of mental health, but the limits of that have knocked us back a bit as well. But yeah, I'd like us to do more.

Researcher: OK. Have you noticed any implications on the current budget cuts to services such as CAMHS on your job role and what is expected of you?

Participant: Um… I can't say that I've noticed anything on us. There's maybe been a case of us picking up on the grievance of others that waiting lists are longer, and that being able to access CAMHS services is going to be a lot longer than it used to be. I think CAMHS would say the same thing. Again, there's pressure on them in terms of staff availability, you know, they constantly seem to be reviewing how they do things, and then something happens, and they repeat that cycle again.

Researcher: OK. Is there anything you would like to add that we have not discussed?

Participant: Not that I'm thinking of. Nothing that jumps to my mind at the moment.

Appendix 9 – Example of Interview Transcript (SENCo1)

Researcher: There has been a lot of recent media coverage which suggests that children are not always receiving support for mental health difficulties, and there is a significant emphasis on schools to support pupils with their mental health. That's a lot of pressure for schools. What are your views on this?

Participant: I don't really think that mental health for children is supported. It's an incredible battle to get children who we know have mental health issues seen. The waiting list is too long. The hoops we have to jump through, there are too many. And with certain serious severe cases we've got, the waiting list is just too long.

Researcher: So you talk a bit about the difficulties you face getting children 'seen', how do you feel about being able to identify mental health difficulties in your pupils?

Participant: Our Educational Psychologist is key here. With the support of the Educational Psychologist and some of the agencies we also use, yeah we can and are capable of recognising mental health difficulties. I mean, I do worry when it comes to younger children. Unless it's very obvious, I would be very reluctant to be making judgements myself. But then you get your very obvious mental health difficulties, and you recognise these, yet the system is set to slow you down, and like I said, I suppose we are fortunate in that even if we don't have the expertise to work with these children ourselves, we do have Educational Psychologists and people to call on that do have the expertise and advice that they can give us.

Researcher: Ok, so what does mental health mean to you? How would you define mental health?

Participant: The children or the adult's wellbeing; their current state of mind. I suppose for us in school we see all manner of things, don't we, we see the children that are on the ASD spectrum somewhere, or we've got children who've experienced trauma that need counselling, so yeah, it's massive. It's a massive thing isn't it? It's basically their wellbeing.

Researcher: So what services are there available to you in your local authority for supporting children and young people with mental health difficulties?

Participant: Blimey. Well, I suppose we'd always start with the Educational Psychologist, I think that would always be our first port of call. CAMHS are further down the track for us. We've got counsellors, we use counsellors a lot and counselling services. There's support groups through the SPLD and I suppose we run COMIT groups. There seems to be a lot of training available for us, but it tends to be to train us up, not necessarily for expertise to come to us, if you know what I mean. I suppose there's a lot of reliance on us becoming the experts, which is difficult, because there's people like Ed Psychs, who have got more experience, more training, than we do, yet we're often expected to do that job, running interventions for example. I'm not sure. There might be other people, but I can't think of them.

Researcher: So if you have a pupil with a mental health difficulty, how do you decide on the most appropriate support for that pupil, or what agency/route to pursue?

Participant: I tend to go via the Educational Psychologist. Like I've said, we've got a lot of knowledge, but not a lot of the right knowledge, or the right expertise, to deal with mental health. It's useful to have people to call on that do have that expertise. Like the Educational Psychologist. They can take what we've got, and give us advise on what track to take, where to go for the appropriate support. Generally, seek advice and follow that.

Researcher: So you wouldn't necessarily feel confident in knowing or establishing a 'cut off' point of who to reach out to and at what time according to level of mental health need?

Participant: Yeah. I think it's the reassurance that even if you have made a judgement, that you're gathering enough evidence and enough opinions from someone else that you are going to go down the right track. You know, like I say, we are not experts, and we are not trained to do this.

Researcher: Tell me about your school's EP. What kind of work do they engage in relating to children and young people's mental health?

Participant: As I've already said, the EP is always the first port of call for everything we would do. If there is a question mark, if there is an issue, then I would tend to talk it through… do you want me to go into more detail?

Researcher: Yes please.

Participant: OK, for an example, if a child raises its head that we had a concern for. Initially for us, it's IDP/IEP, then call in the Ed Psych, sometimes it can be an informal chat, to give us a bit of guidance. If we feel that the issue is significant from that chat with the EP then we'll follow it up, with something like a formal consultation. The Ed Psych would then tend to meet with school, meet with parents, come in and observe the child, and then we'd make a plan together with the Ed Psych's input. We could then develop a better route, or way forward, whether that be putting support in ourselves, or gaining external support from other agencies, such as CAMHS.

Researcher: OK. So are you saying the EP would have more of a consultation role than any other input?

Participant: No, not necessarily. It depends on aspects such as time and money constraints I think. It does tend to be more of an advice and guidance role as a result, but I know previously we have had other input in relation to mental health. We've received training on issues such as Attachment Disorder, which has been delivered to us as a whole staff team, which again is brilliant; it's great to have. But again, it puts the expectation on us becoming experts, and I mean, it's difficult, because I know services are becoming more under pressure, and the EPS… well we have out quota, and you're trying to cover a lot of ground in a short amount of time.

Researcher: So it seems that the time of the EP/ the time you are allocated is a barrier to you using your EP for children and young people's mental health difficulties. Do you perceive there to be additional barriers to you accessing your EP for mental health difficulties?

Participant: I don't know to be honest. I mean time and money is always the key, because I suppose it would be nice to even just get a few conversations done and a few visits done, that could rule things out or even make things more of a priority or less of a priority. Yeah, time is the main one. I suppose that's down to money, lack of funding, lack of resources.

Researcher: Would you like the mental health intervention your EP engages in to be different in any way?

Participant: Based on the experience we've had so far, I would say not. I mean, we've been very, very fortunate that we've had very good, knowledgeable and experienced Ed Psychs that have provided what we need. I mean, it's, we wouldn't be asking them to do more. I mean when it comes down to it, we have to prioritise certain children always. We have such a large amount of need in this school, and we have children with significant learning needs, who will always need to be seen by the Ed Psych first. I do worry about mental health as a result, and what is happening to that. We could do with a full time member of pastoral staff. Someone the kids can just go and talk to at any time. But in terms of what the EP can do, when we're provided with the relevant support and advice from them, we can make the next moves ourselves. So no, probably not. It's the reliance on the expertise of the Ed Psychs, is more value to us, in those initial stages and pointing us in the direction of where to go.

Researcher: Is there anything you would like to add that we have not discussed?

Participant: A very open question. Probably not, I don't know. No. Like I've said, we've been very fortunate and very lucky with what we've got, and the advice and support we've had, but I'm not sure that this support is consistent across the counties and between counties.

Appendix 10 – Step-by-step Guide to EP Thematic Analysis

Phase 2: Generating initial codes

This phase involved the production of initial codes from the data. Codes are identified as "a feature of the data that appears interesting to the analyst" (Braun & Clarke, 2006). Codes were established manually, by using a highlighter to indicate areas of interest and potential patterns.

A theoretical/deductive thematic analysis was selected to analyse the data, in order to provide a more detailed analysis of the data which directly related to the research questions, rather than provide a description of the data overall. This means that the entire data set was coded with the following specific research questions in mind:

RQ1: What is the current role of EPs in relation to CYP mental health?

RQ2: What are the facilitators and barriers to EPs engagement in work related to CYP mental health?

RQ3: Is there a current pressure on EPs to engage in work related to CYP mental health?

RQ4: How might EPs improve their work in relation to CYP mental health?

Once the entire data set had been read and highlighted for codes, codes were labelled in the table below, and extracts of data were copied and pasted into the relevant codes, based on what had been highlighted. Coded extracts were included with relevant surrounding data so as not to lose the context of the extract, and different extracts were often coded into a number of different, relevant codes.

Data Extract	Coded for
the job, is often quite adult focused (EP5)	1. EP role: adult focused
This is where the bulk of our focus should be… children's education and learning (EP2) I don't think we should be involved with mental health unless it is impacting on the educational progress of the child (EP2) We're not medically trained, so I think we should be sticking to Education (EP2) we are here to help children make progress with learning (EP6)	2. EP role: promoting childrens learning

fundamentally I think we're employed by the local authority to support learning outcomes (EP6) I would say that the main role is to help promote the learning of children (EP6)	
there is a pressure (EP1) obviously we're in an era of austerity, so these sort of things are in the background as well (EP1) I guess the pressure might come in terms of people or meeting people that have those sort of concerns about getting access to mental health provision or whatever, that might not be coming as quickly as they might hope, so waiting lists are getting longer (EP1) I'd like us to do more (EP1) There's maybe been a case of us picking up on the grievance of others that waiting lists are longer (EP1) when you're aware that other agencies are really pushed – I mean not long ago in this authority there was something like an eighteen month waiting list for CAMHS – can you in all consciousness say "well I'm not going to do anymore with this" and refer on, knowing that that child isn't going to be seen for a really long time? (EP4) There is certainly a pressure. The pressure isn't just from services such as CAMHS, but also there is a pressure on us from GPs (EP4) I think there are a lot of questions about what exactly our role is within mental health, I think these questions come about because of the availability of services such as CAMHS, and services such as Primary Mental Health Teams as well, and I think one of the issues that I often struggle with, and I	3. Pressure on EPs from current context

know colleagues do as well, is about where does our role stop, and when do we need to hand over to another agency? (EP4) it's really naughty I think of other services, when they do tend to use us, as a way of managing their own waiting lists – batting it back so there are more obstacles (EP6)	
There is certainly a pressure. The pressure isn't just from services such as CAMHS, but also there is a pressure on us from GPs (EP4) it's really naughty I think of other services, when they do tend to use us, as a way of managing their own waiting lists – batting it back so there are more obstacles (EP6)	4.Pressure on EPs from other agencies
…if I refer a child to CAMHS, and CAMHS don't respond, nobody has made me feel that it's my job to take up this particular child. (EP2) it's a very long waiting list for whatever reason… but that's almost a separate thing from the work that we do (EP5)	5. No pressure on EPs to engage in mental health intervention as a result of current context
our links with them (other professionals) primarily are on a monthly basis through a meeting we have called PPP – which for the purpose of recording is Psychology, Psychiatry and Paediatrics. I guess it's an information sharing, joint problem solving process (EP1) each of the secondary schools have a multi agency meeting on a monthly basis, a JAF meeting, and there are always a number of professionals and people from school … cases will be brought…often youngsters who have social, emotional, behavioural and mental health issues. They follow a pattern of joint problem solving, and collaboratively planning a way forward for these youngsters. (EP1) there are links, yes. There are regular	6. Links with other services re: mental health

meetings between CAMHS personnel and EPs (EP2) the PPP meeting that we have here are useful… enable us to have dialogue and discussions about families we're all working with… so I suppose that facilitates good working relationships (EP3) TAF meetings (EP3) where you find that there are a lot of agencies involved, then I think it's pretty standard practice for someone to arrange a Professionals meeting (EP4) There are monthly meetings in each of the secondary schools… there is like an internal panel where different professionals from education and health, including an EP, meet to discuss particular cases and issues, and collaborate about ideas to move things forward. (EP4) A Child Development Team group (EP4) A PPP, which is Psychology Psychiatry and Paediatrics, and these meetings are all monthly multi agency meetings, where there's always EP representation, where they talk about individual children, that may be experiencing mental health issues in some cases (EP4) the Principal EP here works closely with the head of school based counselling (EP5) team around the cluster meetings, which we might attend if we've had particular involvement with a child, or just in general to contribute to some decision making (EP5) I work really closely with the Education Social Worker in my cluster,	

and we do consultations together (EP6) I might have done a piece of work, Personal Construct Psychology work for instance, where all these things come out of the work and there's a realisation that there's a whole lot of issues that need to be managed, and he needs to talk through this, and then I will give this information to the school-based counsellor for when they start their work with the individual (EP6) I've worked closely with CAMHS on a couple of cases (EP6) We have Team Around the Cluster meetings which is where all the agencies get together – school, us, health professionals, the police, Families First – and we talk about lots of issues, and I suppose emotional and mental wellbeing is a fundamental of those meetings (EP6) I know my special school, the Clinical Psychologist and I are trying to set up a way of working where we perhaps have some sort of panel, within the special school, where staff can bring along children to discuss who are having difficulties with their emotional wellbeing, and we can do kind of, have some discussions and give some strategies in that kind of forum (EP6)	
I'm not sure it's a role where I would be like a therapist who the child would necessarily meet (EP1) I think implicitly what we do assists mental health, but it might not be so explicit (EP2) We are trying to make things better for children, and that is going to improve their mental health (EP2) there could be a role for us for supporting these lower mental health needs. But we'd have to have far more	7. Lack of clarity of EP role in mental health

resources, far more time made available to us to be able to support (EP2) I think there are a lot of questions about what exactly our role is within mental health, I think these questions come about because of the availability of services such as CAMHS, and services such as Primary Mental Health Teams as well, and I think one of the issues that I often struggle with, and I know colleagues do as well, is about where does our role stop, and when do we need to hand over to another agency? (EP4)	
I think implicitly what we do assists mental health, but it might not be so explicit (EP2) We are trying to make things better for children, and that is going to improve their mental health (EP2) it's something that just becomes really automatic when you're constructing the needs of the child (EP6)	8. EP role mental health: implicit
we will have a certain level of background knowledge in different areas (EP1) there's that kind of a view that things need to be passed on to somebody else who knows more about it… but I don't agree with that. I think that schools and families and local support services can actually do a lot to deal with mental health issues, and we don't always have to be going down a CAMHS route. That's kind of how I feel about it. (EP4)	9. Facilitator to EP mental health intervention: Knowledge
I'd feel reasonably confident in working in that way (EP3)	10.Facilitator to EP mental health intervention: Confidence
I would feel that I have enough psychological skills to be able to do that (EP4)	11. Facilitator to EP mental health intervention: Competence
the difficulties with things like that are the time commitment (EP1)	12. Barrier to EP mental health intervention: Time constraints

Sometimes it might be more likely that we do a one-session therapy, when they might actually require a twelve-session therapy… (EP1) I was asked to provide counselling… I had eight visits per year, and I was asked to see him for half an hour every time I went… and I think it was a very good thing for him… But whether I could have provided the same support as one of the services I regularly offer to all schools… I don't think it would have been possible, given the timescales (EP2) Time (EP2) there could be a role for us for supporting these lower mental health needs. But we'd have to have far more resources, far more time made available to us to be able to support (EP2) a time allocation system (EP3) if you're working with a child or young person with a significant mental health difficulty, those aren't something that you can necessarily manage in one-off or two-off visits (EP3) since I've been qualified, I've always been a main grade EP, and our capacity for doing really in-depth work is quite limited (EP6)	
the term Educational Psychologist… I know some services refer to themselves as Community Psychologists now, or Educational and Child Psychologists, so it takes away from just that focus on education (EP3) we are Educational Psychologists, and by the nature of that, our role is mainly about young people who are in the education system. (EP4)	13. Barrier to EP mental health intervention: The term 'educational psychologist'
how schools might perceive us. If they	14. Barrier to EP mental heath

don't see mental health as being part of our role, they're not going to ask about it (EP1) If they think they'll always have beans on toast, and they're not aware that they can have caviar and champagne, then they're not going to ask for caviar and champagne are they? (EP1) some schools would raise children "oh we've got concerns about so and so because of these emotional wellbeing difficulties, but actually they're making good progress and working at appropriate academic levels so we're not going to raise them with you" which is well… they need to, because in six, twelve months time you might potentially see all those other difficulties. So, perhaps, perceptions of our role from schools might be a barrier. (EP3) some schools tend to refer a lot of children with what they perceive as cognitive difficulties and learning difficulties (EP4)	intervention: Schools view of EP
some schools would raise children "oh we've got concerns about so and so because of these emotional wellbeing difficulties, but actually they're making good progress and working at appropriate academic levels so we're not going to raise them with you" which is well… they need to, because in six, twelve months time you might potentially see all those other difficulties. So, perhaps, perceptions of our role from schools might be a barrier. (EP3) some schools tend to refer a lot of children with what they perceive as cognitive difficulties and learning difficulties (EP4) I have no doubt that there are many more (children with low self-esteem and anxiety) that the school haven't referred to me (EP2)	15.Barrier to EP mental health intervention: Schools not prioritising mental health needs

The problem for them is pupils aren't making progress, or they don't seem to be settling in, um… so, they're much more to do with whether the pupil is meeting targets, or whether they seem to be performing as expected (EP5) Things like anxiety would only come up if children are not attending school because of it, or if they couldn't get them in the classroom, so I don't think that it is something that they are potentially looking out for in terms of who they're wanting to prioritise for our involvement (EP5) I don't think schools prioritise mental health (EP5) that's one barrier, it's not on school's radar as much as academic achievement. (EP5) For other schools it is about achievement and data or that a child needs to be excluded, because they're causing too much of a hassle, and that's really difficult. (EP6)	
training needs perhaps. I mean, we're not experts in every area (EP1) When things become a little bit more specific or more complicated, or if there are more outside factors such as family issues, then it's probably not appropriate for us (EP1) Lack of training (EP2) The fact that you can do a great deal of harm if you don't know what you're doing (EP2) I think there have been cases of childhood depression that I missed because I didn't know enough about it (EP2) I think there would be a good professional understanding from	16. Barrier to EP mental health intervention: EP competency

everyone that I work with when, you know, perhaps you'd have some intervention, and if there hadn't been significant changes you'd think about referring to a different service (EP3) Our own confidence maybe, you know sometimes I think we wonder whether we are the best person to do it, because your skills do diminish over time. (EP6) You know, I love consultation, I really value consultation and that idea of being kind of the agent of change, however, you're doing that all the time, so when it does come to thinking that you're probably the best placed person to do some individual work with the child, they trust you, CAMHS aren't taking it on and it needs to be timely, then you wonder what kind of intervention you would do, because it's probably been so long since you've actually done anything therapeutic (EP6) we have moved towards a model of consultation in the EP world, which means not necessarily working so therapeutically with individuals and therefore our skillsets are not as strong as a Clinical Practitioner, and, but then where do you go? (EP6) whilst we can offer a lot, we're not practising our clinical skills all the time, that's not our area of expertise… and our capacity to do that work is really limited (EP6)	
as well as schools having a certain perception of the role, it may be that if you're within the Local Education Authority, what line managers above us, their perceptions of our role, they may be part of that culture whereby educational psychologists are seen as part of learning and testing and whatever, and nothing else (EP1) we're funded by local authorities,	17. Barrier to EP mental health intervention: LEA views of EP

funded by central government within the department for education, and the agenda there is to raise standards, and increase, essentially, long-term exam results in schools, so if we're linked to that then I guess that has a big impact (EP3)	
we're funded by local authorities, funded by central government within the department for education, and the agenda there is to raise standards, and increase, essentially, long-term exam results in schools, so if we're linked to that then I guess that has a big impact (EP3) The problem for them is pupils aren't making progress, or they don't seem to be settling in, um… so, they're much more to do with whether the pupil is meeting targets, or whether they seem to be performing as expected (EP5) Things like anxiety would only come up if children are not attending school because of it, or if they couldn't get them in the classroom, so I don't think that it is something that they are potentially looking out for in terms of who they're wanting to prioritise for our involvement (EP5) mental health probably isn't on their radar, and schools are really stretched anyway in terms of making sure they get their job done (EP5) that's one barrier, it's not on school's radar as much as academic achievement. (EP5) For other schools it is about achievement and data or that a child needs to be excluded, because they're causing too much of a hassle, and that's really difficult. (EP6)	18. Barrier to EP mental health intervention: Focus in education on academic outcomes
There's also the more systemic side, in terms of engaging with school staff so they can take things forward better, and they can be better trained. The classic one which we've been doing is	19. EP mental health intervention: Training

the ELSA training, supporting staff to support pupils with low to mid level mental health needs (EP1) feeding things into school that they can perhaps take forward (EP1) training staff in school (EP1) if you go back in the past, we've had involvement in the introduction and implementation of the SEAL materials into schools (EP1) we don't keep our hands on it or have any direct involvement, but we try and skill teachers to carry initiatives forward (EP1) more recently we've become more systemic in trying to do things (EP1) our role is training, training people in the schools to deliver interventions (EP2) training with schools… we need to raise staff's awareness in that way (EP3) people who see the child everyday, and are there with them and have that relationship with them, they're the ones that can give them that support. So, I would always see my role as supporting those people, the people who are always with the child on the ground (EP4) perhaps something I should have mentioned are ELSAs, which is a programme we have a big push on at the moment in this authority – as a service we offer training to TAs to become Emotional Literacy Support Assistants who can then offer emotional wellbeing support to individual children on a more intensive basis in schools (EP4) I know some members of the team are	

involved with the Emotional Literacy Support Assistants – the ELSA programme – and one EP did some attachment awareness training and delivered this to teaching assistants (EP5) if they want training, we'll give them training, and there are EPs who are often specialised in delivering certain training, for example on attachment. (EP5) we're doing ELSA here, and so we're rolling that out across all of our schools here to develop, you know, in-house support for children so schools can support those lower level needs (EP6) we do ELSA, which is a programme where EPs deliver training and supervision to TAs in schools so they become Emotional Literacy Support Assistants and support children with early identified, low level needs… I'm one of the trainers, and we're trying to skill up quite a lot of TAs. (EP6) I did a whole inset on emotional literacy, to try and get them to think more widely (EP6)	
there could be a role for us for supporting these lower mental health needs. But we'd have to have far more resources, far more time made available to us to be able to support (EP2)	20. Barrier to EP mental health intervention: Lack of resources available to EPs
On a day-to-day basis that could be that one-session therapy (EP1) As well as an Educational Psychologist, I'm also a trained Counsellor, and I can provide counselling and have done in some schools (EP2) counselling. But I have been trained for that, and I'm not sure that if I hadn't been, I would want to engage in it. (EP2) I'm very fond of using Personal	21. EP mental health intervention: Individual casework

Construct Psychology… finding out about the child's views (EP4) Individual therapeutic work with the child, although that is pretty rare (EP4) We might do some individual sessions of therapeutic work, such as Personal Construct Psychology (EP5) you might do some Personal Construct Psychology assessment with the child, and gain their views, and that can be really helpful in terms of unpicking, you know, what's causing them some mental or ill health if you like, or mental health difficulties (EP6) I have done some CBT type approaches where you try and link the child's thoughts to how they're feeling and what they then do, and try and work through that with them (EP6)	
consultations with teachers, perhaps supporting a different strand of hypotheses to support teachers in explaining behaviours (EP3) consultation (EP4)	22. EP mental health intervention: consultation
Some schools I think tend to see us purely as our job being around learning and have that perception that we don't do anything else. (EP1) it did take time for them to realise that there is more to being an EP than writing a statement (EP2) I have no doubt that there are many more (children with low self-esteem and anxiety) that the school haven't referred to me (EP2) some schools tend to refer a lot of children with what they perceive as cognitive difficulties and learning difficulties (EP4) I can think of one SENCo I worked with in the past who had a very definite	23. Schools typecasting the EP role for learning needs

view of what my role was, and believed that anything that was mental health related needed to be taken to the GP and dealt with within a very medical model kind of way (EP4)	
I can think of one SENCo I worked with in the past who had a very definite view of what my role was, and believed that anything that was mental health related needed to be taken to the GP and dealt with within a very medical model kind of way (EP4)	24. Schools perceiving mental health as needing a medical intervention
Other schools can be very on board with, you know, seeing our wider role… (EP1) Sometimes you do get schools that present you with a range of issues (EP4) 90% of the schools I work with would see mental health issues as being within the role of the Ed Psych (EP4) Schools are very much "what can we do about this" as opposed to "here's someone for you to take away and do something with" (EP4) the people I link with in my schools are more than happy to have support and input on mental health. (EP4) Some schools really do get emotions, and some schools do get that it's not just about what the child is achieving, but it's about the child being happy. (EP6)	25. Schools welcome mental health intervention
we're often I think in this authority being seen as gatekeepers towards things that you know, we need to be brought in to tick a box, so schools can then access whatever it might be (EP1) in my early days, they considered me as a gateway… a gateway to extra support. (EP2) there is the idea from schools that we are part of a process of getting them additional funding (EP5)	26. Schools seeing EPs as gatekeepers

they want EP involvement just so they can say that someone else has been involved so they can get a formal assessment (EP5)	
A cultural norm (EP1) attitudes are hard to shift (EP1)	27. Why schools typecast the EP role: Cultural perception of role
If they think they'll always have beans on toast, and they're not aware that they can have caviar and champagne, then they're not going to ask for caviar and champagne are they? (EP1)	28. Why schools typecast the EP role: Lack of understanding of role
the whole training course becoming… more of a generic thing. For educational, clinical, whatever Psychologists would do one doctorate that would cover all… (EP1) the hope was there would be a Doctoral psychology training and you all do two years of the same training, and then in the third year you choose whether you want to specialise in delivering clinical psychology or educational psychology, so everyone would come from that same base. (EP3)	29. Overcoming barriers to EP engagement in mental health intervention: changing the Doctoral training
If they think they'll always have beans on toast, and they're not aware that they can have caviar and champagne, then they're not going to ask for caviar and champagne are they? (EP1) you have to go through your list, your menu, of what you can actually do, and what an EP is concerned with, and you know, we look at this, we look at this, we look at a child holistically, it's not just about cognition and learning, and so sometimes it is just about challenging those preconceptions (EP6)	30. Overcoming barriers to EP engagement in mental health intervention: Challenging schools perceptions
as well as schools having a certain perception of the role, it may be that if you're within the Local Education Authority, what line managers above us, their perceptions of our role, they may be part of that culture whereby	31. Pressure from LEA to engage in work related to 'learning'

educational psychologists are seen as part of learning and testing and whatever, and nothing else. (EP1) we're funded by local authorities, funded by central government within the department for education, and the agenda there is to raise standards, and increase, essentially, long-term exam results in schools, so if we're linked to that then I guess that has a big impact (EP3) our role then becomes quite tied as gatekeepers, and statements, and to get funding, and all those other sorts of glorious things, so yes, there is some pressure there (EP3) what the objectives for the team are, which I think here is to improve attendance and learning outcomes, and if that's what they want to see, it's really difficult for us to be focusing on other things (EP6)	
as well as schools having a certain perception of the role, it may be that if you're within the Local Education Authority, what line managers above us, their perceptions of our role, they may be part of that culture whereby educational psychologists are seen as part of learning and testing and whatever, and nothing else. (EP1) our role then becomes quite tied as gatekeepers, and statements, and to get funding, and all those other sorts of glorious things, so yes, there is some pressure there (EP3) fundamentally I think we're employed by the local authority to support learning outcomes (EP6) what the objectives for the team are, which I think here is to improve attendance and learning outcomes, and if that's what they want to see, it's really difficult for us to be focusing on other things (EP6)	32. LEA typecasting EP role

I'd like us to do more (EP1)	33. Desire to change mental health practice: be able to do more
I would like more of a therapeutic role myself (EP3) I'm tempted to say I would like more opportunity to do some individual therapeutic work (EP4) where I feel a child or young person needs more intensive therapy, and I say therapy in the broadest sense… that kind of 1:1 input and support… on a little wish list, that would be something I'd like to do more of. (EP4) I suppose the ideal would be for us to do individual work, but I don't always think that that's the most powerful way of creating change (EP6) I cover the PRU and I'm definitely well placed to do therapeutic work with some of them, as well as working with the adults around them. SO yeah, having more skills to do that would be helpful (EP6)	34. Desire to change mental health practice: a more therapeutic role
how are we supporting, targeting, helping, teachers mental health, in that research is showing that direct correlation between a teachers mental health, stress, anxiety levels and that of children in the classroom (EP3) one way I'd like to see EP role change, is seeing us working at a wider level, promoting wellbeing within the whole system (EP5)	35.Desire to change mental health practice: more support for teachers
This is where the bulk of our focus should be… children's education and learning (EP2) I don't think we should be involved with mental health unless it is impacting on the educational progress of the child (EP2) We're not medically trained, so I think we should be sticking to Education	36. EPs typecasting the role for learning needs

(EP2) I certainly wouldn't go into a school and say "oh by the way, I'm a trained counsellor as well, and can I help you in this area" (EP2) fundamentally I think we're employed by the local authority to support learning outcomes (EP6) I would say that the main role is to help promote the learning of children (EP6)	
This is where the bulk of our focus should be… children's education and learning (EP2) I don't think we should be involved with mental health unless it is impacting on the educational progress of the child (EP2) We're not medically trained, so I think we should be sticking to Education (EP2) I certainly wouldn't go into a school and say "oh by the way, I'm a trained counsellor as well, and can I help you in this area" (EP2)	37. EPs perceiving no role/a limited role for themselves in mental health intervention
I would like to see children being trained in emotional literacy, to be trained to recognise their own emotions, and to recognise the emotions of other people and respond appropriately. (EP2) there's that kind of a view that things need to be passed on to somebody else who knows more about it… but I don't agree with that. I think that schools and families and local support services can actually do a lot to deal with mental health issues, and we don't always have to be going down a CAMHS route. That's kind of how I feel about it. (EP4)	38. Increasing the role of schools in supporting mental health development/intervention
I think we've got a responsibility to think of mental health and emotional wellbeing in more of a preventative	39. EP mental health intervention: Preventative

sense (EP3) I think one of the advantages of educational psychology services is that they don't have structured criteria in essence, so hopefully that makes us a little bit more preventative (EP3) I guess I see improving children's mental health about changing that systemic or ecological network around the child, so… yeah OK, we work with preventative services, or we're trialling working with them once a month (EP5)	
sometimes mental health and mental wellbeing is something that people are quite frightened of (EP3) mental health is something which SENCos will sometimes say almost in a whisper, "oh I think there are mental health issues here" (EP4)	40. Mental health a fearful concept
when you're aware that other agencies are really pushed – I mean not long ago in this authority there was something like an eighteen month waiting list for CAMHS – can you in all consciousness say "well I'm not going to do anymore with this" and refer on, knowing that that child isn't going to be seen for a really long time? (EP4) there's almost that moral pressure which I've referred to previously, where we know that referring on isn't going to result in anything happening very quickly, and perhaps that does put a bit more pressure on EPs to try and do something about it (EP4)	41. Pressure on EPs from own moral compass
Consultation, Assessment, Intervention, Research, Training (EP4)	42. Facilitator to EP mental health intervention: Broad range of skills
I'm tempted to say I would like more opportunity to do some individual therapeutic work, but I think that would take a complete restructure of how my service operates (EP4) I work through a model of consultation, and also because of the level of statutory work I have, I very rarely commit to seeing a child in a	43. Barrier to EP mental health intervention: Consultation model

therapeutic way (EP6) You know, I love consultation, I really value consultation and that idea of being kind of the agent of change, however, you're doing that all the time, so when it does come to thinking that you're probably the best placed person to do some individual work with the child, they trust you, CAMHS aren't taking it on and it needs to be timely, then you wonder what kind of intervention you would do, because it's probably been so long since you've actually done anything therapeutic (EP6) we have moved towards a model of consultation in the EP world, which means not necessarily working so therapeutically with individuals and therefore our skillsets are not as strong as a Clinical Practitioner, and, but then where do you go? (EP6)	
consultations with teachers, perhaps supporting a different strand of hypotheses to support teachers in explaining behaviours (EP3) we had some anxiety training recently, and so we might discuss ideas from aspects like that in consultation. (EP5) The model that we deliver here is the consultation model, and as part of that we have a lot of discussions with teachers, a lot of reframing, and casting a different perspective on something that some people might already feel they understand (EP5) consultation is generally the way I work, and through the consultation process you'll draw out some themes and be thinking about what's going on and developing hypotheses, and usually you know, you want to be thinking about the child's emotional wellbeing within all that (EP6)	44. Facilitator to EP mental health intervention: Consultation model
The school-based counselling service takes on the responsibility of providing	45. Barrier to EP mental health intervention: Intervention available

counselling within their framework, so we don't do much therapeutic work as a result (EP5) I guess the more services there are, the less I try to stretch myself into these different directions, and the more I focus on the needs that are unmet. (EP5) If these services didn't exist, then it might be my responsibility to ensure… I'd feel it was my responsibility to ensure that support was provided within my clusters specifically for mental health (EP5) as an EP, if you're falling short of time, to do kind of supporting a child consistently, to support a child's mental health, then you know, you can always suggest a referral into school-based counselling, or even community based counselling as well (EP6) other barriers might include the way that we link up with other services and other services perhaps being seen as having more of a role (EP6)	from other services
emotional wellbeing and mental health is linked to everything I do (EP3) I don't think promoting mental health for children is separate from anything (EP5) you need to have a broad picture that looks at the child's holistic development, so you're going to include in that mental health and wellbeing (EP5) any interventions we talk about should include an element of promoting a child's wellbeing and mental health (EP5) We try and perhaps do a bit of reframing with SENCos or the Headteacher around the child's needs –	46.Mental health intervention within everything EPs do

although they're not being directly referred to us, so, I suppose, we've always got our emotional wellbeing hat on (EP6) we're always constantly thinking about attachment, wellbeing, self-esteem, self-perception, all of those things (EP6) the role of the EP and emotional health or mental health, I think it is, like, it is fundamental to everything we do (EP6) the outcome might be for them to get a National Curriculum grade 3 in Literacy, but very rarely is that at the forefront of my mind, I'm thinking what are the building blocks that are missing here that are preventing this child from achieving… the school are experts in teaching and that's their role, my role is to unpick what needs to change emotionally (EP6) it's something that just becomes really automatic when you're constructing the needs of the child (EP6)	
when we're trying to understand why they're not getting there, is about making schools aware of pupils mental health, so yeah we will often bring it in as some of the insight we provide to schools. (EP5) We try and perhaps do a bit of reframing with SENCos or the Headteacher around the child's needs – although they're not being directly referred to us, so, I suppose, we've always got our emotional wellbeing hat on (EP6)	47.EP role in mental health intervention: improving schools mental health awareness
there's this sort of negative view that things aren't a problem unless they're a problem, which again I suppose is just a traditional view of health. (EP5) when things do come up, probably the ideal time would be when they first cause an issue, when they're quite small problems, and so by the time	48. Mental health ignored or not recognised by schools until it's a big problem

they do come up and reach me, it's, I don't know, it's anxiety that is so entrenched that the child hasn't been at school for a few weeks and all communication has broken down, and by then it involves a huge amount of work to get very little change (EP5)	
Your service is always so stretched that you can actually never give enough to fully meet the needs of a child (EP6) our statutory role has to take priority (EP6) I work through a model of consultation, and also because of the level of statutory work I have, I very rarely commit to seeing a child in a therapeutic way (EP6) There's a wealth of wonderful things we can do, but then you get several statutory assessments given to you and unfortunately they have to take priority (EP6) since I've been qualified, I've always been a main grade EP, and our capacity for doing really in-depth work is quite limited (EP6) we do have a role in statutory assessment… and that's a really important role that we have, but unfortunately, it does eat into our time to support children and young peoples mental health (EP6)	49. Barrier to EP mental health intervention: Competing demands of role
supporting so we can put in place early intervention is key I think (EP6)	50. EP mental health intervention: early intervention
EPs are too often used as gatekeepers for other services like CAMHS the parent takes the child along to the GP, and either the GP sometimes, or CAMHS, will say that the child needs to be seen by the Educational Psychologist. (EP6) it's really naughty I think of other services, when they do tend to use us, as a way of managing their own	51. Services seeing EPs as gatekeepers

waiting lists – batting it back so there are more obstacles	
you might do some Personal Construct Psychology assessment with the child, and gain their views, and that can be really helpful in terms of unpicking, you know, what's causing them some mental or ill health if you like, or mental health difficulties (EP6)	52. EP mental health intervention: assessment
Our own confidence maybe, you know sometimes I think we wonder whether we are the best person to do it, because your skills do diminish over time. (EP6) You know, I love consultation, I really value consultation and that idea of being kind of the agent of change, however, you're doing that all the time, so when it does come to thinking that you're probably the best placed person to do some individual work with the child, they trust you, CAMHS aren't taking it on and it needs to be timely, then you wonder what kind of intervention you would do, because it's probably been so long since you've actually done anything therapeutic (EP6)	53. Barrier to EP mental health intervention: EP confidence

Phase 3: Searching for themes

Braun and Clarke (2006) describe that this phase re-focuses the analysis at the broader level of themes, rather than codes, by sorting different codes into potential themes.

As a deductive thematic analysis was used, the research questions were used as a template, and codes were grouped together in accordance to how they related to the research questions. At this point, no further refinement of the codes was completed, and all had the potential to be themes.

This stage was carried out by writing each code on a piece of paper, and sorting codes so that similar ones were grouped under the specific research questions. The following codes were grouped together under the following research questions:

RQ1: What is the current role of EPs in relation to CYP mental health?

19. EP mental health intervention: Training
21. EP mental health intervention: Individual casework
22. EP mental health intervention: Consultation

39. EP mental health intervention: Preventative
46. EP mental health intervention: within everything EPs do
47. EP mental health intervention: Improving schools mental health awareness
50. EP mental health intervention: early intervention
52: EP mental health intervention: assessment
8. EP role mental health: implicit
6. Links with other services re: mental health

RQ2: What are the facilitators and barriers to EPs engagement in work related to CYP mental health?

44. Facilitator to mental health intervention: consultation model
9. Facilitator to mental health intervention: Knowledge
10. Facilitator to mental health intervention: Confidence
11. Facilitator to mental health intervention: Competence
25. Schools welcome mental health intervention
42. Facilitator to mental health intervention: Broad range of skills
51. Services seeing EPs as gatekeepers

53. Barrier to EP mental health intervention: EP confidence
49. Barrier to EP mental health intervention: Competing demands of role
48. Mental health ignored / not recognised by schools until it's a big problem
45. Barrier to EP mental health intervention: intervention available from other services
43. Barrier to EP mental health intervention: consultation model
40: Mental health a fearful concept
37. EPs perceiving no role / a limited role for themselves in mental health
12. Barrier to EP mental health intervention: Time constraints
13. Barrier to EP mental health intervention: The term 'educational psychologist'
14. Barrier to EP mental health intervention: schools view of EPs
23. Schools typecasting the EP role for learning needs
15. Barrier to EP mental health intervention: schools not prioritising mental health needs
16. Barrier to EP mental health intervention: EP competency
32. LEA typecasting EP role
31. Pressure from LEA to engage in work relating to learning
17. Barrier to EP mental health intervention: LEA views of an EP
18. Barrier to EP mental health intervention: focus in education on academic outcomes
20. Barrier to EP mental health intervention: Lack of resources available to EPs
24. Schools perceiving mental health as needing a medical intervention
36. EPs typecasting the role for learning needs
7. Lack of clarity of EP role in mental health
2. EP role: promoting children's learning
1. EP role: adult focused
26. Schools seeing EPs as gatekeepers
27. Why schools typecast the role: cultural perceptions
28. Why schools typecast the role: lack of understanding of role

RQ3: Is there a current pressure on EPs to engage in work relating to CYP mental health?

3. Pressure on EPs from current context
4. Pressure on EPs from other agencies
41. Pressure on EPs from own moral compass
5. No pressure on EPs to engage in mental health intervention as a result of current context

RQ4: How might EPs improve their work in relation to CYP mental health?

33. Desire to change mental health practice: be able to do more
34. Desire to change mental health practice: a more therapeutic role
29.Overcoming barriers to EP engagement in mental health intervention: changing the Doctoral training
30. Overcoming barriers to EP engagement in mental health intervention: Challenging schools perceptions
35. Desire to change mental health practice: more support for teachers
38. Increasing the role of schools in supporting mental health development / intervention

Phase 4: Braun and Clarke (2006) describe that this phase begins when the researcher has devised a set of candidate themes, which then need to be refined. Codes/themes were reviewed and refined, with similar codes/themes merged*, ***and other codes disregarded due to lack of relevance or supporting information within the code, as shown below.***

Research question 1: What is the current role of EPs in relation to CYP mental health?

19. EP mental health intervention: Training
21. EP mental health intervention: Individual casework
22. EP mental health intervention: Consultation
39. EP mental health intervention: Preventative
46. EP mental health intervention: within everything EPs do*
47. EP mental health intervention: Improving schools mental health awareness
50. EP mental health intervention: early intervention
52: EP mental health intervention: assessment
8. EP role mental health: implicit*
6. Links with other services re: mental health

Individual based (refined theme)
21. EP mental health intervention: Individual casework
52: EP mental health intervention: assessment (lack of evidence) Disregarded

Systemic (refined theme)
19. EP mental health intervention: Training
22. EP mental health intervention: Consultation
39. EP mental health intervention: Preventative
47. EP mental health intervention: Improving schools mental health awareness

Imbedded in the role: (refined theme)

46. EP mental health intervention: within everything EPs do and 8. EP role mental health: implicit (two codes merged due to similarity)

50. Early intervention (lack of evidence) Disregarded – also a crossover with preventative

6. Multi-agency work (refined theme)

Research question 2: What are the facilitators and barriers to EPs engagement in work related to CYP mental health?

Facilitators

44. Facilitator to mental health intervention: consultation model
9. Facilitator to mental health intervention: Knowledge
10. Facilitator to mental health intervention: Confidence
11. Facilitator to mental health intervention: Competence
25. Schools welcome mental health intervention
42. Facilitator to mental health intervention: Broad range of skills
51. Services seeing EPs as gatekeepers (relevance to theme?) Disregarded due to lack of relevance

Facilitators:

EP Factors (refined theme)
9. Knowledge
10. Confidence
11. Competence
42. Broad range of skills (lack of evidence) Disregarded

Frameworks of Practice: (refined theme)
44. Consultation model

25. Mental health intervention wanted by schools (refined theme)

Barriers

53. Barrier to EP mental health intervention: EP confidence
49. Barrier to EP mental health intervention: Competing demands of role
48. Mental health ignored / not recognised by schools until it's a big problem
45. Barrier to EP mental health intervention: intervention available from other services
43. Barrier to EP mental health intervention: consultation model *****
40: Mental health a fearful concept
37. EPs perceiving no role / a limited role for themselves in mental health****
12. Barrier to EP mental health intervention: Time constraints
13. Barrier to EP mental health intervention: The term 'educational psychologist' (lack of evidence) DIsregarded
14. Barrier to EP mental health intervention: schools view of EPs*
23. Schools typecasting the EP role for learning needs*
15. Barrier to EP mental health intervention: schools not prioritising mental health needs**
16. Barrier to EP mental health intervention: EP competency
32. LEA typecasting EP role***
31. Pressure from LEA to engage in work relating to learning

17. Barrier to EP mental health intervention: LEA views of an EP***
18. Barrier to EP mental health intervention: focus in education on academic outcomes**
20. Barrier to EP mental health intervention: Lack of resources available to EPs
24. Schools perceiving mental health as needing a medical intervention
36. EPs typecasting the role for learning needs****
7. Lack of clarity of EP role in mental health
2. EP role: promoting children's learning****
1. EP role: adult focused *****
26. Schools seeing EPs as gatekeepers*
27. Why schools typecast the role: cultural perceptions*
28. Why schools typecast the role: lack of understanding of role*

Barriers to EP mental health intervention:
EP Factors: (refined theme)
53. EP confidence
16. EP competence
20. Barrier to EP mental health intervention: Lack of resources available to EPs (lack of evidence) Disregarded

EP Role: (refined theme)
7. Lack of clarity
49. Competing demands
12. Time constraints
37. EPs perceiving no role / a limited role for themselves in mental health and 36. Typecasting of role for learning needs and 2. EP role: promoting children's learning (three codes merged due to similarity) (EPs constructions)

Frameworks of Practice: (refined theme)
43. Consultation model and 1. Role is adult focused (two codes merged due to similarity)

Schools construct of EP role: (refined theme)
23. Typecasting of EP role for learning needs and 14. Barrier to EP mental health intervention: schools view of EPs* and 27. Why schools typecast the role: cultural perceptions* and 28. Why schools typecast the role: lack of understanding of role* and 26 schools seeing EPs as gatekeepers* (five codes merged due to similarity)

Schools awareness and understanding of mental health: (refined theme)
48. Mental health not recognised
40. Mental health a fearful concept (lack of evidence) Disregarded
24. Mental health needs a medical intervention
15. Mental health not prioritised and 18. Focus in education on academic outcomes (mental health not prioritised)

Wider constructs of EP role: (refined theme)
17. Lea constructs of role and 32. LEA typecasting EP role (LEA constructs)
31. LEA pressures

45.Availability of other agencies (refined theme)

Research question 3: Is there a current pressure on EPs to engage in work relating to CYP mental health?

3. Pressure on EPs from current context
4. Pressure on EPs from other agencies
41. Pressure on EPs from own moral compass
5. No pressure on EPs to engage in mental health intervention as a result of current context

3. Current context (refined theme)
4. Other Agencies (refined theme)
41. Moral (refined theme)

5. No pressure (refined theme)

Research Question 4: How might EPs improve their work in relation to CYP mental health?

33. Desire to change mental health practice: be able to do more (Lack of evidence) Disregarded
34. Desire to change mental health practice: a more therapeutic role
29.Overcoming barriers to EP engagement in mental health intervention: changing the Doctoral training
30. Overcoming barriers to EP engagement in mental health intervention: Challenging schools perceptions
35. Desire to change mental health practice: more support for teachers
38. Increasing the role of schools in supporting mental health development / intervention (Lack of evidence) Disregarded

Change in EP Practice: (refined theme)
34. Therapeutic interventions
35. Mental health support for teachers

30. Change in school constructs of EP role (refined theme)

29. Access to improved training for EPs (refined theme)

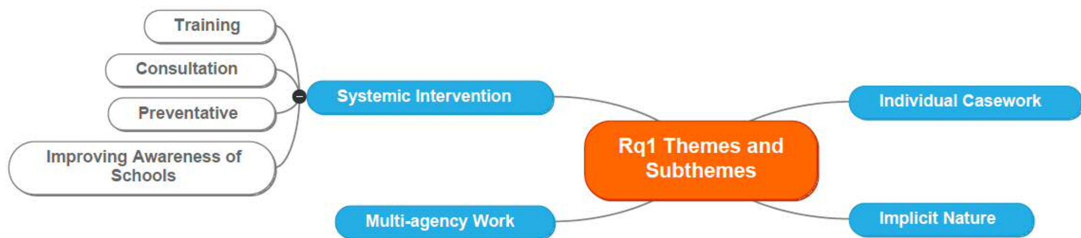
Phase 5: Defining and naming themes

During this phase, main themes and subordinate themes were finalised within tables, and thematic maps for each research question developed with some further refinement of themes and subthemes. Codes and number of EPs who had made reference to the code were included in the tables, in order for ease of reference back when writing the research paper.

Research Question 1: What is the current role of EPs in relation to CYP mental health?

Main Themes	Subordinate Themes	Component Factors of Subthemes
Individual casework C21 – 5/6 EPs		
Systemic role	Training (C19 – 6/6) Consultation (C22– 2/6) Preventative (C39– 2/6) Improving awareness of schools (C47– 2/6)	
Implicit C46 3/6		
Multi-agency work C6 6/6		

Thematic Map



Research Question 2: What are the facilitators and barriers to EPs engagement in work related to CYP mental health?

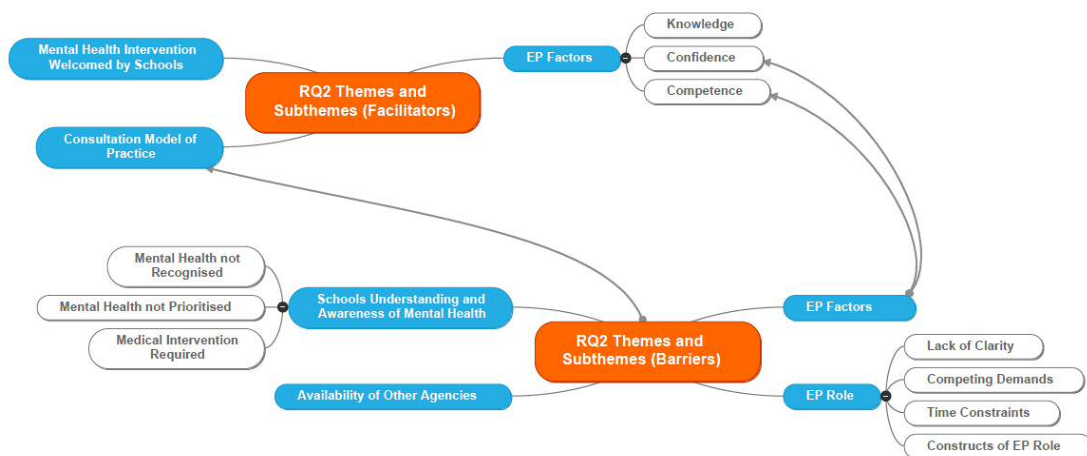
Facilitators

Main Themes	Subordinate Themes
EP Factors	Knowledge (C9 2/6) Confidence (C10 1/6) Competence (C11 1/6)
Consultation model of practice C44 3/6	
Mental health intervention welcomed by schools C25 3/6	

Barriers

Main Themes	Subordinate Themes
EP factors	Competence C16 4/6 Confidence C53 1/6
EP role *(theme further merged)*	Lack of clarity (C7 3/6) Competing demands (C49, 1/6) Time constraints (C12 4/6) *Constructs of EP role: Schools (C23 3/6)* *LEA (C17 2/6; C31 3/6)* *Construction of EP of role (C36 2/6)*
Consultation Model of Practice C43 2/6 C1 1/6	
Schools awareness and understanding of mental health	Mental health not recognised by schools (C48 1/6) Schools not prioritising mental health (C15 5/6) Medical Intervention (C24 1/6)
Availability of other agencies C45 2/6	

Thematic Map



Research Question 3: Is there a current pressure on EPs to engage in work related to CYP mental health?

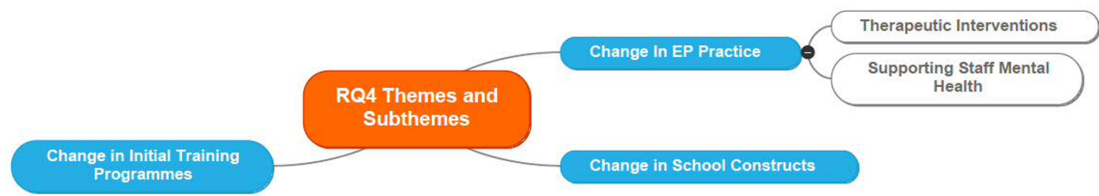
Main Themes	Subordinate Themes
Current Context C3 3/6 Other agencies C4 2/6 Moral C41 1/6 No pressure C5 2/6	

Thematic Map

Research Question 4: How might EPs improve their work in relation to CYP mental health?

Main Themes	Subordinate Themes
Change in EP Practice	Therapeutic interventions (C34 3/6) Supporting the mental health of teachers (C35 2/6)
Change in schools constructs of role C30 2/6	
Change in EP training C29 2/6	

Thematic Map:



Appendix 11 – Debrief Form

School of Psychology, Cardiff University

Debrief form

The Role of the EP in Children and Young People's Mental Health: An Explorative Study

Thank you for your participation in this research, which is exploring the constructions of Educational Psychologists (EPs) and Special Educational Needs Coordinators (SENCos) of the role of the EP in children and young people's mental health. At present, the current context of children and young people's mental health is widely reported in the media as a concern, and reports often coincide with the pressure on the Children and Adolescent Mental Health Service (CAMHS), particularly during this period of austerity with consistent budget cuts to this service. There have been recent news reports highlighting that the number of children and young people with mental health needs is rising, and that despite this, more and more children are receiving limited support from specialist services.

Within the literature, it is indicated that as a result of the above concerns, the role of the EP might be implicated, and that EPs might have a role in picking up cases that might previously have been accepted by CAMHS (Hill, 2012). This is in addition to research which states that EPs are beginning to work more therapeutically in their day to day work with children and schools (Atkinson et al. 2011). Despite this, constructions of EPs themselves about their role in children and young people's mental health is explored to a much lesser extent, and this is deemed to be important as there is recognition that the work of EPs can differ greatly, even to the extent that EPs within the same service may work very differently (Boyle & Lauchlan, 2009). The constructions of EPs about their own role in children and young people's mental health is therefore a very important area to explore, particularly if research is beginning to suggest that EPs should have a role.

In addition to exploring the constructions of EPs, the research has explored the constructions of SENCos about the EP role also. This is deemed important as at present, there is very limited research which explores this. Additionally, as there is currently a huge pressure on specialist services such as CAMHS, it is important to establish how and from who SENCos are receiving support for children and young people in their schools who are experiencing mental health difficulties. The workload of an EP is reliant for a significant part on SENCos and what they prioritise, therefore understanding how SENCos construct the role of the EP in children and young people's mental health is highly important.

The information you have provided in the interview will be held confidentially in a password protected electronic device until it is transcribed. The interview will be transcribed by (date) and following this, all data will be held anonymously and cannot be traced back to you. For this reason, you have the right to withdraw until

the interview has been transcribed on (date), however following this, withdrawal from the study will not be possible.

If you require any further information about this study, please do not hesitate to contact the researcher, Rachel Price, or the supervisor of this project, Dr Ian Smillie. Contact details are listed below.

Rachel Price
Trainee Educational Psychologist
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3EU

Email: Pricerl4@cardiff.ac.uk

Dr Ian Smillie,
Professional Tutor
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3EU

Email: Smillie@cardiff.ac.uk

Thank you again for your participation in this research.

Should you have any complaints about this research, the relevant contact details are listed below.

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 02920 870360
Email: psychethics@cardiff.ac.uk

Further Reading

Diversity of the EP Role

Boyle, C., & Lauchlan, F. (2009). Applied psychology and the case of individual casework: some reflections on the role of the educational psychologist. *Educational Psychology in Practice*, 25(1), 71-84.

Implications of current pressure on CAMHS for EPs

Atkinson, C., Squires, G., Bragg, J., Wasilewski, D., & Muscutt, J. (2011). *Effective delivery of therapeutic interventions: findings from four site visits.* Unpublished paper retrieved from https://www.escholar.manchester.ac.uk/api/datastream?publicationPid=uk-ac-man-scw:176407datastreamId=PRE-PEER-REVIEW.DOCX on 22.12.2015.

Hill, V. (2013). Working across diverse contexts with wider populations: the developing role of the educational psychologist. In C. Arnold & J. Hardy (Eds.)., *British educational psychology the first hundred years* (pp. 128-140). Leicester: The British Psychological Society.