

*"...it's not just the child's mental health we're supporting, its educators, parents...it can feel impossible"*

**Exploring Educational Psychologists' Perspectives of Effective Mental Health and Emotional Wellbeing Support in Wales.**

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A thesis submitted for the degree of Doctor of Educational Psychology.

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Summary of thesis presentation .....	10
2. Introduction .....	13
2.1 Introducing the topic area .....	13
3. Rationale for research .....	14
3.1 Prevalence .....	15
3.2 Issues of terminology.....	17
3.4 Defining Mental Health and Wellbeing .....	17
3.4.2 Uk context.....	18
3.4.3 Socio-political context .....	19
3.4.4 Wales Context .....	20
3.5 Relevance to Educational Psychology in Wales .....	21
3.6 Aligning definitions with researcher stance .....	22
3.7 Situating Mental Health in a Post-Pandemic Educational Landscape (Global, UK, Wales) .....	23
3.8 Accessing Support in a Pressurised System: The Role of CAMHS and Beyond .....	23
3.9 Considering Staff Wellbeing in Schools.....	25
3.10 Meaning-Making and Mental Health: Children and Young People’s Voices .....	25
3.11 Constructing the EP Role: UK Perspectives on Supporting Emotional Wellbeing.....	26
3.12 Educational Psychology in the Welsh Context .....	27
3.13 Summary of Part One A .....	27
4. Part one B: A semi-structured systematic review.....	28
4.1 Overview .....	28
4.2 Formulation of review questions.....	28
4.3 Inclusion and Exclusion criteria.....	29
4.4 Review Strategy.....	29
4.5 Search strategy and terms .....	30
4.6 Search Outcomes .....	30
4.7 Critical Review of the Literature .....	32
4.7.1 Structure of the Review .....	32
4.7.2 Positioning the Educational Psychologist: A Contextual Agent of Change .....	33

4.7.3 Using COMOIRA to Scaffold Systemic Practice .....	35
4.7.4 CYP'S Perspectives in a Post-Pandemic Context.....	36
4.7.5 Schools as Systems of Early Support .....	37
4.7.8 Emerging Evidence of Pandemic-Related Mental Health Challenges in Young People .....	39
4.7.9 Translating Policy into Practice: Post-pandemic .....	39
4.7.10 Educational Psychologists in Multi-Agency Ecologies .....	40
4.7.11 Educational Psychology Support Across Primary and Secondary Education .....	41
4.7.12 Barriers to EPs supporting mental health and Emotional Wellbeing .....	43
4.7.12.1 Role Ambiguity and Policy Disconnects .....	43
4.7.12.3 Statutory Pressures and Competing Demands .....	44
4.7.12.4 Training Gaps and Capacity Limits.....	44
4.7.12.5 Summary of Barriers to EPs supporting Mental Health and Emotional Wellbeing	45
4.7.13 Facilitators: Systemic Enablers of EP Practice.....	45
4.7.15 Summary.....	47
5. References Beckman, L., Hassler, S., & Hellström, L. (2023). Children and youth's perceptions of mental health: A scoping review of qualitative studies. <i>BMC Psychiatry</i> , 23, Article 669. <a href="https://doi.org/10.1186/s12888-023-05169-x">https://doi.org/10.1186/s12888-023-05169-x</a> .....	50
Part Two: Major Empirical Paper.....	55
1. Abstract.....	55
2. Part Two A: Introduction .....	55
2.1 Mental Health and Emotional Wellbeing .....	56
2.2 Educational Psychologists in Wales .....	57
2.3 The current research .....	57
3. Part Two B: Methodology .....	59
3.1 Researcher positionality .....	59
3.2 Aims of the current research .....	61
3.3 The rationale for Reflexive Thematic Analysis .....	62
3.4 Research design .....	62
3.4.1 Semi-structured interviews (SSI) .....	62

3.4.2 SSI Rationale.....	63
3.5 Method.....	63
3.5.1 Ethical considerations .....	63
3.5.2 Participant sampling .....	66
3.5.3 Rationale for sample size.....	67
3.5.4 Recruitment strategy .....	68
3.5.5 Procedure.....	68
3.5.6 Data gathering .....	70
3.5.7 Transcription .....	70
3.5.8 Data analysis .....	71
3.5.9 Reliability and validity .....	71
4.6 Summary .....	75
5. Part Two C: Analysis.....	77
5.1 Overview .....	77
5.2 Participant information .....	78
5.3 Superordinate theme 1: Engaging with constructions of Mental Health and Wellbeing....	79
5.3.1 Sub-theme: Challenging Binary Understandings .....	79
5.3.2 Sub-theme: Capacity Building Through Modelling Support .....	81
5.3.3 Sub-theme: Containing, Enabling, Empowering .....	82
5.4 Superordinate Theme 2: Reframing Effective EP Support Across Settings .....	83
5.4.1 Sub-theme: Bridging Systems .....	83
5.4.2 Sub theme: From Nurturing to Independence.....	84
5.4.3 Sub-theme: The Intersection of Theory and Practice .....	85
5.5. Superordinate theme 3: Building Effective EP Practices .....	86
5.5.1 Subtheme: From Intuitive Interventions to Bespoke Solutions .....	86
5.5.2 Subtheme: Establishing Collaborative Relationships.....	86
5.6 Superordinate theme 4: Navigating the Complexities.....	87
5.6.1 Subtheme: The Illusion of Inclusion .....	87
5.6.3 Subtheme: Beyond the Curriculum.....	89

5.6.4 Sub-theme: ‘Doing What We Think Is Best’ .....	90
6. Part two D: Discussion .....	91
6.1 Overview .....	91
6.2 Engaging with Constructs of Mental Health and Emotional Wellbeing .....	92
6.3 Reframing effective EP support across settings .....	93
6.4 Building Effective EP Practices .....	95
6.5 Navigating the Complexities .....	98
6.6 Conclusion .....	100
6.7 Limitations of the research .....	104
6.8 Implications of the research and future considerations .....	105
6.8.1 Implications for Welsh Government .....	105
6.8.2 Implications for Local Authorities .....	109
6.8.3 Implications for Educational Psychologists .....	110
6.8.4 Implications for Schools, Children and Young People and Their Families .....	111
6.9 Future research .....	112
6.10 Summary .....	113
7. References .....	114
hePart 3: Critical Appraisal .....	120
1. Introduction .....	120
2. Part Three A: Critical development of the research practitioner: .....	120
2.2 Critical development of the research practitioner .....	120
2.2.1 Professional interests .....	120
2.3 Available literature .....	122
2.4 Potential challenges .....	124
2.5 The literature review process .....	124
2.6 Inclusion and exclusion of papers .....	128
2.7 Inclusion and Exclusion criteria of participants .....	129
2.8 Participants .....	129
2.9 Recruitment .....	130

2.10 Data gathering .....	131
2.11 Data analysis .....	133
2.12 Confidence of the researcher .....	135
3. Part Three B: Contribution to Knowledge and Dissemination .....	136
3.1 Reflections on my findings .....	136
3.2 Reflection on the role of the EP .....	137
3.3 Dissemination.....	138
4. Summary .....	139
5. References .....	140
Thank you for reading this. ....	169
There are no possible risks to taking part. All participants have a right to withdraw at any point prior, during or two weeks after the individual semi-structured interview has been completed.....	171

## List of Tables

Table 1 .....	28
Table 2 Example of inclusion and exclusion criteria.....	29
Table 3 outlining ethical considerations .....	63
Table 4 Inclusion and Exclusion criteria .....	68
Table 5 procedure followed in order.....	68
<i>Table 6 reliability and validity:</i> .....	72
<i>Table 7 . limitations and strengths</i> .....	104
<i>Table 8 Suggestions for implementation of ‘All-age Mental Health and Wellbeing Strategy’ goals</i> .....	107
Table 9 Dissemination plan .....	138

## List of Figures

Figure 1 PRISMA .....	32
Figure 2 Theoretical Framework of the research .....	59
Figure 3 Summary of the RTA process (Braun & Clarke, 2021) .....	71
Figure 4 Thematic map of superordinate and sub-theme.....	79

## List of Appendices

Appendix 1: Full inclusion and exclusion criteria .....	143
Appendix 2 Critical Appraisal Skills Programme (CASP) Checklists .....	148
Appendix 3: CASP for systematic review papers .....	150
Appendix 4 Participant information sheet .....	169
Appendix 5 Consent Form .....	174
Appendix 6 Debrief Form .....	177
Appendix 7 Gatekeeper letter .....	179
Appendix 8 Nvivo Participant Pseudonyms .....	181
Appendix 9: Example of early coding stages using NVivo .....	182
Appendix 10 Further example of early coding stages using NVivo .....	183

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## **List of Abbreviations**

ALNCo(s) - Additional Learning Needs Coordinator(s)

AEP - Assistant Educational Psychologist

ALN - Additional Learning Needs

COMOIRA - Constructionist Model of Informed and Reasoned Action

CYP'S - Children and Young People

DEdPsy - Doctorate in Educational Psychology

EWB – Emotional Wellbeing

EP(s) - Educational Psychologist(s)

EPS(s) -Educational Psychology Service(s)

HCPC - Health and Care Professions Council

LA(s)- Local Authority (authorities)

MH- Mental Health

RTA - Reflexive Thematic Analysis

RQ(s) - Research Question(s)

SENCo - Special Educational Needs Coordinator

SSI – Semi-Structured Interviews

TA - Thematic Analysis

TEP(s) - Trainee Educational Psychologist(s)

UK - United Kingdom

WG - Welsh Government

## Summary of thesis presentation

This thesis is presented in three main sections:

Firstly, a major literature review. This section is divided into two parts; Part One A aims to provide an overview of the contextual literature, including relevant policy and socio-political context, relevant to the current research. Part One B provides a semi-structured systematic literature review, discussed through a critical lens, relating to the literature review question: *“How can Educational Psychologists facilitate effective mental health and emotional wellbeing support in schools?”*

Secondly, Part Two: A Major Empirical Paper. This section is divided into four parts. Part Two A, the introduction, aims to provide a brief overview of the existing literature. Part Two B presents a description of the methodology used in the current research. Part Two C details the findings and the chosen methodology of semi-structured interviews and Reflexive Thematic Analysis, followed by the analysis of participants responses. This is presented through a thematic map.

Finally, Part Two D presents a discussion, with implications outlined for CYP’S and their families, schools, EPs, local authorities, and the Welsh Government. Limitations of the research and areas for future research are also outlined.

The research data is presented with consideration to the research questions and direct quotations from participants are provided to illustrate superordinate themes and related subthemes. Superordinate themes and subthemes constructed through the analysis are later discussed in relation to the current literature, research questions posed and proposed implications for the EP profession. Finally, perceived strengths and limitations relating to the methodology of the current research are explored and possible scope for future research is suggested.

Finally, Part Three: Critical Appraisal. This section comprises a reflective account of the research process and the researcher’s professional development. It is presented in two parts. Part Three A provides a critical account of the development of the research practitioner, including

professional interests in the topic area. Part Three B provides an analysis of the research process, its contribution to knowledge and dissemination.

## **Major Literature Review**

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## **2. Introduction**

### **2.1 Introducing the topic area**

Part One A presents a narrative review that provides a theoretical and contextual foundation for understanding the significance of the topic area. This narrative review draws on a diverse range of sources including peer-reviewed research, grey literature, government and third-sector policy documents, practitioner reports, and key academic texts. This methodology and range of evidence was chosen to build conceptual understanding, theoretical foundations and real-world applications relevant to the topic of psychologically informed practice supporting educational psychologists (EPs) perspectives of effective mental health (MH) and emotional wellbeing (EWB) support (Adams et al., 2017; Greenhalgh & Peacock, 2005; Sukhera, 2022). Part One A offers definitions of mental health needs and emotional wellbeing and examines the importance of supporting children and young people (CYP'S) within both Primary and Secondary school contexts, highlighting the distinctions between these educational stages. A discussion of relevant policy, legislation and Government publications is also provided, followed by a general discussion of the role of the EP and Multi agency working. Finally, information pertaining to what EPs consider best practice approaches to supporting MH and EWB in schools, with some differentiation across primary and secondary school, and how EPs view their role.

### **3. Rationale for research**

This present study was completed as part of Cardiff University's Doctorate in Educational Psychology (DEdPsy). This present study aims to explore 'Educational Psychologists Perspectives of Effective Mental Health and Emotional Wellbeing Support' in relation to children and young people (CYP'S) in Wales, with a focus on CYP'S in primary and secondary education.

Recently, there has been a considerable interest in CYP'S's MH and EWB. As of January 2024, NHS Wales published data estimating that, in an average classroom, three children may experience mental health challenges. They further reported that half of all mental health challenges begin by the age of 14, highlighting the considerable prevalence of mental health challenges within school communities (NHS Wales, 2024). These figures may suggest that early identification and intervention within educational settings is essential, as schools represent a critical environment where mental health needs often emerge (Fazel et al., 2014; Weare, 2015). The growing incidence of mental health challenges not only affects individual wellbeing and academic achievement (Jones et al., 2015) but also places increasing pressure placed on school staff and support services due to increasing MH and EWB needs (Kidger et al., 2009).

Data produced by Wellbeing of Wales (2023) that suggests children and young people are demonstrating a greater need for mental health support. In turn, the NICE (2022) report suggests that mental health needs often emerge in Primary school-aged children yet are more likely to be recognised during the teenage years. This highlights a significant delay between the onset of mental health needs and their formal identification. Research by Kessler et al. (2005) found that approximately 50% of all mental health needs begin by the age of 14, reinforcing the importance of early detection. Similarly, the Mental Health Foundation (2021) emphasizes that early intervention in childhood is critical, as untreated mental health challenges can escalate and negatively impact educational outcomes, social relationships, and long-term emotional wellbeing. Despite this, studies show that many primary school staff report feeling undertrained and under-resourced to effectively recognize and respond to early signs of mental health challenges (Ford et al., 2021), which may contribute to delays in identification and access to support. Despite the identified need for early intervention, the Wellbeing of Wales (2023) data sets focus significantly on information retrieved from children and young people aged 11–24

who have accessed mental health services. While this provides valuable insights into the experiences of service users, it may limit the generalisability of findings to the broader population of children and young people, particularly those with unmet mental health needs who have not engaged with formal support services. NHS Wales (2023) reports that adolescent girls ages 16-19 are most frequently presenting with mental health crises to acute services. In addition, data from 2019 reports that females ages 11-19 were twice as likely to need support, whilst males presented with more need as they increased in age. Moreover, the data suggests that mental health support is more commonly recognised in males and females aged 16-24 (NHS Wales, 2023).

The data above proposes that mental health needs of children and young people is increasing throughout Wales and the UK. Furthermore, there is no clear understanding as to why these figures are increasing and how education professionals are managing this expansion in need, this research will aim to explore this with EPs that are currently experiencing these challenges within schools. This thesis focuses on the perspectives of EPs when supporting both primary and secondary aged children.

### **3.1 Prevalence**

In 2023-24, on average, more than 500 children per day in England were referred to mental health services for anxiety, more than double the rate before the Covid-19 pandemic (ONS, 2024). Suicide is currently the leading cause of mortality in young people in the UK between 16 and 24 years, with an estimate of 180 CYP'S aged 10-19 years dying by suicide (ONS, 2019). Suicide in children and young people is strongly linked to mental health and wellbeing, that mental health issues such as depression, anxiety, and self-harm are significant risk factors contributing to factors influencing suicidal tendencies within this demographic (King et al., 2020).

Although a strong correlation exists between mental health and risk of suicidal vulnerability, it is important to recognise that correlation does not imply direct causality. Nevertheless, consistent findings across studies (King et al., 2020; WHO, 2014) suggest that mental health challenges are a significant and modifiable risk factor within this broader context. Consequently, the strong association between mental health challenges and suicidal vulnerabilities warrants consideration,

as Ashworth et al. (2023) argue that interventions aimed at improving mental health and wellbeing are likely to play a central role in reducing suicide risk among children and young people.

Recent data indicates that approximately 1 in 6 children and young people in Wales have a diagnosable mental health need (Health and Care Research Wales, 2023). Likewise, data from StatsWales (2022) reports the number of children from year 6 to year 13 that received counselling has increased each year. The data suggests that there is a significant increase in children that receive counselling support once reaching year 7. However, obtaining accurate data regarding the prevalence of mental health needs in Wales remains complex due to several factors, including variations in data collection methods and underreporting mental health challenges. Diverse data sources indicate that different regions may collect and report mental health data through multiple channels, each with varying methodologies. For example, some areas might rely on general wellbeing surveys, while others may use more targeted mental health assessments, leading to discrepancies in how mental health needs are identified and recorded. The Welsh Government (2017) highlights that local authorities and health boards may report data from a range of services, such as specialist Child and Adolescent Mental Health Services (CAMHS), general medical services, and school-based counselling, each of which could use different frameworks or reporting criteria. This inconsistency in data collection practices across regions contributes to challenges in obtaining a unified picture of mental health needs. Additionally, underreporting remains a significant challenge, as many children and young people may not seek support due to stigma, lack of awareness, or limited access to services, which may further misrepresent the extent of mental health issues (Health and Care Research Wales, 2023).

The Welsh 10-year scheme ‘Together for Mental Health delivery plan 2019-2020’ propose a significant increase and interest in preventative methods across all professions. In turn, proposing that the mental health and wellness of children and young people should be considered by all adults working with children and families. Given the rising prevalence of mental health challenges and their potential consequences, these findings highlight the necessity for further research and careful consideration of how multi agency work can be conducted effectively and integrated as regular practice within educational and health systems to support CYP’S.



### **3.2 Issues of terminology**

Several terms are used to describe ‘mental health’ and ‘emotional wellbeing’ as well as both terms being used interchangeably within policy, guidance and practice. More recent guidance in Wales reflects this, for example the draft ‘All-Age Mental Health and Wellbeing Strategy 2024-2034’ (Welsh Government 2023) is a key policy that aims to ensure people live in communities that promote and support mental health and emotional wellbeing. Likewise, The Welsh Government's NEST framework (Nurturing, Empowering, Safe and Trusted; Welsh Government, 2021a) illustrates the integrated approach to mental health and wellbeing. It serves as a planning tool to ensure a whole-system approach to developing mental health, wellbeing, and support services. These documents reflect the Welsh Government's vision toward an integrated approach to health, where mental health and wellbeing are considered together. The "Framework on Embedding a Whole School Approach to Emotional and Mental Wellbeing" (Welsh Government, 2021b) supports schools in promoting positive mental wellbeing, preventing mental ill-health, and providing necessary support. This integrated usage emphasises the Welsh Government's holistic perspective on health, in line with the stance of this thesis, where mental health is considered a vital component of overall wellbeing. In this thesis, the terms ‘Mental Health’ and ‘Emotional Wellbeing’ are used in conjunction, following Welsh Government guidance (Welsh Government, 2021a), to reflect an integrated approach to health in Wales, as recommended by the Welsh Government.

### **3.4 Defining Mental Health and Wellbeing**

#### **3.4.1 Global context:**

The World Health Organization (WHO) defines mental health as:

*“a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community” (WHO, 2022).*

Globally, the concepts of 'mental health' and 'wellbeing' have gained distinction as essential components of public health and social policy, reflecting their integral role in promoting human capability and societal progress (WHO, 2022). However, the understanding of mental health and emotional wellbeing is shaped by diverse cultural, economic, and political factors, and there is

no universal consensus on its definition. For example, in Australia, indigenous viewpoints, such as the Aboriginal concept of "social and emotional wellbeing," extend beyond individual health to include community and spiritual dimensions (Sutherland, 2019). Similarly, in Japan, societal views of mental health emphasize values such as harmony, resilience, and self-reliance. The notion of "ikigai," or "a reason for being," encourages individuals to pursue meaningful goals and activities, contributing to their overall sense of mental wellness (Nakane et al., 2015).

As such, MH and EWB could be considered as culture bound and can vary in understanding, there is no one commonly used definition to be shared globally. The way in which mental health and wellbeing are socially constructed plays a crucial role in shaping national policies, agendas, and legislation. However, since mental health and wellbeing are culturally bound concepts with varying interpretations, there is no universally accepted definition (Waterman, 2021). This variability means that policies and practices, including those in educational psychology, may differ across communities and contexts. Bronfenbrenner's ecological model (1979) emphasizes how these societal influences evolve over time, highlighting the need for EPs to adapt their practices to the unique cultural and individual understandings of mental health present within different communities.

### **3.4.2 Uk context**

The education system within the UK regularly adopts phrases such as 'emotional literacy', 'emotional wellbeing', 'mental health needs' or 'mental health difficulties' (Cole, 2015). These phrases typically refer to the same need and are used interchangeably depending on the understanding of the individual.

In the UK, mental health and wellbeing are recognised as complex, multidimensional concepts encompassing emotional, psychological, and social aspects of life (Faculty of Public Health, 2023). The Department of Health and Social Care (2022) defines mental wellbeing as encompassing thoughts, feelings, and the ability to navigate life's challenges. This perspective aligns with the World Health Organization's (WHO, 2022) broader understanding of mental health as a state of wellbeing in which individuals can realise their abilities, cope with everyday challenges, work productively, and contribute to their community. Both definitions emphasise that mental health extends beyond the absence of illness, incorporating a more comprehensive view of psychological resilience and overall social functioning, bound by context.

Within education, conceptualisations of mental health and emotional wellbeing also vary. The Additional Learning Needs (ALN) Code for Wales (Welsh Government, 2021) frames mental health and emotional wellbeing as integral to understanding barriers to learning and participation, promoting a developmental and person-centred approach. It highlights the need for early identification of mental health needs within a child's broader life context. Moreover, the Special Educational Needs and Disability (SEND) Code of Practice for England (Department for Education & Department of Health, 2015) places emphasis on social, emotional, and mental health (SEMH) difficulties in relation to persistent behavioural and learning challenges, often where there is a demonstrable impact on educational outcomes. Both frameworks reflect different policy emphases, shaped by their respective contexts and priorities.

This contrast illustrates broader tensions between biopsychosocial models of mental health, which acknowledge the interplay between biological, psychological, and social factors (Engel, 1977; WHO, 2022), and models that tend to focus on individual challenges or within-child factors over relational and systemic factors (Norwich, 2022; Daniels et al., 2021). The divergence in policy frameworks also places EPs in a key position to advocate for more integrated, biopsychosocial understandings of mental health in education. Therefore, EPs may play an increasingly important role in shaping how mental health is conceptualised in schools, encouraging a shift from deficit-focused interpretations to strengths-based, system-aware approaches, especially where policy leans more toward individual diagnosis or categorisation.

### **3.4.3 Socio-political context**

The publication of the *Transforming Children and Young People's Mental Health Provision* Green Paper (DoHSC & DfE, 2017) marked a pivotal shift in the landscape of mental health policy for children and young people in England and Wales. It signalled a growing recognition of schools as key sites for the early identification and support of emotional and psychological needs, advocating for stronger collaboration between education, health, and social care.

Fundamental proposals, such as the introduction of, 'Designated Mental Health Leads' in schools and the development of 'Mental Health Support Teams', positioned educational settings as frontline environments for preventative and early intervention work. While these roles are commonly referred to in national guidance, it is important to note that their specific titles and structures may vary between local authorities. This policy shift reflected an increasing shared

concern around the mental health of children and young people and aimed to reduce systemic delays in accessing support. While the Green Paper (2017) prompted significant developments, it also highlighted continuing challenges, such as variability in provision, underfunded services, and the need for workforce training, challenges that continue to shape educational psychologists' roles and the broader implementation of school-based MH support.

Public Health England (PHE) and the National Health Service (NHS) advocate for a whole-system model that addresses the broader structural environments influencing MH and EWB. Housing instability, poverty, and low educational attainment are recognised as key influencers of mental health needs (Joseph Rowntree Foundation, 2013). This aligns closely with Maslow's Hierarchy of Needs (1943), which suggests that individuals must first have their basic physiological and safety needs met, such as secure housing and financial stability, before they can meaningfully engage with higher-order psychological needs like belonging, esteem, and self-actualisation. For instance, research by the Joseph Rowntree Foundation (2022) shows that financial hardship and insecure housing significantly increase vulnerability to mental health needs, particularly amidst current ongoing pressures such as the cost-of-living crisis.

This policy direction increasingly acknowledges the importance of intersectionality, how overlapping social identities and systemic imbalances contribute to the disadvantage (Bowleg, 2012; Crenshaw, 1989). Although empirical evidence applying an intersectional framework to UK mental health policy remains limited, emerging research indicates that individuals facing multiple forms of disadvantage, such as poverty, disability, and racial discrimination, are at heightened risk of adverse mental health outcomes (Patel et al., 2018). As such, addressing inequalities and promoting equitable wellbeing across diverse communities may have beneficial outcomes for reducing mental health needs through a whole-system approach.

#### **3.4.4 Wales Context**

The Welsh Government adopts a comprehensive definition of mental health and wellbeing within its policy framework. In the *Future Generations (Wales) Act 2015*, wellbeing is defined as "a state in which individuals feel empowered, are healthy, resilient, and able to participate in social, cultural, and economic activities" (Welsh Government, 2015, p. 3). Notably, the Welsh Government places a strong emphasis on the integration of mental health and wellbeing across

all areas of public policy, reflecting a holistic and preventative approach. The most recent guidance from the Welsh Government "All-Age Mental Health and Wellbeing Strategy" (2024) emphasises the equal importance of mental and physical health, stating:

*"Mental health and wellbeing are important — they're just as important as your physical health. Our mental health plays a big part in the way we think, feel and act."*

Both the UK and Welsh governments highlight the interdependence between mental and physical health, with the Welsh Government further embedding mental wellbeing into national policies aimed at improving life outcomes such as education, housing, and employment (Welsh Government, 2019). Their definitions share a common goal of positioning mental health as a fundamental aspect of overall wellbeing. In particular, Wales places strong emphasis on building resilience and ensuring sustainable long-term outcomes through its legislative and strategic frameworks (*Future Generations (Wales) Act*, 2015; *All-Age Mental Health and Wellbeing Strategy*, 2024; Welsh Government, 2019). Collectively, these frameworks reflect a move towards a more holistic and inclusive understanding of mental health, consistent with international initiatives like the World Health Organization's *Comprehensive Mental Health Action Plan 2013–2030* (WHO, 2021) and the United Nations' *2030 Agenda for Sustainable Development* (United Nations, 2015). Both global frameworks advocate for promoting mental wellbeing, addressing inequalities, and fostering inclusive, resilient societies as critical components of improving overall quality of life and enhancing social cohesion.

### **3.5 Relevance to Educational Psychology in Wales**

Recent guidance published by Welsh Government focuses on a 'whole-school approach' to children and young people's mental health and wellbeing (Curriculum for Wales, 2022). This includes working with CYP'S, schools, parents/carers and external agencies as a multi-agency approach. Embedded in this, Welsh Government commissioned the 'Families First' programme to deliver the 'Team Around the Family' approach to working with families in a collaborative way (Welsh Government, 2018). This brings together a wide range of professionals to deliver a single plan of support, including mental health services, youth services, schools and other professionals. Educational Psychologists are well placed to support this way of working, this can be done in practice with the use of 'Person Centred Planning' meetings, to achieve the same goal

of having a range of professionals create and deliver a single plan of support. Furthermore, in 2022 the new ‘National Curriculum for Wales’ deleted the ‘key stages’ and introduced 6 key areas as part of one continuum of learning from ages 3-16. One of the key areas is noted as ‘Health and Wellbeing’ in both primary and secondary school, the focus is on learning across all age groups in education. Moreover, a shift in understanding around mental health, following the implementation of the Welsh Government’s ‘Whole School Approach’ has led to a focus on adults supporting children and young people to develop skills to enable them to build their emotional resilience and recognise when they may need mental health support (Curriculum for Wales, 2022).

In addition, the implementation of the Additional Learning Needs and Education Tribunal (Wales) Act (2018) has strengthened the requirement for schools to consider the mental health and wellbeing needs of learners with Additional Learning Needs (ALN). The Act promotes a person-centred approach to planning and delivering support, ensuring that children and young people with ALN have their individual needs, including emotional and mental health needs, identified and met through Individual Development Plans (IDPs) (Welsh Government, 2018a). This integration of ALN support with the whole-school approach aims to ensure that mental health provision is equitable and inclusive across the education system.

Educational Psychologists commonly work within schools and are well placed to support schools to address mental health and emotional wellbeing needs. This research has chosen to focus on perspective of Educational Psychologists as they are commonly cited within government guidance as professionals that are able to provide support, yet there is limited guidance around how they are able to do this (NHS Wales, 2023; NICE, 2022; Curriculum for Wales, 2022).

### **3.6 Aligning definitions with researcher stance**

The definitions of MH and EWB adopted in UK and Welsh government policies closely reflect the researcher’s ontological and epistemological stance. Both the ‘Whole School Approach to Emotional and Mental Wellbeing’ (Welsh Government, 2021) and national frameworks acknowledge that mental health is shaped by a complex interplay of biological, psychological, and social factors. This aligns with a critical realist ontology, which holds that MH and EWB can have underlying causes (e.g., socio-economic conditions, access to services) but are interpreted

through human experience (Bhaskar, 2008). Similarly, the researcher's contextualist epistemology accepts that knowledge of MH is co-constructed through language, culture, and interaction. This dual alignment allows the researcher to explore how EPs perceive MH and EWB within their practice while recognising the realities that shape those interpretations. As such, this stance supports a view of MH and EWB as both socially mediated and contextually responsive.

### **3.7 Situating Mental Health in a Post-Pandemic Educational Landscape (Global, UK, Wales)**

The sudden Covid-19 pandemic brought with it a reported increase in MH and EWB challenges being experienced by CYP'S, with 41% of CYP'S reporting they felt their MH had regressed significantly in the first 3 months of the pandemic (Young Minds, 2020). Recent discussions have highlighted the growing MH challenges faced by CYP'S, particularly in the context of recovery following the COVID-19 pandemic. Recent studies highlight the greater impact the pandemic had on the MH and EWB of CYP'S. A comprehensive review outlining the effects, indicates heightened levels of reported anxiety, depression and eating disorders, with reported depression and anxiety levels doubling from pre-pandemic numbers (Racine et al, 2021). All challenges that indicate a significant increase in MH and EWB challenges among CYP'S. Research by the Department for Education (2022) on the wellbeing of individuals aged 5–24 across England and Wales revealed similar trends. Primary and secondary school students reported heightened feelings of anxiety and lower levels of happiness in school settings. Among older adolescents aged 17–19, the prevalence of self-harm behaviours and disordered eating patterns rose to 1 in 4, compared to 1 in 6 before the pandemic. These statistics highlight a growth in MH and EWB challenges among CYP'S, emphasising the need for targeted interventions to address the rising prevalence of anxiety, self-harm, and disordered eating behaviours.

### **3.8 Accessing Support in a Pressurised System: The Role of CAMHS and Beyond**

Despite the high prevalence of mental health challenges among CYP'S, access to support remains a significant challenge. Recent figures from the Children's Mental Health Services 2022–23 report reveal that 949,200 CYP'S were referred to CAMHS in England, 270,300

CYP'S remain on waiting lists, and nearly 40,000 children experienced waiting times exceeding two years (Children's Commissioner for England, 2024). In Wales, CYP'S have experienced delays to accessing CAMHS, with many CYP'S experiencing extended waiting times for initial appointments. As of July 2023, 14% of children were waiting more than four weeks for a first appointment with CAMHS, marking the highest percentage since December 2022 (Welsh Government, 2023).

The presented information highlights the high prevalence of MH needs in CYP'S and a high number of those at risk. Despite this, CAMHS services face increasing pressure due to demand, simultaneously experiencing budgetary constraints and staffing shortages (Thomas et al., 2021). The significant challenges in accessing MH support for CYP'S in the face of rising demand and limited resources suggests there is a critical role for EPs in addressing and supporting with these challenges. With the increasing pressures on CAMHS, EPs can provide valuable support by working within schools and communities to identify early signs of mental health needs, facilitating interventions, and offering preventative strategies (Welsh Government, 2021). This highlights the significance of an accurate representation and explanation the EP role in current policy. In doing so, supporting with bridging gaps in mental health services and contributing to a more integrated approach to supporting CYP'S's mental wellbeing.

Hoyne and Cunningham (2018) specifically highlight how policy restrictions, combined with an emphasis on assessment models, limit the potential for therapeutic EP interventions. Their Irish-context study parallels findings from Wales, suggesting that systemic factors, rather than individual practitioner motivation, inhibit the delivery of effective mental health support within schools. Dowling and Barry (2020) similarly note that lack of funding and time allocated to wellbeing initiatives undermines schools' ability to operationalise mental health interventions, despite the aspirational aims set out in national frameworks. The study by Hoyne and Cunningham (2018) researched the enablers and barriers to EP's use of therapeutic interventions in the Irish context providing a valuable comparison, as it highlights similar systemic constraints on EP practice, particularly in relation to government policy. Their findings suggest that while there is a growing recognition of the role of the EP in therapeutic intervention, policy restrictions and an emphasis on assessment-based models act as a significant barrier. This aligns with broader literature that identifies government mandated priorities often centred on academic



outcomes and statutory assessments, as a key challenge in integrating mental health and wellbeing frameworks within education settings (Sellars et al., 2021; Dowling & Barry, 2020). While qualitative research provides rich, context-specific insights into practitioner experiences, large-scale implementation studies allow for the identification of key systemic trends and policy-driven barriers. A key point of divergence is that Hoyne and Cunningham (2018) identify individual EPs' professional beliefs and training as crucial enablers for therapeutic work, whereas wider literature on whole-school approaches tends to emphasise organisational and systemic facilitators, such as leadership buy-in and cross-sector collaboration, as identified in similar research (Brown et al, 2024).

### **3.9 Considering Staff Wellbeing in Schools**

The mental health and well-being of school staff in the UK has acquired increasing attention in recent years. In 2023, the School Leaders Union surveyed school staff in England and identified that 49% of school leaders reported they identified a need for professional MH or EWB support for themselves (NAHT, 2023). Moreover, 38% of staff revealed they had accessed professional support for their MH and EWB needs. Most school staff attributed these feelings to pressures such as leadership roles, workplace pressure, including workload. Research has highlighted that a positive school culture, which incorporates the MH and EWB of staff, has been associated with positive CYP'S development and effective risk prevention (Jessiman et al, 2022). Given that EPs are well placed to collaborate with school staff to implement mental health interventions, understanding the factors influencing staff well-being is a crucial component to working with the adults around the CYP'S (DfE, 2022).

### **3.10 Meaning-Making and Mental Health: Children and Young People's Voices**

In recent years, there has been a notable shift in children and young people's attitudes toward mental health and wellbeing. A scoping review by Beckman et al. (2023) found that young individuals exhibit a more nuanced understanding of mental health, acknowledging it as a spectrum, rather than a static concept, that encompasses both positive and negative experiences. However, despite this increased awareness, challenges persist. A study by Brown et al. (2023) highlighted that while young people acknowledge the importance of mental health,

stigmatisation and a lack of supportive environments can hinder open discussions and the motivation for CYP'S to seek support. These findings suggest that while understanding is becoming more progressive, there remains a need for continued efforts to create supportive spaces that encourage dialogue and reduce stigma surrounding mental health among children and adolescents. Moreover, EPs are well-positioned to support the development of supportive environments by working collaboratively with school staff to promote whole-school approaches to mental health, deliver psychoeducation to reduce stigma, and facilitate initiatives that normalise open conversations about MH and EWB (Chyna et al, 2021). Through such practices, EPs can contribute to embedding a culture within educational settings that empowers CYP'S to engage meaningfully with their mental health and seek help when needed.

### **3.11 Constructing the EP Role: UK Perspectives on Supporting Emotional Wellbeing**

The current role of the EP across Wales and England includes (not limited to) working collaboratively with school staff, CYP'S and external agencies, conducting assessments, providing evidence-based recommendations, and supporting the implementation of interventions that address both academic, social and emotional needs (Welsh Government, 2018; DfE, 2023). Research indicates that early and targeted interventions, particularly those embedded within educational settings, are essential for fostering resilience and addressing emerging MH concerns (Department for Education, 2022). Common interventions employed by EPs include cognitive-behavioral therapy (CBT), solution-focused therapy, and personal construct psychology, which have been shown to support positive MH development in schools (Atkinson et al., 2012). Despite the efficacy of these evidence-based therapeutic interventions (Atkinson et al., 2021), there is a growing demand for MH support among children, with many being without intensive support due to long waitlists and insufficient provisions (Care Quality Commission, 2017; Children's Commissioner for England, 2017; NHS National Services Scotland, 2017).

Furthermore, EPs play a critical role in supporting CYP'S MH and EWB at a statutory level in both England and Wales. In England, this support aligns with statutory frameworks such as Education, Health and Care Plans (EHCPs), legally binding documents that outline the provision required for CYP'S with significant special educational needs (SEN), including those related to mental health and wellbeing. Notably, recent analysis by the Department for Education (DfE, 2023) indicates that Social, Emotional and Mental Health (SEMH) needs represent the second

most common primary area of need for EHCPs, emphasising the scale of mental health challenges within statutory processes.

### **3.12 Educational Psychology in the Welsh Context**

In Wales, a similar statutory framework exists in the form of Individual Development Plans (IDPs) under the Additional Learning Needs and Education Tribunal (Wales) Act 2018, which emphasise a holistic, person-centred approach. However, currently, there is limited published statistical data equivalent to the DfE analysis regarding the prevalence of MH and EWB needs within IDPs in Wales. EPs in Wales are encouraged to facilitate whole-school strategies, such as the Welsh Government's *Whole School Approach to Emotional and Mental Wellbeing* (Welsh Government, 2021) to create environments that support recovery and long-term wellbeing. Similarly, Katharine Weare (2015) advocates for the implementation of whole-school approaches in England, highlighting the importance of embedding emotional and mental wellbeing across all aspects of school life. EPs can play a pivotal role in bridging gaps between health, education, and care services, ensuring integrated and tailored support for young people's mental health needs in the evolving post-pandemic landscape.

### **3.13 Summary of Part One A**

In summary, rising rates of mental health needs, particularly post-pandemic, have led to increased pressure on schools and services such as CAMHS (NHS Wales, 2023; Children's Commissioner, 2024). Welsh policy increasingly emphasises whole-school and multi-agency approaches to mental health, positioning EPs as key professionals for prevention and support (Welsh Government, 2021). EPs are frequently cited in guidance as professionals who can bridge health, education, and care systems. However, their role in supporting MH and EWB remains variably defined in practice. By gathering EPs' perspectives, this study aims to examine how they navigate these challenges, what effective support looks like in their work, and how their use of applied psychology contributes to developing responsive, sustainable, and collaborative approaches to CYP'S's MH and EWB in Wales.

## 4. Part one B: A semi-structured systematic review

### 4.1 Overview

The aim of this chapter is to explore the research that currently exists regarding the perspective and roles of Educational Psychologists in supporting Children and Young People's (CYP'S's) mental health (MH) and Emotional Wellbeing (EWB) needs. The subsequent literature questions in this present review are:

#### Key question for literature review:

- 1) *How can Educational Psychologists facilitate effective mental health and emotional wellbeing support in schools?*

### 4.2 Formulation of review questions

The initial question posed for this literature review was set in two parts 'how are educational psychologists supporting the Mental Health (MH) needs and Emotional Wellbeing (EWB) of CYP'S in primary schools (or secondary schools for the second part)?'. However, following an initial systematic search of several databases, using the search terms 'Educational Psycholog\*' or 'EPs' and 'mental health' or 'well-being' or 'wellbeing' and 'primary school' and 'secondary school', it became apparent that there were few results that specifically discussed and identified differences in how EPS are supporting the MH needs and EWB of CYP'S following in both primary schools and secondary schools. An expanded search was used to generate a larger scope for the review:

**Table 1**

#### Literature Review Search Terms

Search terms 1. AND	Search terms 2. AND	Search terms 3.
"Educational Psycholog*" "School Psycholog*"	"Mental Health" "Wellbeing" "Well-being"	"Perspective*" "Opinion*" "Perception*"

	“Emotional Wellbeing”	“Attitude*” “Experience*”
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### 4.3 Inclusion and Exclusion criteria

Furthermore, to ensure all papers selected were appropriate and relevant, an inclusion and exclusion criteria was applied during the search process, please see appendix (A) for full table outlining the criteria. All literature and publications selected for inclusion were UK based (with a particular lens on Wales), and this was essential due to contextual factors, particularly as the research was concerned with the current context of CYP’S mental health and the EP role in the UK, with a specific emphasis on Wales.

*Table 2 Example of inclusion and exclusion criteria*

Criteria	Inclusion	Exclusion	Rationale
<i>Role of the EP</i>	Any articles discussing the role of the EP including perspectives of the EP or perspectives of other professions/participants in light of the role of the EP supporting the MH and EWB of CYP’S.	Articles were excluded if they did not refer to the role of the EP in supporting CYP’S’s MH AND EWB needs.	To ensure the review reflected the four aims outlined.  Including the role of the EP in supporting the MH and EWB needs of CYP’S.

*Full inclusion and exclusion criteria in appendix (A)*

### 4.4 Review Strategy

Elements of a systematic review were used to critically appraise literature (Siddaway et al, 2019). This approach allows the researcher to capture the dynamic role of the EP in supporting the MH and EWB needs of CYP’S in the UK and provides a richer understanding of the topic

(Siddaway et al, 2019). Several databases were searched for information regarding Educational Psychology, education, mental health and emotional wellbeing, such as, ProQuest, PsychInfo (Via Ovid), Google Scholar and Scopus. Elements of a systematic review were adopted to support the trustworthiness, transparency and applicability of the literature review using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance to scaffold this (Page et al., 2020) (see figure 1).

An initial search was conducted in September 2024; additional searches were carried out in December 2024. The search identified extensive literature in relation to MH and EW across a vast number of domains. The literature search was narrowed to obtain more specific results relating to the role of the EP in supporting MH and EWB of CYP'S.

#### **4.5 Search strategy and terms**

The search terms were combined to include a search that brought up papers with all terms combined by 'AND' which in this case were all 3 sections, as outlined. Any terms that contained an asterisk meant the search was expanded to include the word outlined and expanded e.g. "Educational psycholog\* (y/ist)". To focus the literature review more precisely, a search was performed for papers containing the terms 'Educational Psycholog\*', 'mental health' (and related terms) in their titles. Additionally, a set of third research terms relating to the role of the Educational Psychologist, such as perspective, attitude, and opinion, was used (see table 1).

#### **4.6 Search Outcomes**

In total, 16 papers were retrieved through the systematic literature search. Articles included 8 qualitative, 2 quantitative, 2 mixed-methods studies and 3 systematic review papers. The Critical Appraisal Skills Programme (CASP) was used as an aid to evaluate the quality of the qualitative and quantitative research included in this review. The CASP systematic review checklist was used to critically appraise the systematic review papers. The characteristics of the included studies are summarised in Appendix 12.

Overall, the review of the literature demonstrated thematic alignment with the research aims, particularly in exploring the role of educational psychologists and school-based professionals in supporting children and young people's mental health and emotional wellbeing. A key strength across the included studies was the use of diverse methodologies, including qualitative interviews, large-scale surveys, mixed methods, and systematic reviews. This methodological range provided both rich, contextually grounded insights and broader empirical patterns drawn from substantial samples. Many of the qualitative studies employed established frameworks or thematic analysis, contributing theoretical depth and reflective engagement with professional practice.

However, several qualitative studies relied on small, purposive samples, often limited to trainee or local authority educational psychologists, which may reduce the transferability of findings across national or cross-professional contexts. In quantitative studies, common limitations included non-random sampling and self-report measures which may have affected the reliability or generalisability of the results. However, it is important to note that many of the studies, particularly qualitative ones, did not seek generalisability but rather depth and contextual understanding. Overall, the CASP checklists provided a systematic approach to evaluating the methodological rigour of the literature, allowing both strengths and limitations to be critically appraised and transparently reported.

The screening process for inclusion is outlined using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), which can be found in Figure 1.

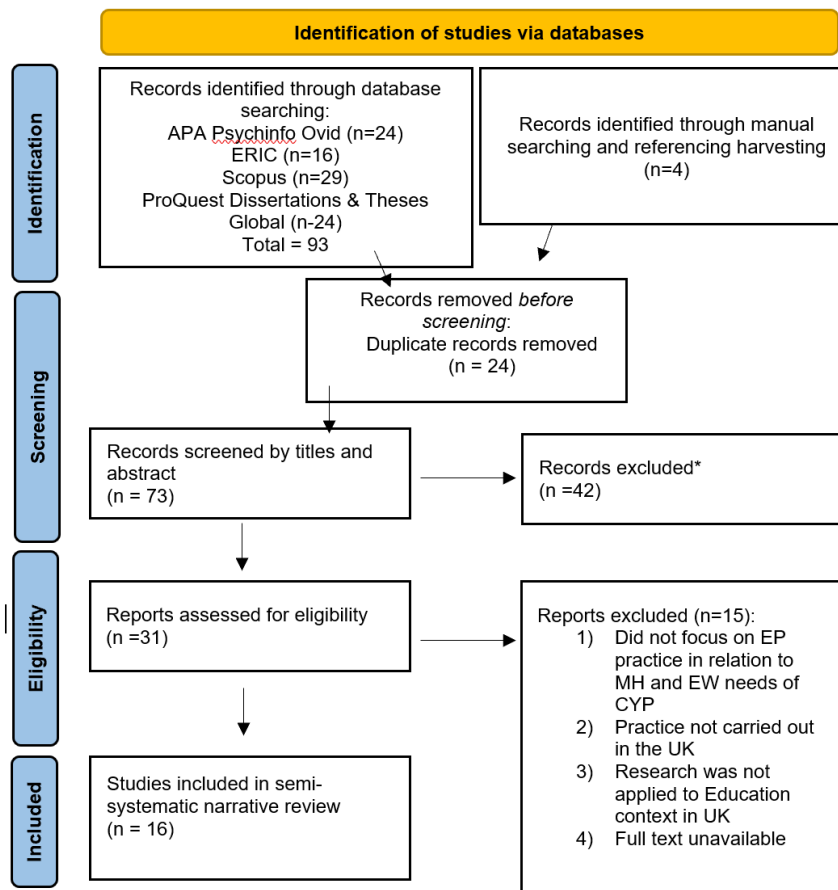


Figure 1 PRISMA

## 4.7 Critical Review of the Literature

### 4.7.1 Structure of the Review

To organise the structure of the systematic approach to a literature review, themes were constructed for each article through the process of a thematic synthesis (Clarke & Braun, 2013).

The 16 selected research papers are now discussed in relation to themes that explore the following literature review question:

- 1) *How can Educational Psychologists facilitate effective mental health and emotional wellbeing support in schools?*



#### **4.7.2 Positioning the Educational Psychologist: A Contextual Agent of Change**

Research has highlighted that EPs are uniquely positioned to support the Mental Health (MH) and Emotional Wellbeing (EWB) of children and young people (CYP'S) in schools, because of their knowledge base in psychology, systemic models, school-based interventions, and multi-agency collaboration enabling them to enact change at individual, group and wider systemic levels (Price, 2017). A qualitative study conducted by Crosby (2022) explored how EPs collaborate with other professionals, such as mental health practitioners, within a single local authority to make the best use of resources in supporting CYP'Ss MH and EWB in schools. The research employed semi-structured interviews with EPs, school staff, and mental health professionals to gain insights into collaborative practices. The study highlights the importance of effective communication, clearly defined roles, and shared objectives in achieving positive outcomes. However, its findings are limited by the small sample size and its focus on one local context, which may reduce the broader applicability of the conclusions.

The increasing number of children being referred with complex MH and EWB needs has been well-documented in both research and healthcare services (Hanley et al., 2017; NHS Wales, 2022). Simpson and Atkinson (2019) investigated this rise in referrals and emphasised the necessity of incorporating therapeutic interventions within the EP role to address these growing concerns. Additionally, Carney (2017) explored the perceptions of EPs regarding their role in supporting MH in schools, employing a two-phased methodological approach comprising a survey (Phase 1) and semi-structured interviews (Phase 2). Findings revealed that while the majority of participants recognised mental health support as an integral aspect of the EP role, they prioritised learning support over MH interventions. Interestingly, participants rated social and emotional wellbeing as more critical than learning, with 50% (a combination of trainee EPs and recently qualified EPs) defining mental health as synonymous with supporting social and emotional wellbeing. These findings highlight the need for a consistent and explicit understanding of (1) what constitutes MH and EWB and (2) the specific role of EPs in this field. Expanding the study to include experienced EPs could have provided a more comprehensive perspective by comparing their views with those of developing EPs. Despite the growing expectations placed on EPs in relation to MH support, limited published guidance exists

regarding the types of interventions and models of working that EPs find most effective in addressing children's mental health (Simpson & Atkinson, 2019).

EPs have been identified as key professionals in preventative mental health interventions for CYP'S (Price, 2021). However, an exploratory study in Wales revealed that while EPs are increasingly expected to engage in mental health interventions, their role remains poorly defined within both policy and practice (Price, 2017). This research suggests that EPs are well-positioned to support MH and EWB through practical applications such as 'Person-Centred Planning' meetings, which facilitate collaborative decision-making among a range of professionals. Despite this, current research and government guidance (DfE, 2022) rarely detail this aspect of EP practice, implicitly indicating that EPs might play a limited role in supporting CYP'S with MH needs to others accessing this documentation. Similarly, A survey administered to PEPs in Wales sought to explore how they perceive their role concerning MH needs (Munkley, 2024) Findings indicated that while EPs consider themselves integral to supporting CYP'S's mental health, a discrepancy exists between their perceptions and the way policymakers define their role. However, this research prioritises the perspectives of Principal Educational Psychologists (PEPs), who hold strategic leadership roles within services, and therefore the findings may not be fully representative of the views and experiences of maingrade EPs. Further research is needed to explore how main grade EPs perceive and implement effective mental health and wellbeing support, as their practice-based insights are critical to informing comprehensive service delivery.

There remains a notable gap in research regarding how EPs themselves conceptualise and enact their role in supporting MH within schools. Comparatively, NHS Wales (2021) published guidance on the 'Whole School Approach to Emotional and Mental Well-being,' recommending that schools prioritise multi-agency discussions and utilise support from various professionals, including EPs. These documents draw attention to the vital role that schools play in early detection, intervention, and management of mental health issues. In the Welsh Government's "Framework on Embedding a Whole-School Approach to Emotional and Mental Wellbeing," Educational Psychologists (EPs) are explicitly acknowledged as professionals capable of providing both direct and indirect support at individual, school, and family levels. The framework states: "Educational psychologists can provide support to individual learners, schools and families, and can also support the development of whole-school approaches to emotional and

mental wellbeing" (Welsh Government, 2021, p. 25). However, despite explicitly recognising EPs as professionals capable of providing direct and indirect support at individual, school, and family levels, the guidance fails to delineate their role comprehensively. Moreover, it does not outline best practices for EPs or specify the most effective models currently employed within the field.

#### **4.7.3 Using COMOIRA to Scaffold Systemic Practice**

The Constructionist Model of Informed and Reasoned Action (COMOIRA) is a conceptual framework designed to guide EPs in driving effective change at various levels, individual, group, and organizational (Gameson & Rhydderch, 2010). Rooted in social constructionism, the model emphasises the importance of collaboration, self-reflection, and the application of evidence-based practices to support CYP'S's MH and EWB. A key strength of COMOIRA lies in its focus on understanding the social, cultural, and institutional factors that influence CYP'S's experiences (Gameson et al., 2003). However, its application is not universally acknowledged; the model's implementation depends on the preferences of the EP in practice and the specific needs of the educational settings (Green, 2018), which can limit its consistency and effectiveness across different contexts.

One of the model's primary strengths is its emphasis on collaboration. EPs using COMOIRA work with a range of professionals, including parents, carers, teachers and external services such as the Child and Adolescent Mental Health Services (CAMHS), to develop a holistic understanding of the CYP'Ss experiences (Atkinson & Kenneally, 2021). This collaborative approach is particularly effective in supporting CYP'S with complex MH needs. Furthermore, the model advocates for the exploration of contextual factors such as school climate, peer relationships, family background, and societal influences, which are critical in understanding the full scope of MH and EWB challenges (Bronfenbrenner, 1979). Another strength of COMOIRA is its focus on co-constructing intervention strategies with key professionals, ensuring that these interventions are relevant, sustainable and meaningful (Lindsay et al., 2021). However, this may also be considered a limitation, as the reliance on other professionals' input may lead to delays in decision-making or the implementation of strategies, particularly in settings with limited resources or time constraints.

At the core of COMOIRA is the process of self-reflection, which encourages EPs to critically measure their own biases and assumptions, ensuring that interventions remain ethical and contextually suitable (Gameson & Rhydderch, 2018). This self-reflection allows for ongoing evaluation and adaptation of interventions, ensuring they are responsive to the evolving needs of CYP'S (Lindsay et al., 2021). While this is a strength, it also introduces potential challenges. The reliance on individual EPs' self-reflection may not always guarantee a consistent application of the model among professionals, as it places a significant responsibility on practitioners to critically assess their own practices. This could lead to inconsistencies in how the model is applied between different EPs or settings, especially when under pressure to deliver timely support and intervention. Furthermore, while the model encourages ongoing reflection, it has been critiqued for not placing significant emphasis on preventative measures or early interventions, which are central to addressing MH needs at the earliest possible stage (Atkinson & Kenneally, 2021).

Moreover, COMOIRA provides a structured yet flexible approach to MH and EWB support, combining strengths such as collaboration, self-reflection, and systemic thinking. By empowering EPs to make informed decisions about appropriate interventions, the model supports schools and professionals in creating environments that promote resilience and support MH and EWB in CYP'S. However, its flexibility, reliance on self-reflection are significant limitations that should be considered when implementing COMOIRA in educational settings. Despite these limitations, COMOIRA remains a valuable tool for EPs, offering a comprehensive framework for addressing the MH and EWB needs of CYP'S in schools.

#### **4.7.4 CYP'S Perspectives in a Post-Pandemic Context**

Previous research has often prioritised large-scale data collection to inform national policy and guidance. For instance, the Department for Education (2017) utilised quantitative surveys and qualitative case studies to examine the mental health support available in schools and colleges in England. While such large-scale methodologies are effective in identifying developments and informing strategic policy decisions, they often lack the ability to capture individual perspectives and the contextual meaning behind responses. In contrast, Mansfield et al. (2021) responded directly to the impact of the COVID-19 pandemic by focusing on the voices of CYP'S in relation to MH. Through an online survey of 650 pupils aged 9–17 (Years 5–13), this research aimed to

understand young people's views on mental health support during the return to school period. This work aligned with the government's increasing emphasis on wellbeing in school's post-pandemic (Department for Education, 2021; Department of Health and Social Care, 2021), reflecting a shift toward prioritising emotional recovery and resilience-building in educational setting. Mansfield et al.'s (2021) findings offered thematic insights and practical recommendations, emphasising the importance of including CYP'S's perspectives in shaping MH provision. However, a notable limitation of the research was its exclusion of younger children aged 3–8, a group also showing significant increases in mental health needs. NHS England (2023) reported that 39.2% of 6- to 16-year-olds had experienced a deterioration in mental health since 2017, highlighting a pressing need for further research inclusive of early childhood populations.

#### **4.7.5 Schools as Systems of Early Support**

Recent peer-reviewed studies have further illuminated the critical role of schools in supporting the mental health and wellbeing of children and young people in Wales. A qualitative study by Brown et al. (2023) explored stakeholder perspectives on implementing a whole-school approach to MH and EWB in Wales, underscoring the necessity of early intervention and the integration of mental health support within the school environment. These findings align with the Welsh Government's (2021) framework, which advocates for embedding a whole-school approach to emotional and mental wellbeing, recognising schools as pivotal settings for early identification and support of mental health needs. However, recent policies (DfE, 2022; Together For Mental Health, 2020) lack a detailed account of the EP's role in supporting schools as enablers for effective MH and EWB support. By fostering a whole-school approach and promoting early intervention, Welsh schools are positioned as key stakeholders in addressing the mental health and wellbeing needs of children and young people.

#### **4.7.6 Constructions of the EP's Role**

Andrews' (2017) study employed a qualitative methodology, utilising semi-structured interviews to explore the perceptions of EPs and SENCOs regarding the EP role in supporting mental health and well-being in schools. Andrews (2017) research identified a key finding in the difference between EPs' perceptions of their role in supporting MH and EWB in schools and the understanding held by Special Educational Needs Coordinators (SENCOs). EPs viewed

themselves as playing a crucial role in MH interventions, covering individual, group, and whole-school levels, with an emphasis on EWB embedded across their duties. However, they also acknowledged systemic barriers that limited their ability to engage in this work effectively. In contrast, SENCOs predominantly associated the EP role with assessment and statutory functions rather than with direct MH support. This misalignment highlights a critical gap in role clarity and communication between EPs and key stakeholders in education. While SENCOs recognised the potential for EPs to contribute to MH and EWB initiatives, they did not demonstrate a comprehensive understanding of the breadth of EPs' skills and support. Moreover, SENCOs expressed a desire for EPs to provide greater therapeutic intervention and supervision for school staff, which suggests a need for clearer articulation of EPs' capabilities within policy and practice frameworks. The reliance on self-reported data introduces the potential for response bias, as participants may have presented views that align with perceived professional expectations rather than their actual experiences. Additionally, engaging a more diverse participant group, including headteachers, classroom teachers, and policymakers, could offer a more holistic understanding of how the EP role is perceived and operationalised within school systems. Furthermore, exploring how young people perceive EPs and their efficiency in supporting MH and EWB outcomes could provide valuable insights into the accessibility, relevance, and impact of EP involvement.

#### **4.7.7 Interprofessional Constructs of Mental Health Practice and Support**

Miller's (2017) study provides a comparative analysis of how EPs and Clinical Psychologists (CPs) construct MH and perceive their roles in supporting secondary school-aged children. A key finding was the discrepancy in how these professionals conceptualise MH, with CPs demonstrating a more structured, diagnostic approach within a medical model, while EPs held a more fluid, contextual understanding of MH grounded in systemic and educational frameworks. EPs described their role as multifaceted, involving consultation, systemic intervention, and indirect work through staff training, whereas CPs viewed their work as primarily therapeutic and specialist-led, often focusing on direct intervention with CYP's. The study revealed clear differences between the two professions, with CPs perceiving EPs as lacking sufficient MH knowledge, while EPs highlighted their capacity to work preventatively at a whole-school level. These discrepancies suggest a fundamental difference in professional identity and

interdisciplinary collaboration, further exacerbated by role ambiguity in policy and practice. The study employed qualitative methodology, using thematic analysis of semi-structured interviews with six EPs and six CPs. While this approach facilitated an in-depth exploration of professional perspectives, the participants were self-selecting, which may have introduced a bias towards those already engaged in MH work.

#### **4.7.8 Emerging Evidence of Pandemic-Related Mental Health Challenges in Young People**

The MH and EWB of CYP has become paramount concerns within the UK educational system, particularly in the aftermath of the COVID-19 pandemic. The COVID-19 pandemic has impacted MH challenges among young people, leading to increased concerns about their EWB (YoungMinds, 2020). A comprehensive review by Racine et al. (2021) indicates a significant increase in MH challenges among this population, including heightened levels of anxiety, depression, and eating disorders. The study highlights that the prevalence of depression and anxiety symptoms has doubled compared to pre-pandemic estimates, affecting approximately 25% and 20% of youth, respectively. Notably, older adolescents and females are identified as particularly vulnerable groups, exhibiting higher reported rates of these mental health issues. These findings outline the critical need for targeted mental health interventions and support systems to address the escalating psychological distress observed in children and adolescents during the pandemic.

#### **4.7.9 Translating Policy into Practice: Post-pandemic**

In response to the COVID-19 pandemic, the UK government has provided guidance to schools on promoting mental health and well-being, encouraging the development of a whole-school approach that integrates mental health into all aspects of school life (Department for Education, 2021). This approach aims to create a supportive environment where mental health is prioritised, and students can thrive academically and emotionally. In their 2024 study, Brown et al. identified several school-level factors that acted as barriers to the implementation of the Welsh Government's 2021 *Framework Guidance on Embedding a Whole School Approach to Emotional and Mental Wellbeing*. These barriers included a lack of sufficient time and resources, competing priorities within schools, and insufficient training for staff on the framework's

principles and strategies. Additionally, some staff reported challenges with integrating the framework into existing school systems due to limited leadership support and a lack of clarity regarding roles and responsibilities. Although a causal relationship has not been established, there is a strong correlation between increased reports of non-attendance and heightened MH concerns and the significant needs attributed to the pandemic. For example, Mansfield et al. (2021) conducted a large-scale cross-sectional survey of over 11,000 adolescents in Southern England and found that students accessing in-school provision during the first lockdown reported poorer mental health outcomes, including increased reported depression and anxiety. These findings were particularly significant among pupils experiencing food poverty or those with pre-existing MH needs. A strength of this study is its large sample size, which enhances the generalisability of the findings across similar demographic groups. However, its cross-sectional design limits the ability to determine causality and introduces a challenge in understanding how these MH outcomes evolved over time.

#### **4.7.10 Educational Psychologists in Multi-Agency Ecologies**

A key impact of multi-agency collaboration on EPs roles is the increasing expectation for them to serve as strategic professionals, with an emphasis on capacity building rather than solely direct therapeutic input (Leadbetter, 2021). This shift has called for EPs' involvement in developing staff understanding of psychological frameworks, such as attachment theory, trauma-informed practice, and resilience-based approaches, to support a sustainable, whole-school approach to MH (Farrell & Woods, 2018). In a UK context, Glazzard (2019) emphasises that when MH frameworks are embedded into the daily routines and ethos of a school, they are more likely to promote long-term emotional resilience and engagement among pupils. This research highlights the effectiveness of school-wide models that empower staff to engage with wellbeing as school systems, rather than rely solely on external professionals. However, the study draws mainly on qualitative data from case study schools and lacks robust longitudinal follow-up, limiting the generalisability of its conclusions beyond the specific school contexts.

Additionally, post-pandemic challenges, such as rising levels of emotionally based school avoidance (EBSA) and increased referrals for MH concerns, have heightened the demand for EPs to work across multiple systems to address these complex needs (Lester & Michelson,



2023). The research findings suggests that EPs play a pivotal role in systemic working by facilitating partnerships between schools, mental health services, and community organisations to create an integrated support system (Lester & Michelson, 2023). Research suggests that many EPs perceive systemic collaboration as a central aspect of their professional identity and practice (Farrell & Woods, 2018; Atkinson et al., 2019). However, the effectiveness of this work is often contingent on contextual factors such as service capacity, role clarity, and the quality of inter-agency relationships (Greig et al., 2019). While EPs are well-placed to facilitate partnerships between schools, mental health services, and community organisations, further research is needed to evaluate the consistency of this role in practice and whether systemic working is optimally supported and sustained across local authorities.

Atkinson et al. (2019) identify EPs' professional identity as being closely tied to multi-agency work, particularly in supporting emotional and behavioural needs. Their qualitative research provides rich insight into EP role perceptions but does not offer a rigorous evaluation of impact or outcomes, which is critical for reviewing the effectiveness of systemic practices. However, Brown et al. (2024) identified barriers to effective collaboration, including inconsistent communication and differences in resource allocation among agencies, which can hinder EPs' ability to promote systemic change. Brown et al.'s (2024) study, while offering valuable insights into school staff perspectives on collaboration, does not fully capture the experiences of EPs and other external professionals involved in multi-agency working. A broader methodological approach, such as a mixed-methods design, could have supported a more comprehensive understanding by triangulating data from different sources, including interviews with EPs, health professionals, and social care staff (Creswell & Plano Clark, 2018). Furthermore, a case study approach (Yin, 2018) could have been used to explore the lived realities of multi-agency collaboration within educational settings. These methodologies allow for in-depth exploration of the complex social processes, power dynamics, and relational practices that characterise collaborative work between services. By incorporating multiple perspectives and contextual data, such approaches would enable a more systemic account of the challenges and facilitators of multi-agency working, particularly in relation to supporting children and young people's mental health and wellbeing.

#### **4.7.11 Educational Psychology Support Across Primary and Secondary Education**

EPs in the UK employ tailored strategies to support mental health and well-being across primary and secondary school settings, addressing the unique developmental needs of students at each educational stage. Previous research has explored the role of EPs in supporting mental health and well-being in pre-school years, encompassing both local authority-based EPs and those involved in the Flying Start initiative (Slade, 2019). This study gathered quantitative data through questionnaires and concluded that EPs play a distinct role in fostering the emotional and mental well-being of young children. Slade (2019) examined EPs' contributions within a specific early year setting, revealing that their work spans a wide range of activities, including casework and support for staff and parents. Despite this broad scope, this research identified a need for more in-depth research on EPs' long-term roles, particularly their involvement as children transition to primary school, an area that remains under-explored.

Mackenzie and Williams' (2018) systematic review offers important insights into the role of EPs in promoting mental health and wellbeing within primary schools, with a particular emphasis on early intervention and universal, school-based programmes. The review identifies a range of school-based initiatives, such as emotional literacy interventions, resilience training, and social-emotional learning (SEL) curricula, that EPs often support through programme development, staff training, consultation, and the evaluation of impact. A key role of the EP within these approaches is to work collaboratively with school staff to embed psychologically informed frameworks that enhance EWB across the whole school environment. This includes offering strategic guidance on whole-school mental health policy, utilising psychological theory (e.g., attachment, resilience, trauma-informed approaches) to inform staff practice, and developing systems that identify and respond to emerging needs early. However, while the research highlights the benefits of preventative approaches, it may not fully account for the long-term impact of these interventions or the variability in implementation across different school settings. Additionally, the reliance on whole-class activities assumes that all students benefit equally, potentially overlooking those with more complex needs requiring individualised support. In contrast, the role of EPs in secondary schools is described as more reactive and specialised, addressing a wider range of mental health challenges such as anxiety, depression, and behavioural challenges. This shift from universal to targeted interventions reflects the increasing complexity of adolescent mental health concerns. However, the research does not critically explore potential barriers to effective EP intervention, such as limited resources, high caseloads,

and systemic constraints within schools. Furthermore, while collaboration with school staff and external agencies is highlighted as a key aspect of secondary school interventions, the effectiveness of such multidisciplinary approaches may depend on factors such as training, school policies, and the availability of mental health services. Overall, the research effectively distinguishes between the preventative role of EPs in primary schools and their more specialised role in secondary settings. However, a critical limitation is the lack of discussion on challenges EPs experience when delivering these interventions.

#### **4.7.12 Barriers to EPs supporting mental health and Emotional Wellbeing**

##### **4.7.12.1 Role Ambiguity and Policy Disconnects**

Several UK-based studies highlight that although EPs are increasingly involved in supporting MH interventions, however their role remains inconsistently defined within policy and practice (Andrews, 2017; Purewal, 2020; Simpson & Atkinson, 2019). Crosby (2022), applying a Cultural Historical Activity Theory (CHAT) framework, identifies systemic tensions between EPs and Primary Mental Health Workers (PMHWs), demonstrating how time and resource limitations exacerbate interprofessional role conflicts. These tensions often result in reduced capacity for consultation-based or preventative work. Schools and local authorities, facing financial pressures, frequently prioritise statutory assessments over consultative or therapeutic input, thereby reinforcing a reactive rather than preventative model of support. Similarly, Carney (2017) found that trainee EPs often struggled to balance consultative mental health work with systemic pressures to prioritise assessment duties, further complicating the intended consultative role in wellbeing promotion. Methodologically, the reviewed studies use a variety of approaches to explore systemic barriers. Crosby's (2022) use of CHAT provides a systemic understanding of how conflicting priorities emerge and are reinforced institutionally, offering depth to the analysis of consultation and intervention barriers. In contrast, Carney (2017) employed a phenomenological lens to capture lived experiences, detailing the internalisation of systemic time pressures by trainee EPs.

##### **4.7.12.2 Systemic Barriers to Therapeutic Engagement**

The Welsh Government's Framework on Embedding a Whole School Approach to Emotional and Mental Wellbeing (2021) emphasises preventative, school-wide mental health strategies. However, Brown et al. (2024) argue that despite policy aspirations, the complexity of real-world school environments creates significant barriers to intervention.

#### **4.7.12.3 Statutory Pressures and Competing Demands**

Carney's (2017) phenomenological study of trainee EPs revealed that time constraints and systemic pressures strongly shape early-career practices, compelling a prioritisation of statutory assessment over broader mental health-focused interventions. Greig, MacKay, and Ginter (2019) conducted a survey, demonstrating that EPs' time allocations are often skewed heavily toward statutory work, limiting opportunities for preventative or therapeutic interventions. This dominance of assessment heavy work suggests a structural barrier that restricts EPs' broader contribution to whole-school wellbeing approaches. Greig et al. (2019) utilised survey-based methodology to quantify EPs' time use and perceptions of effectiveness, though they acknowledge that this approach may lack the nuance provided by qualitative exploration. Collectively, these findings reinforce that policy implementation should look to move beyond aspirational frameworks, incorporating practical, systemic reforms that account for workload, time allocation, and service model structures if EPs are to meaningfully engage in mental health and wellbeing promotion within schools.

#### **4.7.12.4 Training Gaps and Capacity Limits**

Research suggests that meaningful mental health interventions depend on staff capacity and professional development, yet schools often lack designated time and resources for training initiatives. Dowling and Barry (2020) highlight how constrained funding for professional development acts as a major barrier to embedding whole-school wellbeing frameworks. Although individual EPs' training and therapeutic skills can act as enablers for mental health work (Miller, 2017), systemic pressures mean that even well-trained staff may be unable to implement new practices sustainably without broader organisational support. Brown et al. (2024) further suggest that leadership commitment and cross-sector collaboration are critical systemic factors in ensuring that mental health training leads to lasting cultural change.

#### **4.7.12.5 Summary of Barriers to EPs supporting Mental Health and Emotional Wellbeing**

Despite clear policy intentions to promote whole-school approaches to mental health and emotional wellbeing, significant barriers continue to restrict EPs ability to deliver systemic and sustainable change. Research consistently highlights those competing priorities, time pressures, and entrenched statutory assessment demands dominate service delivery, leaving limited capacity for preventative or consultative work (Carney, 2017; Greig et al., 2019; Crosby, 2022). Organisational challenges such as insufficient funding for professional development and inconsistent role clarity further inhibit the embedding of mental health practices within schools (Dowling & Barry, 2020; Brown et al., 2024). These systemic constraints reflect broader structural tensions between aspirational policy frameworks and the practical realities faced by school and local authority systems. For organisational change to occur, systemic reform must address workload redistribution, inter-agency collaboration, and ensure that EPs are positioned to use their full range of consultation, intervention, training, and research skills in support of whole-school mental health promotion. The following section will explore factors identified in the literature as potential enablers of systemic change and sustainable wellbeing practices within education.

#### **4.7.13 Facilitators: Systemic Enablers of EP Practice**

The research by Price (2017) and Simpson and Atkinson (2019) collectively reinforced the importance of school prioritisation, multi-agency collaboration, training, and institutional support in enhancing the effectiveness of EP-led MH interventions. While each study identifies key facilitators of successful EP involvement, they do not sufficiently explore how these factors interact in practice, or the challenges associated with implementing them simultaneously. However, Price (2017) suggests through the findings of the research that schools that prioritise mental health and engage EPs in strategic planning experience more sustainable and impactful interventions. The research also highlights the critical role of professional training, with EPs who receive specialist therapeutic training reporting increased confidence and efficacy in mental health intervention delivery (Price, 2017). Specifically, the type of training provided often includes therapeutic approaches such as Cognitive Behavioural Therapy (CBT) and solution-focused techniques, equipping EPs with the necessary skills to deliver targeted individual and

group interventions. This training is typically delivered by experienced practitioners, including clinical psychologists and mental health experts, who provide both theoretical foundations and practical strategies (Simpson & Atkinson, 2019). The success of these interventions is further facilitated by the collaboration of EPs with other mental health professionals and school staff, ensuring that interventions are coordinated and aligned with the needs of the students (Simpson & Atkinson, 2019). Furthermore, institutional backing from local authorities and the Department for Education (2018) has been shown to enhance the uptake of wellbeing initiatives, reinforcing the necessity of systemic support for EP engagement in mental health work. In practice, this can involve local authorities funding dedicated EP time for mental health projects (Department for Education, 2018), providing specialist supervision and training opportunities (British Psychological Society, 2019), and embedding EPs within multi-disciplinary mental health teams in schools (Hoyne & Cunningham, 2019). It may also include strategic policy initiatives, such as mental health leads in schools being supported to collaborate with EPs on whole-school wellbeing frameworks, ensuring that mental health promotion is embedded into the school's development plans (Department for Education, 2018; British Psychological Society, 2019).

#### **4.7.14 Repositioning the EP Role in Post-Reform Wales.**

The introduction of the Additional Learning Needs (ALN) Code for Wales (Welsh Government, 2021) fundamentally reshapes the educational landscape, requiring a re-examination of the Educational Psychologist's (EP's) role beyond traditional statutory functions. Under the previous Special Educational Needs (SEN) framework, EPs were often heavily involved in statutory assessments for Statements of SEN. However, the ALN system promotes an ethos of early intervention, person-centred planning, and inclusive practices, with the majority of learners' needs expected to be met through universal and targeted support at the school level. This shift reduces the automatic statutory 'gatekeeping' role of EPs and instead places a greater emphasis on their capacity to work systemically to build school capacity, deliver consultation-based models, and promote emotional wellbeing (Welsh Government, 2021). Consequently, there is an increasing need for EPs in Wales to be recognised not just as assessors, but as professionals capable of enacting preventative, systemic, and therapeutic change. Research indicates that EPs' skills in consultation, training, capacity-building, and systemic intervention are essential for realising the aspirations of the ALN reforms (Atkinson et al., 2019). However, while literature

drawn from broader UK contexts suggests that systemic barriers such as high service demand, resource limitations, and local authority pressures risk narrowing EP roles back into statutory functions (Greig et al., 2019), it is important to note that the specific pressures faced by EPs in Wales may differ. In contrast to England, where Educational, Health and Care Plans (EHCPs) drive a high volume of statutory work, Welsh services may have greater flexibility under the ALN reforms. Nonetheless, there is currently limited empirical research specifically exploring whether EPs in Wales are experiencing this flexibility in practice, or whether similar systemic constraints persist despite policy differences. If Wales is to fully achieve the inclusive, preventative aims outlined in the ALN Code, further investigation is needed to understand what EPs in Wales are currently utilising in their practice and are enabled to contribute meaningfully to early intervention, mental health promotion, and whole-school development.

#### **4.7.15 Summary**

In summary, the literature identifies several key facilitators for effective EP-led mental health and emotional wellbeing interventions, including school prioritisation of mental health (Price, 2017), access to specialist therapeutic training (Price, 2017; Simpson & Atkinson, 2019), strong multi-agency collaboration (Simpson & Atkinson, 2019), and robust institutional support at both school and local authority levels (Department for Education, 2018; British Psychological Society, 2019). However, despite a strong theoretical foundation, there remains a gap in understanding how these facilitators can be practically and consistently translated into everyday EP practice. Specifically, research is needed to explore the active challenges EPs face in applying these facilitators within the varied and often resource-constrained environments of educational settings (Simpson & Atkinson, 2019). Moreover, as much of the existing research is situated within the broader UK context, there is limited evidence regarding the specific applicability and effectiveness of these facilitators in Wales. Given the differences in education policy, local authority structures, and the recent introduction of the Whole School Approach to Emotional and Mental Wellbeing (Welsh Government, 2021), further research is required to observe how these factors interact with Welsh educational and legislative contexts to support or hinder EP involvement in mental health work.

The literature review also highlighted the tensions between policy expectations and practice realities, particularly in the Welsh context where ALN reforms and whole-school wellbeing frameworks have redefined, but not always clarified, the EP role. These findings pointed to a lack of empirical research capturing the views of main grade EPs in Wales, whose practice-based perspectives are critical to understanding how conceptual frameworks and national policy are interpreted and implemented on the ground. Accordingly, this research was conceptualised to address that gap, aiming to explore how EPs in Wales perceive and experience both the barriers and facilitators to effective mental health and wellbeing support in schools.

Addressing the complexities of mental health and wellbeing support within schools, this research will focus on exploring the perceptions of mainstream Educational Psychologists. By prioritising in-depth qualitative data, the study will capture EPs' perspectives of effective mental health and emotional wellbeing support through semi-structured interviews. This approach allows for a detailed and contextualised insight into the barriers and facilitators to effective mental health and wellbeing support in schools. As Braun and Clarke (2022) suggest in their discussions on *Big Q* qualitative research, the aim is not only to contribute new findings but to deepen existing understandings of a phenomenon through a more comprehensive exploration. The research question guiding this research is: *‘What are the perspectives of Educational Psychologists practicing in Wales regarding the barriers and facilitators to effective mental health and wellbeing support in primary and secondary schools’*





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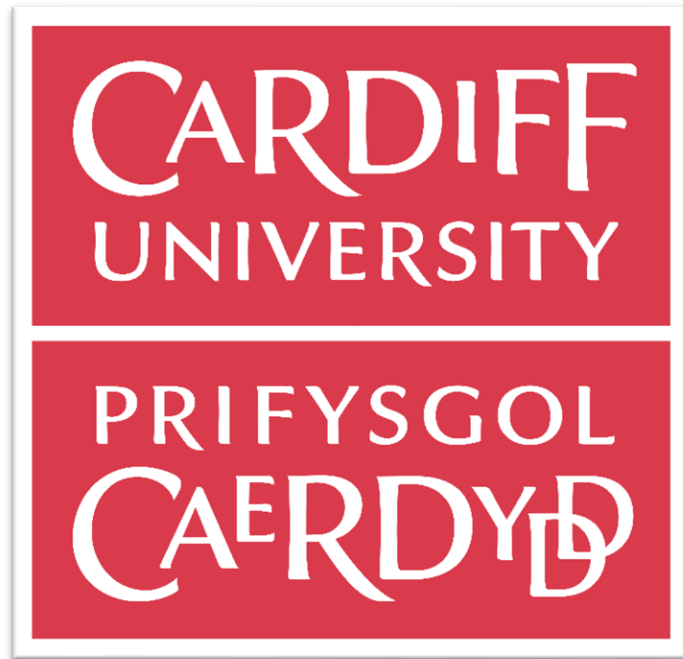
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Part Two

Major Empirical Paper

Word count: 12,076.

## **Part Two: Major Empirical Paper**

### **1. Abstract**

With increasing mental health concerns, NHS Wales (2024) reports that three children per classroom may experience challenges with their mental health, with half of all issues emerging by age 14. However, the NICE (2022) report suggests that mental health needs typically emerge in Primary school aged children yet are more likely to be noticed in the teenage years. This suggests that despite the majority of mental health needs emerging in the primary years, identification is delayed until high school age. Educational Psychologists commonly work within schools and are well placed to support schools to address mental health and wellbeing concerns. Despite EPs being cited in government guidance as key professionals in mental health support, their specific role remains unclear (NHS Wales, 2023; NICE, 2022). This study aims to explore Educational Psychologists (EPs) Perspectives of Effective Mental Health (MH) and Emotional Wellbeing (EWB) support in relation to children and young people (CYP'S) in Wales, with particular focus on CYP's in primary and secondary education. The research question related to the current perspectives of EPs in regard to effective mental health and wellbeing in CYP'S, including perceived barriers, facilitators, and how EPs perceive their role. This study analysed data from three EPS across three different Local Authorities (LAs) in Wales. The participants took part in individual, semi-structured interviews online. Interviews were transcribed and analysed using Reflexive Thematic Analysis (RTA). The findings suggest that the participants in this study perceive themselves as appropriate and active professionals in supporting the mental health and emotional wellbeing of children and young people within their respective Welsh contexts. Facilitators identified for this included working in collaboration with the systems around the child, with emphasis on the importance of school staff. In contrast, barriers identified included the changes made to the ALN Code for Wales (Welsh Government, 2021) the impact of Covid and pressures faced by schools.

### **2. Part Two A: Introduction**

In the United Kingdom, the concepts of 'mental health' and 'wellbeing' are increasingly recognised as critical components of public health, with a growing emphasis on understanding their prevalence across various populations. In 2023-24, more than 500 children per day in England were referred to mental health services for anxiety, more than double the rate before the Covid-19 pandemic. In Wales, approximately one in six children and young people have a diagnosable mental health condition (Health and Care Research Wales, 2023). The Welsh Government's 'Together for Mental Health' plan (2019–2020) emphasises a preventative, multi-agency approach, stating that supporting children's mental health is a shared responsibility. Correspondingly, data from StatsWales (2022) shows a steady annual increase in school counselling referrals, with a notable rise when children transition from year 6 to year 7. These statistics are particularly significant for the consideration of EPs working in Wales, as they align closely with the Welsh Government's commitment to a preventative, multi-agency model of mental health support, as set out in 'Together for Mental Health'. The rising mental health needs, especially during key educational transitions, highlights the critical role of Welsh EPs in not only providing direct support to children and schools but also in contributing strategically to the design and delivery of whole system, preventative approaches. EPs in Wales are uniquely positioned to influence policy implementation at the local authority level, to build capacity within schools for early intervention, and to ensure that support is culturally and contextually relevant within the Welsh education and health frameworks.

## **2.1 Mental Health and Emotional Wellbeing**

Mental health is a complex and culturally influenced concept, with definitions varying across contexts. The World Health Organization (WHO, 2022) defines mental health as a state of well-being that enables individuals to cope with life's stresses, work productively, and contribute to their community. Within the UK, mental health (MH) and emotional wellbeing (EWB) are integrated into public policy. The Department of Health (2019) defines mental wellbeing as a "positive state of mind and body, underpinned by social and psychological well-being," aligning with WHO's broader conceptualisation. Similarly, Wales adopts a holistic approach, recognising MH and EWB as essential for participation in social, economic, and cultural life (Welsh Government, 2015). The Welsh Government explicitly integrates mental well-being into policies on education, housing, and employment, reflecting a long-term commitment to resilience and sustainability (Welsh Government, 2019).



## **2.2 Educational Psychologists in Wales**

Educational Psychologists (EPs) play a vital role in supporting the mental health and well-being of children and young people, particularly through early, school-based interventions that foster resilience and address emerging concerns (Department for Education, 2022). Their responsibilities in Wales and England include conducting assessments, providing evidence-based recommendations, and implementing interventions such as cognitive-behavioral therapy (CBT), solution-focused therapy, and personal construct psychology, all of which have been shown to promote positive mental health outcomes in schools (Atkinson et al., 2012). Despite the effectiveness of these approaches (Atkinson et al., 2012), increasing demand for mental health services has resulted in long waitlists and inadequate provision, leaving many children without necessary support (Care Quality Commission, 2017; Children’s Commissioner for England, 2017; NHS National Services Scotland, 2017).

EPs also collaborate with schools and healthcare professionals to ensure interventions align with statutory frameworks, such as Educational Health Care Plans (EHCPs) in England and Individual Development Plans (IDPs) in Wales, the latter introduced under the Additional Learning Needs and Education Tribunal (Wales) Act 2018 to promote a holistic, person-centred approach. Additionally, EPs in Wales are integral to implementing whole-school strategies, including the Welsh Government’s Whole School Approach to Emotional and Mental Wellbeing, which seeks to create supportive environments that facilitate both recovery and long-term well-being. Their role in bridging education, health, and care services remains crucial in addressing young people’s mental health needs, particularly in the evolving post-pandemic context.

## **2.3 The current research**

The current research focuses exclusively on Wales due to the distinct differences in policy, guidance, funding, and statutory obligations for EPs across the UK’s devolved governments. Wales has its own legislative framework, such as the ‘Additional Learning Needs and Education Tribunal’ (Wales) Act 2018 and the draft ‘Whole School Approach to Emotional and Mental Wellbeing (2024), which shape the role of EPs differently from other UK nations. By concentrating on the Welsh context, this research ensures relevance to the specific statutory

responsibilities and systemic structures influencing EP practice, mental health support, and intervention delivery within Welsh schools.

Consequently, the following research question has been posed:

- 1) What are the perspectives of EPs practicing in Wales, regarding the barriers and facilitators to effective mental health and wellbeing support in primary and secondary schools?*

### 3. Part Two B: Methodology

A theoretical framework serves as the foundational structure that shapes how a researcher approaches and investigates their research questions (Lederman & Lederman, 2015). The framework that informed this study is illustrated in Figure 2.

Ontology	Epistemology	Theoretical Base	Method
Critical Realist	Contextualism	Reflexive Thematic Analysis	Semi-Structured interviews.

Figure 2 Theoretical Framework of the research

#### 3.1 Researcher positionality

Ontology refers to the branch of philosophy concerned with the nature of reality, specifically addressing questions about what exists and how we can understand it. In research, ontology shapes the assumptions researchers make about the nature of the world, the entities in it, and how these can be studied (Crotty, 1998). Essentially, ontology is concerned with what can be known and the nature of that knowledge. Critical realism, as adopted in this research, is an ontological stance that occupies a position between positivism and relativism on the spectrum of ontological perspectives. Positivism asserts that reality exists independently of human perception and can be objectively known through empirical observation and measurement (Bryman, 2016). According to this view, there is one true reality, and research aims to uncover this objective truth using scientific methods. On the other hand, relativism argues that reality is constructed by human experiences and perspectives, suggesting that there is no objective reality independent of individual interpretations (Gergen, 2009). From this perspective, multiple subjective realities exist, each shaped by culture, history, and personal experience.

Critical realism provides a ‘third way’ between positivism and relativism (House, 1991) allowing for the recognition of objective structures such as policy, school systems and institutional practices. In support of this, Braun and Clarke (2013) suggest that critical realism offers a middle ground between the spectrum of positivist and relativist, proposing that while a pre-social reality exists, meaning that there is an objective reality independent of our perception, we can only

partially know it. This understanding aligns with the idea that reality is complex, influenced by historical, cultural, and political contexts. As Braun and Clarke (2013) argue, “A pre-social reality exists but we can only partially know it,” emphasizing the point that our access to this reality is always mediated by our personal and collective experiences. This ontological stance recognizes that while an authentic reality exists, it is not fully accessible or entirely knowable (Rogers & Rogers, 1997). Instead, individual experiences shape how we perceive and interpret this reality. By adopting a critical realist position, this research acknowledges that the experiences and perceptions of mainstream EPs are situated within this complex, multi-layered reality. Therefore, the study will focus on understanding EPs' real experiences and perspectives on mental health and wellbeing support, while recognising that these are shaped by both individual and broader social influences.

Moreover, this research will adopt a ‘contextualist’ epistemological stance. Epistemology is concerned with what knowledge is, how it is acquired, and how we can know what we know (Willig, 2013). A contextualist stance, as outlined by Braun and Clarke (2013), assumes that knowledge is not objective and universally true, but rather, it emerges from specific contexts and is shaped by social, cultural, and political conditions. Therefore, 'truths' are seen as real within a given context, but they are not independent of that context.

Adopting a contextualist approach encourages the researcher to recognise that participants' realities and perceptions and how these are influenced by their individual experiences and the broader systems they are embedded in. As such, the researcher will be sensitive to the influence of factors such as local authority policies, school-level practices, and socio-cultural differences across Wales. For example, as noted by Weaver (2023), perceptions of support services can vary substantially based on surrounding systemic factors, including resource availability, cultural attitudes toward mental health, and the specific educational environment. Considering epistemology in this way ensures that participants' narratives are understood as constructed within and reflective of their particular social and systemic contexts, rather than being treated as universal facts. This stance also supports reflexivity, requiring the researcher to remain aware of their own influence on the research process and interpretation of findings (Finlay, 2002).

Qualitative research is primarily concerned with understanding how individuals construct meaning from their experiences within social and cultural contexts (Gough & Madill, 2012). This study adopts a qualitative research design informed by a contextualist-critical realist perspective (Braun & Clarke, 2022a), which acknowledges that while an objective reality exists, individuals' understandings of that reality are shaped by language, discourse, and social context (Willig, 2013). Braun and Clarke (2013) describe this stance as recognising both the ways in which individuals construct meaning and the material constraints that shape these constructions. This perspective enables an exploration of how mental health and well-being are experienced and understood within educational settings, while also considering the systemic and structural influences that shape these experiences.

Finally, This study aligns with the Big Q practice of qualitative research, which conceptualises qualitative inquiry as more than just a set of data collection techniques. Instead, it represents a philosophical and methodological paradigm grounded in interpretivist, constructionist, and critically oriented perspectives (Kidder & Fine, 1987; Braun & Clarke, 2022a). Within this approach, research is understood as engaging with complexity, nuance, and contextual variation, where meaning is constructed through social interaction and shaped by cultural, historical, and political influences. The Big Q perspective also places emphasis on the importance of lived experience, subjective understanding, and researcher reflexivity. These principles are closely aligned with the contextualist epistemology and critical realist ontology underpinning this research, which view knowledge as both situated and influenced by broader systemic structures, while also acknowledging the interpretive processes that mediate how individuals experience and articulate their realities.

### **3.2 Aims of the current research**

This research project will aim to identify EPs perspectives of effective mental health and emotional wellbeing support, in relation to the following research question:

- 1) *The Perspectivess of Educational Psychologists practicing in Wales: What are the barriers and facilitators to effective mental health and wellbeing support in Primary and Secondary schools?*

### **3.3 The rationale for Reflexive Thematic Analysis**

In line with a contextualist epistemology, the researcher assumes a central role as an active interpreter and co-constructor of ‘knowledge’, acknowledging that understanding is inherently linked to specific cultural and situational contexts. Furthermore, contextualism assumes that multiple individuals' perceptions of what they ‘know’ to be their experiences, can exist together, in different contexts (Baumann, 2016). This perspective emphasises the necessity for researchers, when utilising Reflexive Thematic Analysis, to engage deeply with the context to derive meaningful insights from data. Braun and Clarke (2019) suggest that “themes do not passively emerge” highlighting the important role of active engagement of the researcher. Moreover, the researcher has an active role in advocating for reflexivity and creativity within the process, in doing so, allowing these qualities to enhance the depth and validity of their analyses (Braun and Clarke, 2019). This approach requires researchers to be aware of their own influence on the research process, continuously reflecting on how their perspectives and interactions with the context shape the knowledge produced. Reflexive Thematic Analysis (RTA) was selected for this research because it aligns with the critical realist and contextualist positioning underpinning the study. In comparison, Thematic Analysis aims for structured, consensus-driven coding and often treat themes as discoverable entities within the data, Reflexive Thematic Analysis conceptualises themes as actively developed through the researcher's deep engagement, interpretation, and reflexivity (Braun & Clarke, 2022). By embracing this reflexive approach, researchers maintain alignment with the intricacies and subtleties of the contexts they explore, leading to well-supported and contextually relevant findings.

### **3.4 Research design**

#### **3.4.1 Semi-structured interviews (SSI)**

Semi-structured interviews (SSI's) have been selected, in line with the contextualism epistemology selected for this research. To ensure that participants are given an opportunity to share their experiences based on their context, such as where they work, their individual opinions and previous experiences (Stokes & Bergin, 2006). Semi-structured interviews will allow for the researcher to maintain an active role during the interview process and will allow the participants opportunities to answer honestly and raise any questions or utilise prompts from the researcher.

In turn, this allows the researcher and participant to co-construct meaning of the topic discussed (Braun & Clarke, 2013).

### 3.4.2 SSI Rationale

Questionnaires were not chosen for data collection as ‘mental health’ and ‘wellbeing’ have a number of definitions that participants could not clarify or ask questions about through a questionnaire format. In addition, SSI was preferred over focus groups, as it is important that participants feel comfortable and confident to share their own understanding and beliefs, without being guided or affected by others in a group (Ware, 2014). The semi-structured interview was audio recorded, and this was highlighted in the consent form for the participant to agree to participate in. A focus group was considered as an alternative method to data gathering. However, there were concerns about potential variations in experiences among participants and the potential impact of group dynamics on the data gathered (Belzile & Öberg, 2012; Kidd & Parshall, 2000). Kidd and Parshall (2000) noted that individuals within groups do not respond to questions in the same way as in other situations; possibly due to the complex, multifaceted nature of group dynamics (Belzile & Öberg, 2012; Bion, 2023; Kidd & Parshall, 2000). Braun and Clarke (2013) describe semi-structured interviews as a methodology well-suited to a critical realist-contextualist stance, as they allow for an exploration of participants' subjective meanings while acknowledging the broader social and material contexts that shape these meanings. They state that "semi-structured interviews provide a flexible but directed way of generating data that capture people's accounts of their experiences, while also allowing for reflection on the broader social and contextual factors that shape those accounts" (Braun & Clarke, 2013, p. 78).

## 3.5 Method

### 3.5.1 Ethical considerations

*Table 3 outlining ethical considerations*

<b>Informed consent</b>	<ul style="list-style-type: none"> <li>Participants were urged to read the ‘participant information sheet’ (Appendix 4) to ensure they were fully informed of the aims of the study, what was meant by their</li> </ul>
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	<p>participation and how the researcher would use the information obtained.</p> <ul style="list-style-type: none"> <li>• A consent form (Appendix E) was used, participants were required to return the consent form complete with their electronic signature to the researcher, prior to taking part in the research that was conducted via Microsoft Teams.</li> <li>• All participants were made aware that their participation was on a voluntary basis and had a right to withdraw at any point during the semi-structured interview.</li> </ul>
<b>Participant comfort and welfare</b>	<ul style="list-style-type: none"> <li>• The information sheet (Appendix 4) noted that each participant will not be evaluated or judged when answering questions during their participation. This was relayed by the researcher prior to participant engagement to ensure they felt comfortable to talk freely.</li> <li>• Participants were reminded of their right to withdraw, both in the interview and via the debrief form (see Appendix 6) up to two weeks following the interview without giving a reason.</li> </ul>
<b>Maintaining anonymity and confidentiality.</b>	<ul style="list-style-type: none"> <li>• The participants details were only shared with the researcher.</li> </ul>



	<ul style="list-style-type: none"> <li>• All participants were assigned a pseudonym in the write-up to ensure they were unidentifiable.</li> <li>• Participants were made aware of their anonymity and the use of pseudonyms prior to taking part in the research.</li> <li>• All audio recordings of the interviews were kept confidential and stored on a password protected device that was only accessible to the researcher.</li> <li>• Participants were made aware that their data would remain confidential up until the point of transcription (up to two weeks following the interview).</li> <li>• Participants were informed any information shared that could potentially lead to the identification of themselves, colleagues or Local Authority would be anonymised or allocated a pseudonym.</li> <li>• Participants were informed that any quotations from their personal transcript that were shared in the data would not allow any reader to identify them (BPS, 2021).</li> <li>• Participants were informed once the data had been anonymised, they will</li> </ul>
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	be unable to withdraw their data from the research.
<b>Online Security.</b>	<ul style="list-style-type: none"> <li>• All semi-structured interviews took place in a password protected virtual meeting room via Microsoft teams.</li> <li>• The researcher used a private room to complete the interviews and connected to a secure home network.</li> </ul>
<b>Maintaining the integrity of the participant during data analysis.</b>	<ul style="list-style-type: none"> <li>• The data collected from participants was only used for the reasons outlined in the research aims.</li> <li>• The participant data was analysed using Reflexive Thematic Analysis (RTA) outlined by Braun and Clarke (2021).</li> <li>• RTA consist of 6 stages of analysis, including researcher engagement throughout, as outlined in figure 3. (Braun and Clarle, 2021).</li> </ul>

### 3.5.2 Participant sampling

Participants were recruited using a purposive sampling method to allow for the identification and selection of participants who are currently working as Educational Psychologists and support schools within their local authority (Cresswell & Plano, 2011). To recruit, an email with an attached gatekeeper letter was sent to Principal Educational Psychologists (PEP) within the local area of the researcher and to any local authorities the researcher had made previous connections with. All current Educational Psychologists working within a Local Authority were eligible and identified by the PEP. The PEP was asked to disseminate this information to all relevant staff. The PEP was asked to forward the information of any potential participants to the researcher if they meet the inclusion criteria.

A purposive sampling technique was used to ensure participants had relevant experience on the topic being explored. Braun and Clarke (2022a) emphasise that there is complexity in establishing the correct dataset size. Further, they caution against concepts like ‘sample size’ which align more with positivist values and assumptions (Braun & Clarke, 2022a). Rather, researchers are encouraged to reflect on the “information power” of the dataset (Malterud et al., 2016, p. 1753). Further, Malterud et al. (2016) suggest that smaller datasets will need to be information rich, or “dense” (p. 1756) to achieve information power. Further, Braun and Clarke (2022a) stress the importance of reflexivity in both data generation and analysis, to assess the quality and richness of the data and determine the dataset composition.

The original intention was to recruit six participants, in order to provide a range of perspectives while maintaining feasibility within the research timescale. Six Educational Psychologists initially agreed to take part in the study. However, two were unable to arrange a suitable interview date within the recruitment period, and one did not respond to follow-up emails. As a result, three participants were ultimately included.

The decision to proceed with three participants was made in line with the concept of information power (Malterud et al., 2016), which posits that smaller samples can be sufficient when participants offer rich, relevant, and specific insight into the research topic. Each of the participants in this study were fully qualified Educational Psychologists working in Welsh Local Authorities, with between 2-15 years experience in supporting schools around mental health and emotional wellbeing. Their accounts were reflective, detailed, and grounded in lived professional practice, which contributed to a dataset that was both dense and thematically rich.

Sufficiency was determined through ongoing reflexive engagement with the data. After completing and transcribing the interviews, it became clear that the data provided were both conceptually and contextually rich and aligned with the research question. In line with Braun and Clarke’s (2022a) emphasis on quality over quantity in reflexive thematic analysis, the three interviews were deemed sufficient to construct meaningful and well-supported themes.

### **3.5.3 Rationale for sample size**

Interviews were scheduled in a way to allow for reflection in relation to whether the data gathered was of suitable quality and richness, and to determine information power between each interview. As the data was gathered through in-depth, semi- structured interviews, a dense and rich data set was deemed to be achieved. Therefore, flexibility of dataset size was accommodated, and a smaller dataset was assessed to be appropriate for this research (Braun & Clarke, 2022a).

*Table 4 Inclusion and Exclusion criteria*

<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
<ul style="list-style-type: none"> <li>- Currently practicing as a HCPC registered Educational Psychologist</li> <li>- Must currently be practicing within a Local Authority in Wales.</li> <li>- Must be willing to take part in a semi-structured interview.</li> <li>- This research will welcome both English and Welsh speakers to take part.</li> </ul>	<p>Exclusion criteria:</p> <ul style="list-style-type: none"> <li>- Trainee Educational Psychologist</li> <li>- A qualified Educational Psychologist working outside of Wales</li> </ul>

### **3.5.4 Recruitment strategy**

To recruit, an email with an attached gatekeeper letter was sent to all Principal Educational Psychologists within Wales and were asked to disseminate to all current Educational Psychologists working within their Local Authority. The Principal Educational Psychologist was asked to let all relevant staff know to contact the researcher directly with the information provided, if they met the inclusion criteria and were interested in taking part.

### **3.5.5 Procedure**

*Table 5 procedure followed in order*

<b>Contact with Gatekeeper</b>	<ul style="list-style-type: none"> <li>• Ethical approval gained June 2024.</li> <li>• Gatekeeper Letter sent via email (See Appendix 7) was sent to Principal Educational Psychologists (August 2024) across</li> </ul>
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	<p>Wales to obtain gatekeeper consent. The email included the Participant Information Sheet (Appendix 4) which the gatekeeper was asked to share with all EPs in their service.</p>
<b>Participant consent (when interest expressed)</b>	<ul style="list-style-type: none"> <li>• When participants expressed interest, they were emailed the Participant Information Sheet (see Appendix 4) and a Participant Consent Form (see Appendix 5) by the researcher.</li> <li>• Potential participants were asked to provide a signed copy of the Consent form (via email) prior to conducting the interview.</li> </ul>
<b>Interview Schedule</b>	<ul style="list-style-type: none"> <li>• Participants were given the option (via email) to arrange an interview online (via Microsoft Teams) at a time and date (within a time frame) of their preference (between September and November 2024).</li> <li>• Online semi-structured interviews were chosen to enable flexible, accessible participation from EPs across Wales, overcoming geographical barriers whilst supporting participant comfort and openness on sensitive topics (Archibald et al., 2019)</li> <li>• Participant recruitment closed in November 2024 to allow time for data analysis.</li> </ul>
<b>Conducting interviews</b>	<ul style="list-style-type: none"> <li>• Interviews took place in October 2024.</li> <li>• All participants were reminded of the purpose and aims of the research, including their right to withdraw.</li> <li>• Participants were reminded that they were able to answer questions in any way that they felt most appropriate.</li> <li>• Participants were reminded of their right to withdraw from the research up to two weeks following the date of the interview, at which point their data would be anonymised for transcription.</li> <li>• The interviews were conducted and were approximately 60-75 minutes in duration</li> </ul>

<b>Transcribing data</b>	<ul style="list-style-type: none"> <li>• The audio recordings of each interview were transcribed and anonymised (November 2024).</li> <li>• The recordings were deleted upon completion, up to two weeks following each interview.</li> </ul>
<b>Data analysis</b>	<ul style="list-style-type: none"> <li>• The anonymised interview transcripts were analysed using RTA (Braun &amp; Clarke, 2021) (November/December 2024).</li> <li>• NVivo was used to support the organisation, coding, and management of qualitative data, enabling a systematic and transparent approach to thematic analysis. For example of how this was used, see Appendix (H/I/J).</li> <li>• The data was analysed and written up in relation to their perceived relevance to the research questions.</li> </ul>

### **3.5.6 Data gathering**

Data collection was conducted through individual, semi-structured interviews between the researcher and participants using Microsoft Teams. Prior to each interview, efforts were made to establish rapport with participants to create a comfortable and open environment conducive to sharing their experiences. This was facilitated through initial introductions, a brief explanation of the research aims, and an opportunity for participants to ask any questions. Building rapport in semi-structured interviews involves fostering trust and engagement through active listening, empathetic responses, and a non-judgmental approach (King & Horrocks, 2010).

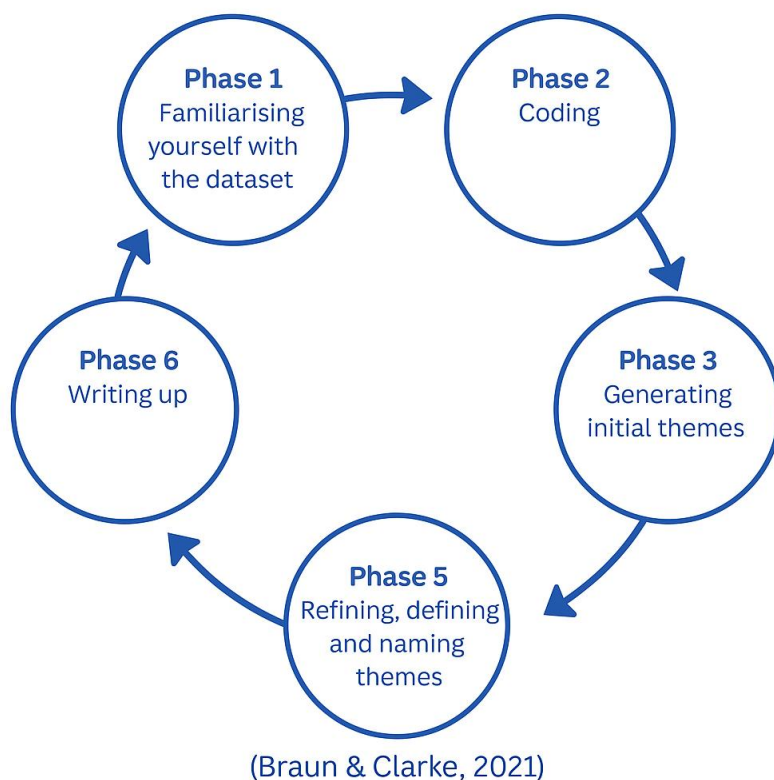
### **3.5.7 Transcription**

Microsoft Teams automatically generated transcripts of the interviews, which were then reviewed by the researcher to ensure accuracy. To verify the completeness and reliability of the transcripts, each interview was also recorded and listened to in full multiple times, until the researcher was confident, they were able to ensure literal transcription to facilitate a rigorous data analysis (Willig, 2013). To maintain participant anonymity, all identifying details, including

names of colleagues, local authorities, and specific geographical locations, were removed. Additionally, each participant was assigned a unique identifier (PPA–PPC).

### 3.5.8 Data analysis

The study employed Reflexive Thematic Analysis (RTA) following the approach outlined by Braun and Clarke (2021). This method provides flexibility, allowing for an in-depth examination of data while recognising the researcher’s active role in identifying and interpreting patterns and themes (Byrne, 2021). RTA is also highly accessible, which is particularly important for effectively communicating findings to Educational Psychologists in Wales (Braun & Clarke, 2013). Unlike traditional Thematic Analysis, RTA offers a clear framework that acknowledges the researcher’s influence on data interpretation, thereby strengthening reliability and facilitating a thorough exploration of complex social issues (Braun & Clarke, 2019). As a result, RTA serves as a valuable approach for producing insightful and theoretically grounded analyses.



*Figure 3 Summary of the RTA process (Braun & Clarke, 2021)*

### 3.5.9 Reliability and validity

Yardley (2017) outlines four overarching criteria for assessing validity within qualitative research: sensitivity to context, commitment and rigour; transparency and coherence, and impact and importance. The following table 6 outlines the attempts made to address each criterion: Yardley's (2017) framework was utilised to ensure the validity and reliability of the current research and analysis.

*Table 6 reliability and validity:*

Core principles and criteria for validity of research:	How this study met the criteria:
<i>Sensitivity to context</i>	<ul style="list-style-type: none"> <li>• <i>A narrative literature review was conducted in Section 1A of this thesis which developed the researcher's awareness of the context of the study topic.</i></li> <li>• <i>The sample was recruited using clear inclusion and exclusion criteria, to gain a breadth of different perspectives and perspectives of EPs within Wales.</i></li> <li>• <i>Participants provided informed consent prior to partaking in an individual, semi-structured interview.</i></li> <li>• <i>Participants were given the opportunity to ask questions directly before the main body of the interview schedule</i></li> <li>• <i>Participants were informed that their Microsoft Teams interview would be recorded visually and via audio.</i></li> </ul>



	<ul style="list-style-type: none"> <li>• <i>Open-ended questions within a semi-structured interview were utilised to provide opportunity for participants to express their views in full.</i></li> <li>• <i>The Coding of transcript data was completed individually before conducting RTA to the whole data set to better understand the shared meaning of responses.</i></li> <li>• <i>Participants were debriefed both verbally during the ‘Closure period’ of the interview schedule and via the debrief form (see Appendix 6).</i></li> <li>• <i>The debrief form (see Appendix 6) included information about the data transcription and anonymisation process, including how participants could withdraw their data from the research.</i></li> <li>• <i>The relevance of this study to EP practice is discussed.</i></li> </ul>
<i>Commitment and rigour</i>	<ul style="list-style-type: none"> <li>• <i>An interview schedule was generated through discussion with my research supervisor, to ensure research questions were addressed and the researcher was led by participant responses.</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Regular supervision was engaged in to explore decision points across all aspects of this research.</i></li> <li>• <i>Options for appropriate methodology were explored with my research supervisor.</i></li> <li>• <i>Reflexive Thematic Analysis (RTA) (Braun &amp; Clarke, 2021) was used to analyse the data. This involved the researcher utilising the guidelines and six-phased approach outlined by Braun and Clarke (2022a).</i></li> <li>• <i>The researcher remained immersed in the data through transcription and coding / theming. Substantial time and commitment were given to data analysis to enhance its rigour.</i></li> <li>• <i>A reflexive research diary was used (see Part Three) which allowed the researcher to reflect on the research process.</i></li> </ul>
<i>Coherence and Transparency</i>	<ul style="list-style-type: none"> <li>• <i>A clear rationale for the current research was provided through a narrative literature review.</i></li> <li>• <i>The researcher reflected upon their own positioning and how this may have impacted upon the research (see Part Three).</i></li> <li>• <i>A critical reflection of the decision making involved throughout the</i></li> </ul>

	<p><i>current research can be found in Part Three of the Thesis.</i></p> <ul style="list-style-type: none"> <li>• <i>The epistemological and ontological perspectives were carefully considered and reflected on during supervision before the research design was developed.</i></li> </ul>
<i>Impact and Importance</i>	<ul style="list-style-type: none"> <li>• <i>The importance and implications of this research on EP practice has been considered in ‘the EP role’ section in Section A.</i></li> <li>• <i>The findings generated in Section B are significantly contextualised, thus it is suggested that the reader considers the transferability of these findings to their own settings. This is reflected upon in the discussion section of Section B. It is not appropriate to generalise the findings of this research to the wider population.</i></li> <li>• <i>The researcher’s dissemination plan of the findings is explored.</i></li> </ul>

#### 4.6 Summary

In sum, the methodology of the current research reflects the assumption that both the participants and the researcher will bring their own perceptions of EP perspectives in relation to effective mental health and emotional wellbeing support for CYP’S, which are situated in their social and cultural context. The subjective experiences of the participants and researcher, and the meaning

attributed to these experiences will influence both the data collected, as well as the interpretation of the data in relation to the research questions (Braun & Clarke, 2019; 2021; 2022a).

## **5. Part Two C: Analysis**

### **5.1 Overview**

The analysis presents each of the themes developed through the RTA process. A thematic map is presented to provide a visual representation of the nine themes and seven sub-themes constructed from the data by the researcher (Figure 4). The analysis outlines the themes identified through the Reflexive Thematic Analysis (RTA) process. A thematic map (Figure 4) visually represents the four superordinate themes, and 12 subthemes developed from the data. These themes and subthemes are structured according to the research questions they address. Each of the four main themes is defined by a “central organising concept” (Braun & Clarke, 2022a, p. 77), while the 12 subthemes, nested within broader themes, share this core concept but highlight specific aspects within it (Braun & Clarke, 2022a).

The process of developing and refining these themes was iterative and reflexive. Initial familiarisation began during transcription, as I actively engaged with the data by listening to the recordings multiple times, taking reflexive notes. Early stages of analysis involved hand-drawn mind maps (Appendix X), which allowed for an organic exploration of relationships between codes and concepts. NVivo software was then used to manage and refine the coding framework, enabling more systematic clustering, comparison, and visualisation of patterns across the dataset. This refinement allowed for the emergence of four superordinate themes and twelve sub-themes that captured both explicit and implicit patterns within participants’ narratives. Evidence of this iterative process, including early maps, digital iterations, and final coding structures, is provided in the appendices and referenced throughout.

Within the Findings section, themes and subthemes are described in detail, supported by relevant participant quotes to illustrate key points (Flick, 2022). This study separates the findings and discussion sections to first present the participants’ experiences clearly and then move into interpreting these experiences in a wider context. This approach recognises that while participants' views are shaped by their social context, there are also broader systems influencing their experiences. Following Braun and Clarke’s (2022) guidance for reflexive thematic analysis, this structure helps keep the participants' voices central, while allowing space for the researcher to critically reflect on the wider meaning of the findings. This descriptive analysis is followed by

a more interpretative discussion in the subsequent ‘Discussion’ section. While most descriptions directly reflect participants’ statements, some interpretations consider implicit patterns within the data. Participant quotations are presented verbatim, with minor modifications for readability. Ellipses (...) indicate omitted sections to enhance conciseness, while brackets are used to provide additional context where necessary for clarity.

## **5.2 Participant information**

At the time of interviewing, all participants had between 1- and 15-years’ experience as Educational Psychologists working within a Local Authority in Wales. Two of the three participants had between 1-6 years working as Senior Educational Psychologists within their current Local Authority in Wales.

Superordinate and subthemes derived from the data collected will be discussed below, with the research question in mind:

- 1) The perspectives of Educational Psychologists practicing in Wales: what are the barriers and facilitators to effective mental health and wellbeing support in Primary and Secondary schools?*

### **Thematic map:**

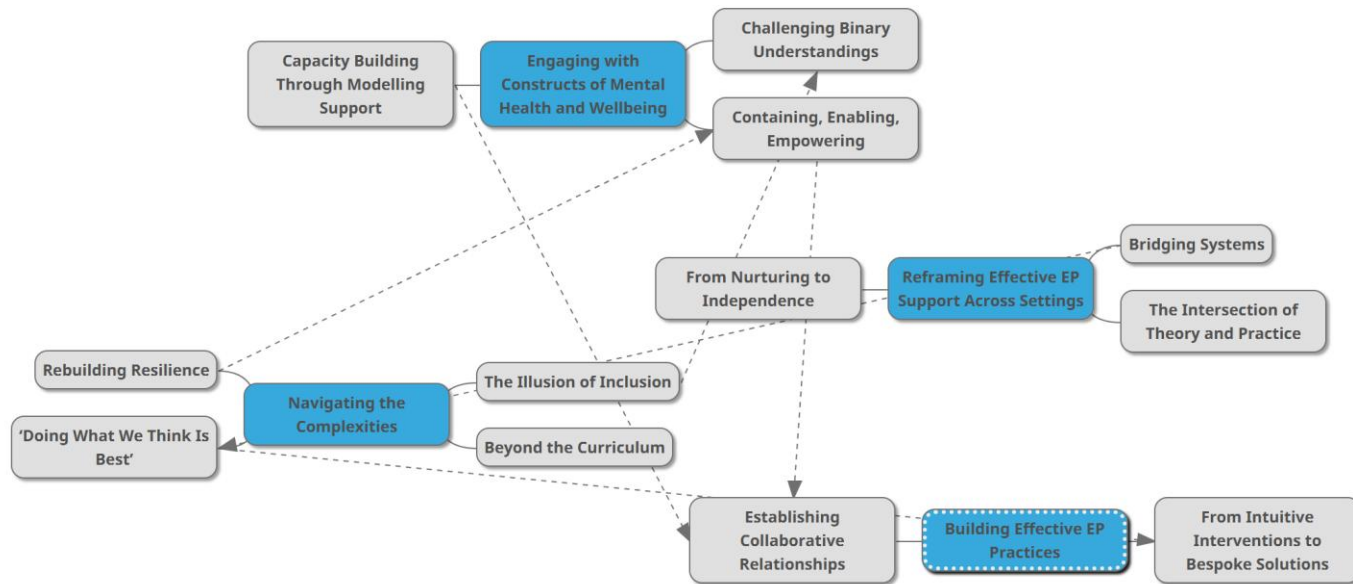


Figure 4 Thematic map of superordinate and sub-theme

### 5.3 Superordinate theme 1: Engaging with constructions of Mental Health and Wellbeing

This title reflects how Educational Psychologists (EPs) build, guide, and influence mental health and wellbeing support by working with other professionals, defining and identifying mental health needs, and navigating available external resources. A key theme that emerged was the way EPs conceptualise mental health within their role as individual practitioners and in collaboration with others.

### 5.3.1 Sub-theme: Challenging Binary Understandings

Participants described mental health as a dynamic and evolving state rather than a fixed condition. Participant A likened mental health to physical health, stating, *“I see mental health as being something that is like your physical health. It’s something that you need to maintain and improve constantly.”* The idea that mental health exists on a continuum was reinforced by Participant B, who noted, *“You’re not always in good mental health. You’re not always in bad mental health. Even if you’re diagnosed with a clinical condition.”* This suggests a move away

from binary definitions of mental health as either “healthy” or “unhealthy,” instead recognising fluctuations over time. Similarly, Participant A acknowledged this, stating *“You have good mental health and bad mental health days or months or whatever.”* Expanding on this, Participant C described mental health as a non-static, developmental process, explaining, *“So when people are not flourishing or they have needs in the area of resilience, we know we have some ideas of where their strengths are and where their areas of support are. I think mental health is a journey, not a static thing.”* This conceptualisation suggests the idea that mental health should be approached holistically, considering strengths, vulnerabilities, and the broader social environment.

Participants reflected on the universal nature of mental health and the importance of helping both children and adults recognise its fluidity. Participant A emphasised that *“Everyone can experience mental health difficulties. Nobody is immune from it. I feel it’s part of my role to explain this first, before I can facilitate my work.”* highlighting that before EPs can support mental health effectively, to do this they must reframe misconceptions and ensure that those they work with, both staff and students, develop a shared understanding around mental health existing on a continuum. The comparison between mental and physical health was a recurring theme, with Participant C stressing, *“It’s important that we look after our mental health, just like we would our physical health.”* However, participants noted that identification is not always straightforward, with participants acknowledging tensions around diagnosis and self-perception. Participant B noted that some individuals find comfort in diagnostic labels, stating, *“There’s a pushback from the community as well... Because some people like to be diagnosed—I don’t know whether the word ‘like’ is right—with depression or anxiety, because then they feel they understand maybe why they can’t do things.”* Highlighting a complex relationship between identification, diagnosis, and self-concept, where labels may offer clarity but can also shape perceptions of ability.

Participant A reflected on the additional complexities of mental health and emotional wellbeing needs, explaining, *“So, you know, regardless of what other comorbid diagnoses you may have, you’re still vulnerable to experiencing mental health difficulties.”* This emphasises the co-occurring beliefs between participants that mental health cannot be viewed in isolation from other developmental, educational, or neurodiverse needs. Participant B stated *“...again, we’re thinking*



*in terms of not only, you know, not only the adults around them, but children themselves being able to identify.*” All participants highlighted that both adults and children need support in recognising mental health challenges.

### **5.3.2 Sub-theme: Capacity Building Through Modelling Support**

A significant aspect of the Educational Psychologist (EP) role emphasised by all participants was supporting other adults within the school system. Participant A reflected on the value that schools place on EP insights, stating, *“But I think certainly our schools do highly value our knowledge and insights. And I think that's key to what we need to continue to do.”* This notion that that EPs are seen as valuable resources within the educational system was highlighted by Participant B *“I spend more time helping school staff sometimes than children, I actually think they need our support more”* further supporting the thought that EPs spend a vast amount of time supporting the adults around the child.

Another area highlighted was the systemic role of EPs, Participant B reflected on how teachers are expected to manage the impact of trauma on their students, often without sufficient support themselves, stating, *“People who work with trauma get supervision regularly...There's a huge amount of children with trauma...”* further emphasising that it’s a teachers responsibility *“...they are expected to know what to do and then manage all of that themselves.”* in support of this, Participant B acknowledged this as an essential but often unrecognised aspect of their role, stating, *“I know previously I've had to offer spaces for teachers in a supervisory way, not because government guidance has told me to but because I know that, they are, you know, struggling.”* This highlights the tension between formal expectations of the EP role and the reality of what is needed within schools, with EPs often having to adapt to the needs of the system in ways that are not officially documented.

Participant C noted that teachers frequently seek EP support to help them reframe and understand pupil needs, stating, *“I think teachers tend to lean to us a lot... in supporting them with understanding need a bit better...reframing needs.”* However, they also highlighted a key challenge—the lack of clarity surrounding the EP role, Participant C continued to state *“We’re meant to be there to build capacity in our schools. But we don’t know how to build capacity*

*because... but schools don't know what to ask us for.*” highlighting that schools may not fully understand what EPs can offer, effecting capacity building within educational settings.

### **5.3.3 Sub-theme: Containing, Enabling, Empowering**

There was a consensus that good mental health is foundational to learning, with Participant A stating, *“Our role is supporting learners in [Local Authority] reach their full educational potential... I know the first thing that we need to put in place is...is to have good mental health and wellbeing... it's vital.”* Highlighting the link between mental health and educational attainment, positioning EPs as key facilitators in ensuring CYP'S are psychologically ready to learn.

Participant A detailed an informal approach to embedding psychology into everyday school conversations, stating, *“Share psychology. Give it to anyone who will listen. It's not a secret... And you know, often when I'm in schools and I'm just sat there having a cup of tea, I'll chat away about psychology”* further emphasising this approach with CYP'S *“...To the kids about how to keep your brain healthy. You know, like as if you're going to the gym to make your muscles big.”* She describes how to engage directly with CYP'S to promote mental health literacy in accessible ways.

Participant B highlighted the containment function of EPs, stating, *“A huge part of our role is to be the person that others look at in a room when everything starts to unravel. Particularly in relation to mental health”* they continued by acknowledging the invisible yet essential aspects of their role, particularly in holding space for both children and adults in times of crisis *“often we 'just' offer containment, it's a silent skill that is undervalued and not even noticed really.”* Supporting the suggestion that EP's provide psychological containment, often their presence can be stabilising to others.

A recurring theme among participants emphasises how EPs are often at the forefront of managing widespread mental health challenges, participant A noted *“Anxiety need are all encompassing my role at the moment...”* in agreement, Participant C remarked *“I think the perception of us, you know, what we are and what we are not...It's just a general lack of understanding of our role”* highlighting lack of clarity around understanding and EP role and

contribution, continuing by saying “... *if we struggle as a profession to define our role a lot of the times, then no wonder parents can find that hard*” acknowledging the complexities of working alongside others, when role definition is unclear.

## **5.4 Superordinate Theme 2: Reframing Effective EP Support Across Settings**

This theme encompasses the differences in support EPs perceived as effective when working on the ground within schools. This includes across primary and secondary school settings, with Participant A noting “*I like to meet children developmentally, but the environmental differences between primary and secondary is not always conducive*” drawing attention to the importance of environment. A general consensus around the use of person-centered models and intervention was evident, with participant B noting “*...It can be hard to be person centered, particularly as children get older and dont want to engage, but it’s a vital*” and Participant C emphasising this “*...Even at a young age, we involve the children through indirect sources, some of our older children dont want to engage, but its important*”. Further highlighting the challenges as children develop and transition between primary to secondary school.

### **5.4.1 Sub-theme: Bridging Systems**

Participant A expressed the practicalities of intervention delivery can be complex and is often multi-agency explaining “*At the forum... there's CAMHS in reach...school-based counselling service, educational psychology, well-being team, ASD team, education welfare service.*” further highlighting the collaborative nature of EP involvement, Participant B emphasises this “*I almost always work in a multi-agency way as a form of intervention, it can take more time...but it more effective*” both participants reinforce how interventions often require multi-agency working to be effective, Participant B expressed her frustrations that can arise from working with external agencies, including long waiting times “*Yes, CAMHS can be great, but children are waiting weeks if not months for these services. Mental health is impacting them by the second, it's not good enough*” Similarly, Participant B acknowledged “*They need a lot more people on the ground and obviously standard resources, and I think that's something the NHS themselves need to prioritise*” While EPs are not always the primary mental health providers, their role often involves bridging the gap between educational and clinical services, offering interim strategies

and psychological support while CYP'S wait for specialist input. However, as Participant B acknowledged, *"...what they are putting in place for children's mental well-being and mental health?"* Both participants make reference to systemic issues such as resource limitations, and unclear service pathways create barriers to sustained impact.

#### **5.4.2 Sub theme: From Nurturing to Independence**

Participant A highlighted the relational aspect of primary school interventions, stating, *"It's a far more nurturing environment.."* further expanding on the relationship differences, *"relationship the children have with adults within primary school is very different from when they get to a teenager"* Participant B supported this *"...at primary age, I think they're far more nurturing... The relationship is far stronger because of just the nature of their role"* As Participant A further noted, *"I think ELSA works well at primary age.. they are also a TA in the classroom...they are on the yard...they're not unfamiliar adults."* Participant B noted some systemic considerations at primary level *"...it's more about supporting the people around them and how they engage with them... how they help them perceive the world and engage with learning"* further suggesting that whilst the adults are important to the child, their voice is also not forgotten *"...I would do it in a different way, ask the safe adult to obtain their views, utilising those strong relationships"* both participants stress the importance of focusing on adult-led strategies that foster a healthy school environment and enable the child's voice to be heard throughout the process.

In comparison, Participant A shared opposing views in relation to secondary school mental health support, noting that CYP'S engagement with adults is typically less favourable *"Trying to engage at secondary level is challenging, often they (CYP's) don't want to be seen as different or needing help..."* Participant A noted that school-based counselling services are frequently utilised for older students, stating, *"There are services that are appropriate then for those, that want a more private approach...I regularly refer to school-based counselling service."* However, Participant B noted the nature of relationships between students and staff changes, making traditional interventions, such as Emotional Literacy Support Assistants (ELSAs), less accessible: *"When you get into comp... I think there's more of a stigma about seeing an ELSA as well."* Participant B continued explaining, *"I suppose that it's autonomy and self-expression... by comp, help from an adult just becomes less acceptable by peers"* and continued to emphasise

that increased independence means that mental health support may need to be more flexible and discreet. Similarly, Participant C described where interventions become less structured and more relational: *“I would say that in secondary schools there's a lot more checking in and checking out... informal kind of sessions where”* suggesting CYP’S typically prefer to have access when it is not visible to others, but accessible to them discretely *“...more of a dip in and out approach throughout the day”* echoing Participant A’s opinion, that school-based support, such as school based counselling, is more favourable to increase engagement of CYP’S at a secondary school level.

### **5.4.3 Sub-theme: The Intersection of Theory and Practice**

Both Participant A and Participant B emphasised the importance of recognising foundational needs, Participant B stated, *“The one thing I always train ALNCOs in is Maslow’s hierarchy of needs... when we're looking at a child's mental health”* reinforced this, participant A noted *“Maslows hierarchy always help me pull others back, what are the basic needs this child is missing... have they even eaten today?”* Both imply that a key consideration in practice is addressing basic needs, before change can occur. Participant C focused on systemic and trauma-informed approaches, explaining, *“I really try to focus on building those protective factors... thinking about big systems theories and Bronfenbrenner”* This perspective acknowledges the role of wider ecological influences on a child's mental health. Additionally, participant C integrates cognitive-behavioral and evolutionary psychology models, noting, *“A lot of cognitive therapy projects...we take that approach as a team... trying to use that to explain breaking the anxiety cycle.”* The Human Givens approach and Maslow’s hierarchy of needs were also identified as common frameworks within practice, particularly for secondary-aged pupils. Participant B continued to describe a preference for the PERMA model, which aligns with positive psychology principles, explaining, *“... It’s a flexible approach and fun for the children to engage with, so we do typically see that children’s well-being improves when it’s targeted and measured”* In addition to this strengths-based approach, Participant B also utilises neuropsychological and therapeutic frameworks, stating, *“I use the Dan Siegel approach...what happens when you do get dysregulated”* further explaining that these models typically support children to manage their emotions and understand the mechanisms behind their responses to stress.

### **5.5. Superordinate theme 3: Building Effective EP Practices**

This theme encapsulates the facilitators that participants identified for supporting the mental health and wellbeing of children and young people. Primarily, the discussion was centred around the effectiveness of school staff and collaboration, participant A noted *“We can utilise the relationships school staff build to make positive changes for Children...”* further expressing that school staff can enable EPs to more effectively work with the child. Other conversation highlighted the advantages of prioritising school staff training, participant C noted *“trained staff are invaluable, their understanding and whole work ethos makes has an amazing impact on the pupils”* later suggesting that the EP role is better facilitated when collaboration with informed, trained members of school staff is able to take place.

#### **5.5.1 Subtheme: From Intuitive Interventions to Bespoke Solutions**

Participant A highlighted the benefit of a strong relationships that staff build with both children and families, explaining, *“They can spot subtle differences in their pupils”* attributing this to the positive relationships they have built with children and families. Participant C described, *“They identify... you seem different today... even though a child may be bottling it up...they can't get past the eyes of a staff member who knows them so well”* Supporting the notion that school staff hold an intuitive and observational role of school staff in detecting emotional distress in children and young people. Participant C emphasised the importance of staff feeling confident to intervene, noting, *“The facilitators are those staff that feel happy to challenge as well, to say something”* noting that although this may be challenging, is often for the benefit of the child. Participant B further suggested that effective staff members are those who can look beyond surface-level behaviors *“Our facilitators (school staff) have to be able to see past the behaviour to say, actually I think you're worried”* as explained by Participant B *“we can rely on them...they tell us what is important and it's golden information”* This suggests that the role of the Educational Psychologist in supporting mental health is most effective when grounded in collaborative relationships, using school staff's familiar knowledge of pupils as a foundation for psychologically informed and responsive support.

#### **5.5.2 Subtheme: Establishing Collaborative Relationships**

Participant C discussed the benefits of professional partnerships in understanding children's needs, particularly when working alongside other health professionals *"Sometimes it's really nice to have our space with another professional to step back and actually look at...what is going on here?"* Continuing to make reference to the insights that may be overlooked, working as an individual. Participant B also highlighted the importance of a joined-up approach in schools, they explained, *"I've spoken to many clinical psychologists over the last year to work together to think about how to support children... using similar language to understand each other has been really helpful for schools"* Further suggesting that this approach is particularly important when supporting children with both medical and mental health needs, where language is sensitive.

Participant A emphasised the responsibility of EPs to encourage collaborative practice, stating, *"We have a responsibility to be encouraging collaboration, we should be advocating for collaborative forums, making contact regularly in case work"* outlining that proactive efforts are needed to ensure regular communication between professionals. Participant A advocated for *"multi-agency forums as a standard practice"* stressing that strategies should be developed collectively to address the complexity of mental health concerns. Participant B also highlighted a complexity when working as a multi-agency approach *"We can't embed something systemically if we are not singing off the same hymn sheet."* outlining the need for greater alignment in training and approaches across a Local Authority (LA) to embed systemic change.

## **5.6 Superordinate theme 4: Navigating the Complexities**

This theme captures the systemic barriers that constrain Educational Psychologists (EPs) in their efforts to support children and young people's mental well-being. Emphasising the collective thoughts of all participants around changes to the ALN Bill, Covid, misinformation and school pressures.

### **5.6.1 Subtheme: The Illusion of Inclusion**

Participant B expressed frustration over the way inclusivity is being enacted, stating, *"The whole bill is about being inclusive...it's been interpreted: I will do XY and Z and then you've got to go somewhere else because you're special"* Participant B also questioned whether the current system prioritises institutional needs over children's mental health and wellbeing, asking,

*“Whose well-being are we actually protecting here, theirs or ours?”* explaining that in their experience, rather than fostering inclusion, the practical application of the bill may be reinforcing exclusionary practices, where children are directed elsewhere instead of being fully supported within mainstream settings. Participant C also raised concern about the ALN Bill, expressing *“I don’t think there’s enough psychological involvement in the whole process”* indicating that psychological contributions are not underrepresented within the system. Participant C echoed similar concerns, describing how the system appears rigid and exclusionary rather than flexible and inclusive, explaining *“ We’ve become quite... ‘We’re a square hole, you’re round, you can’t come in’ ”* Using this metaphor to further explain how children who do not fit neatly into the existing system, may not receive the support they require. Participant B further pointed out that school staff perceive the ALN Bill as more about paperwork than genuine change *“I think school staff now just feel it’s a different route and different paperwork, but the product is the same: you’re either fit for mainstream or you’re not.”* This suggests that despite policy intentions, the practical impact of the ALN Bill may not yet be leading to meaningful improvements for children and young people with mental health and emotional wellbeing needs.

### **5.6.2 Subtheme: Rebuilding Resilience**

Participant A emphasised how the pandemic has created *"so many problems for mental health, not only of our children, but of adults as well"* They highlighted the increased demand for psychological advice, especially in supporting children to reintegrate into school environments, noting that *"we are providing psychological advice on how to support the children at home, how to start with... improving their education and helping them re-engage in school"* Participant B made reference to the trauma experienced by both children and adults *"People are traumatised, they're looking for reasons why they feel how they feel...some are sort of normal responses to an abnormal event but it hasn't been explained"* acknowledging the long-lasting effects of the pandemic on mental health. Moreover, Participant C expanded on the collective trauma experienced *"I think we all faced a collective trauma during Covid, so how do we help children and young people with their mental health and wellbeing, when ours is fractured too?"* Further explaining the challenges of addressing children's mental health when the professionals tasked with providing support themselves are struggling with the after effects of the pandemic. Participant B observed the trauma experienced by both educators and students *"Another barrier I*



*think we've got a traumatised teaching force... We hear a lot that 'children are getting worse' ... but we have a traumatised workforce caring for traumatised children”.*

Participant C acknowledged how the pandemic has contributed to difficulties in both teaching and student engagement *"our teachers were burnt out... they to come into a class of 30 and then children are finding it more difficult than ever to attend"* in line with this, participant C raised concerns about how students may be missing out on positive interactions with teachers *"do they then experience their teachers' feelings and, you know, enjoying their presence? I don't think they do"* both participants emphasised that teachers' emotional states have been impacted during the pandemic, affecting their interactions with students. Both Participants B and C made reference to the lasting impact of this *"We come in to this system hoping to work collaboratively to make change, but our positivity is hit by fatigued mental health and wellbeing"* further explaining that EPs can find this a challenging system to work within *"it's not just the child's mental health were supporting, its educators, parents...it can feel impossible"* Participant C finalised their statement by saying *"COVID took a lot of choice away from pupils and adults working with them"* highlighting how the restrictions and uncertainty during the pandemic may have disempowered children and adults, exacerbating feelings of anxiety or helplessness.

### **5.6.3 Subtheme: Beyond the Curriculum**

Participant A made reference to the academic pressures experienced by schools *"I think it needs to be focusing on the mental well-being of our children, I think schools are under so much pressure about these learning outcomes they're unable to prioritise mental health needs"*

Participant A further elaborated *"Until you take the pressure off from government, our schools are always going to feel like they're under that pressure to perform, so mental health will always be an afterthought"* suggesting that without systemic changes, schools will continue to prioritise learning outcomes over emotional well-being, with mental health being relegated to secondary importance. Participant B also emphasised the need for reflective spaces for educators, stating, *"But I really think that actually it should be part of your working day that you have a reflective space"* explaining idea that providing teachers with time and space to reflect on their practice and manage their own well-being is crucial to maintaining a healthy school environment that can better support students. Participant C also noted the difficulty schools face in embedding a

whole-school approach to emotional well-being *"They have a huge role in promoting the whole school approach to emotional well-being, but I don't think they know how, how could they?"* suggesting that even when schools recognise the importance of mental health, they struggle to effectively implement strategies.

#### **5.6.4 Sub-theme: 'Doing What We Think Is Best'**

Participant A expressed frustration at the inaccessibility and lack of clarity in current policies, stating, *"I cannot think for my life about the guidance and policies on specifically for mental health in schools...government guidance is never a first port of call for me"* continuing to reference the inaccessibility *"...whenever I have gone to read it, it's so inaccessible and barely references us and our role"* identifying a disconnect between policy and practice, where EPs struggle to find guidance that directly supports their work. Participant A also pointed out that while the *whole-school approach to well-being* is encouraged, it lacks clear implementation steps: *"Yes, guidance outlines it's important and a collaborative approach, but how do we change an engrained system focused on learning outcomes?"*. Participant B echoed similar concerns, emphasising that mental health guidance should be a shared responsibility between health and local authority services rather than just the education sector *"If you want us to work that way...outline how"* Participant A echoed a similar feeling *"...as far as implementation, we're all doing what we think is best and it's not cohesive within an LA never mind across Wales"* highlighting a barrier as a lack of consistency in practice. Additionally, participant B raised concerns around the ambiguity surrounding EP roles within government guidance *"It's hard to find things that are geared specifically towards educational psychologists"* They described the lack of clarity around professional boundaries, questioning, *"How much of this is our role? How much of this would be clinical? Are we overstepping the mark? Really there is no clear boundary and often our roles overlap"* encompassing how the lack of definition can create confusion, with EPs uncertain about where their responsibilities begin and end in relation to other services.

## **6. Part two D: Discussion**

### **6.1 Overview**

This discussion section addresses the research question: *'What are the perspectives of EPs practicing in Wales, regarding the barriers and facilitators to effective mental health and wellbeing support in primary and secondary schools?'* The discussion is structured under four superordinate themes derived from Reflexive Thematic Analysis (RTA) and adopts a contextualist epistemology and critical realist ontology, recognising that while there are real-world structures influencing outcomes, these are understood through the subjective, context-bound experiences of Educational Psychologists. The discussion also considers the practical implications of the findings, particularly in light of emerging insights from this study. Additionally, the strengths and limitations of the research are evaluated, and potential directions for future research are explored

## 6.2 Engaging with Constructs of Mental Health and Emotional Wellbeing

This theme explores how EPs understand and navigate the complex and evolving constructs of mental health and wellbeing. As identified in the literature, mental health is a culturally and socially constructed concept (Waterman, 2021; WHO, 2022), and in Wales, definitions have been shaped by integrated frameworks such as the *All-Age Mental Health and Wellbeing Strategy* (Welsh Government, 2024). Participants echoed this view, describing mental health as shaped by wider societal expectations, school culture, and policy interpretation. Participants demonstrated an awareness of the multidimensional nature of MH, referencing frameworks such as Maslow's Hierarchy of Needs and PERMA (Seligman, 2011), which support the idea that wellbeing is dependent on basic needs, positive relationships, and personal fulfilment.

Participants framed mental health not as the absence of illness, but as a positive, active state of resilience, influenced by relationships, systemic pressures, and environmental factors. This aligns with Bronfenbrenner's (1979) ecological systems theory, which situates the child within interconnected systems (microsystem to macrosystem). Participants gave examples of how family relationships, teacher-student interactions, and multi-agency collaboration influenced mental health outcomes, further supporting the ecological model's emphasis on the interplay between microsystem and mesosystem as critical influences on wellbeing. Participants described mental health as fluid and evolving, rejecting binary notions of being "well" or "unwell." Furthermore, participants' emphasis on systemic, relational understandings of mental health mirrors policy moves, such as the Welsh Government's (2021) Whole-School Approach, that promote whole-community responsibility for wellbeing.

Participants further recognised that identifying mental health and emotional wellbeing challenges is an ongoing process, influenced by personal narratives, school systems, and societal norms. Participants reported acting as advocates, challenging narrow or medicalised understandings of mental health, and promoting inclusive, relational approaches. This role aligns with literature that positions EPs as both system influencers and critical thinkers within educational settings (Farrell & Woods, 2008). However, participants also acknowledged a 'gatekeeping' function, whereby they help determine access to specialist interventions. This dual role reflects the tension

between acceptance for mental health challenges and ensuring appropriate support. This aligns with Mackay's (2006) findings, identifying that EPs often operate at the intersection of ethical responsibility and systemic constraint, balancing advocacy with professional accountability. Reflexively, the findings suggest EPs navigate this dual positioning by embedding psychological thinking across systems, working collaboratively to contain distress, and providing targeted input where needed, consistent with the biopsychosocial and ecological frameworks that underpin both practice and policy.

Overall, these findings suggest that EPs play a crucial but often undefined role in supporting other adults within the school system. Their work extends beyond direct CYP'S support to include advising parents, assisting welfare officers, and providing emotional containment and guidance for teachers. However, a lack of formal structures for supervision and a lack of clarity about the EP role create challenges, potentially limiting the impact EPs could have in systemically improving mental health and wellbeing in schools.

### **6.3 Reframing effective EP support across settings**

This theme discusses how EPs perceive their ability to tailor support in primary and secondary settings. Differences between these contexts were frequently noted, echoing literature that highlights the divergence in emotional needs and support systems across age groups. For example, Mackenzie and Williams (2018) found that younger children benefit more from relational, adult-led approaches, while adolescents often require autonomy-sensitive interventions. Similarly, Slade (2019) highlighted the need for school mental health strategies to be developmentally responsive, recognising that pupils' needs change as they progress through education.

Participants identified primary settings as more conducive to nurturing mental health through familiar, consistent adult relationships and visible support roles such as Emotional Literacy Support Assistants (ELSAs). These findings resonate with the *Whole School Approach to Emotional and Mental Wellbeing* advocated by the Welsh Government (2021), which outlines the importance of embedding wellbeing into the school ethos, an approach more commonly realised in primary settings due to the relational nature of primary school environments. This

perspective is supported by research from Mackenzie and Williams (2018), who highlight that EPs play a key role in delivering early intervention and universal support within primary schools, often involving emotional literacy and resilience-building initiatives. Their systematic review shows that these school-based models are most effective when delivered in environments with strong staff-student relationships and when EPs collaborate closely with staff to embed psychologically informed practices throughout the school system. This is also supported by Bronfenbrenner's (1979) ecological systems model, where positive relationships within the microsystem (such as those with teachers and support staff) play a crucial role in early emotional development. Participants echoed that primary school staff often act as sensitive observers, able to detect subtle emotional changes and provide relational containment, fostering a climate where children's voices can be heard and responded to in developmentally appropriate ways.

In contrast, EPs described the secondary school setting as more divided, with adolescents often resisting visible support due to attributed stigma and a heightened need for peer acceptance and personal autonomy. This shift is reflective of Bronfenbrenner's exosystem and macrosystem layers, where peer culture, societal expectations, and media influence take on greater significance. Brown et al. (2023) similarly identified adolescence as a period where identity formation and social pressures intensify, making traditional forms of mental health support less accessible unless adapted to be discreet and autonomy-preserving. These insights reflect participants' observations that effective mental health support in secondary schools often requires more flexible, discreet, and student-led approaches, with interventions such as informal check-ins and school-based counselling seen as more acceptable and accessible to adolescents navigating complex social dynamics. To aid with interventions, participants described using a variety of psychological theories flexibly, rather than relying on a single model. This included Cognitive Behavioural Therapy, trauma-informed approaches, PERMA (Seligman, 2011), Maslow's hierarchy, and broader systemic frameworks, depending on the age group and context. This varied, context-responsive approach mirrors what Farrell and Woods (2008) advocate for in applied educational psychology, emphasising flexibility and the integration of theory with practice. Educational Psychologists working in secondary schools can act by drawing on multiple mental health frameworks, sharing this knowledge and modelling its use to staff members that support the CYP'S and those that have pre-establish trusting relationships, to embed this support. Moreover, the findings suggest that EPs are able to offer developmentally

appropriate and systemically embedded interventions, directly or indirectly, depending on the need of the CYP'S within context.

This research suggests that EPs perceive their role in mental health support as fundamentally relational, adaptive, and context sensitive. Moreover, the participants demonstrate how their impact lies in shaping environments that match the developmental and social needs of children and young people. In primary schools, EPs can position themselves as facilitators of nurturing, relational systems where wellbeing is embedded in everyday interactions. Suggesting, they work closely with staff to build emotionally responsive environments, recognising that early intervention is powerful when grounded in trusted adult relationships. In contrast, within secondary schools, the research participants suggested a shift to a more indirect, consultative role, acknowledging that adolescent needs for autonomy and peer acceptance require less visible, more discreet forms of support.

Overall, this suggests the role of the EP can be considered as embedding psychological thinking into school systems in a way that is developmentally appropriate, relationally driven, and responsive to the social realities of different educational stages. Considerations should be made for the implications of training programmes for Trainee EP's, with a high demand for therapeutic intervention in the literature, training programmes may consider embedding therapeutic qualifications into their programme.

#### **6.4 Building Effective EP Practices**

This theme captured facilitators to effective EP support, including relational practice, professional partnerships, and collaborative models such as *Person-Centred Planning* (Welsh Government, 2018). Participants emphasised the need for school staff who are attuned to emotional cues and confident in initiating mental health conversations, qualities seen as crucial in creating psychologically safe environments. This closely reflects the findings of Farrell and Woods (2018), who argue that the effectiveness of EP practice increases significantly when psychologists are integrated into school systems that prioritise relational, child-centred approaches. Similarly, Glazzard (2019) highlights that EP impact is greatest when staff development is continuous and relationships between adults and pupils are central to school ethos. Participants noted that while national frameworks such as the *Whole School Approach*

(Welsh Government, 2021) provide a structural foundation for promoting mental health, the enactment of these policies often varies across schools and local authorities.

All participants reported supporting adults within schools. Participant A commented, *"Our schools highly value our knowledge and insights,"* positioning EPs as system-wide capacity builders rather than individual therapeutic workers. This role aligns with COMOIRA (Gameson & Rhydderch, 2010), which supports collaborative, co-constructed action planning based on systemic needs, rather than focusing narrowly on individuals.

Containment strategies emerged strongly through the relational presence of EPs. The ways in which EPs contained staff included:

- Offering informal or formal supervision spaces (Participant B: *"We offer spaces even though guidance doesn't tell us to"*),
- Providing training around emotional literacy,
- Building ongoing, trusting relationships with school staff through regular presence, not just reactive visits.

Research supports this model of working: Day (2022) found that school staff who have regular relational support from EPs report greater emotional resilience and better capacity to manage children's mental health needs.

However, while participants referenced systemic factors and resilience-building, there was a noticeable absence of explicit reference to psychodynamic or emotional containment models. Containment, traditionally rooted in psychodynamic theory (Bion, 1962), underpins the notion that EPs can serve as emotional holding spaces for staff and children during challenging periods. The omission suggests that EP training may need to integrate more explicit teaching around psychodynamic concepts to strengthen EPs' confidence and effectiveness in this area of practice. As Participant B observed, *"Often we just offer containment, it's a silent skill,"* implying that while containment is enacted, it may be more intuitive than theoretically grounded. This inconsistency echoes existing research, which notes that without sustained implementation strategies and leadership support, policy aspirations can fail to translate into meaningful daily practices (Welsh Government, 2021b; Daniels et al., 2021).



Thus, being physically present in schools and embedding psychology relationally, as opposed to offering interventions over a set period, could be considered as key to sustainable mental health support.

The value of multi-agency work was another prominent facilitator identified by participants. They spoke positively about collaborative practice with professionals such as clinical psychologists, health visitors, and third-sector professionals, especially when roles were clearly defined and shared language was used. These views align with Crosby (2017), who found that successful school-based mental health interventions are built on strong inter-professional relationships, mutual respect, and regular communication. Participants' perspectives also reflect the COMOIRA model proposed by Gameson and Rhydderch (2008), which emphasises collaboration as essential for developing a holistic understanding of a child's needs and embedding psychological perspectives within wider systems. Participants' emphasis on school staff as key facilitators is further supported by research showing that mental health support is most effective when adults in schools are confident, well-trained, and consistently involved in pupils' lives (Glazzard, 2019). When these adults are trusted and embedded in daily routines, they are better positioned to notice early signs of any potential challenges and offer relational containment. Moreover, participants noted that effective collaboration requires more than professional intention or positive relationships; it depends on structured forums for communication, shared theoretical frameworks, and consistency in training across agencies. These points echo literature on systemic working, where a common language and coordinated effort are found to enhance both identification of need and intervention quality (Gameson & Rhydderch, 2010; Crosby, 2017). When such systems are in place, participants reported feeling better able to develop more consistent and impactful strategies grounded in a deep understanding of each child's lived context.

In summary, participants suggest that it is possible to facilitate effective mental health support by embedding themselves relationally within school systems, acting as capacity-builders rather than conducting direct intervention. Moreover, this can be achieved by strengthening staff confidence, offering emotional containment, modelling psychologically informed practice, and fostering collaborative, multi-agency partnerships. However, while relational containment is recognised as central to their role, its theoretical foundations (such as psychodynamic concepts) are not always

recognised explicitly, nor is a single framework commonly adopted among practitioners. Ultimately, EPs can position themselves as systemic enablers, ensuring that psychological support is embedded within school communities in sustainable and context-sensitive ways.

## **6.5 Navigating the Complexities**

This final theme captures the systemic and contextual barriers faced by Educational Psychologists. Participants recognised that while individual meaning-making is central to understanding wellbeing, their practice is often constrained by broader social structures such as policy, legislation, and workforce pressures. This reflects Bhaskar's (2008) critical realist view that real, often invisible structures (e.g., funding frameworks or political priorities) exert power over professional practice, regardless of individual intentions.

A prominent barrier raised was the disconnect between policy and practice. While frameworks such as the ALN Code (Welsh Government, 2021) and the Well-being of Future Generations Act (Welsh Government, 2015) aim to promote inclusion and wellbeing, participants described their implementation as overly procedural, sometimes even counterproductive, reinforcing exclusion by prioritising compliance over lived experience. This aligns with Brown et al. (2024), who found that despite inclusive aims, policies often fall short in application, with implementation gaps leading to inconsistent support for vulnerable learners. Participants also highlighted that strict adherence to frameworks could unintentionally stigmatise CYP'S by labelling them through deficit-based assessment processes rather than focusing on strengths and relational approaches to support. For instance, seeking an ALN diagnosis primarily to access additional resources may frame CYP'S as problems to be managed, rather than individuals to be understood holistically. Moreover, participants also voiced concern that the ALN Bill's inclusive rhetoric masks practices that limit access to psychological input, particularly for children whose needs do not align with rigid service criteria. These concerns echo growing critiques in the literature about how policy ambiguity can inadvertently sustain inequities in service access (Brown et al., 2024), particularly when practitioners delivering support must interpret broad principles without sufficient structural or resource support.

In addition, the impact of the COVID-19 pandemic was repeatedly highlighted. EPs described widespread trauma, emotional fatigue, and disconnection among both pupils and educators.

These experiences directly reflect Racine et al. (2021), who identify the post-pandemic rise in youth mental health needs and note that mental health professionals are working within increasingly strained systems. Participants also described educator burnout as a direct barrier to implementing whole-school wellbeing strategies, consistent with the NAHT (2023) survey, which found that nearly half of school leaders reported needing mental health support themselves.

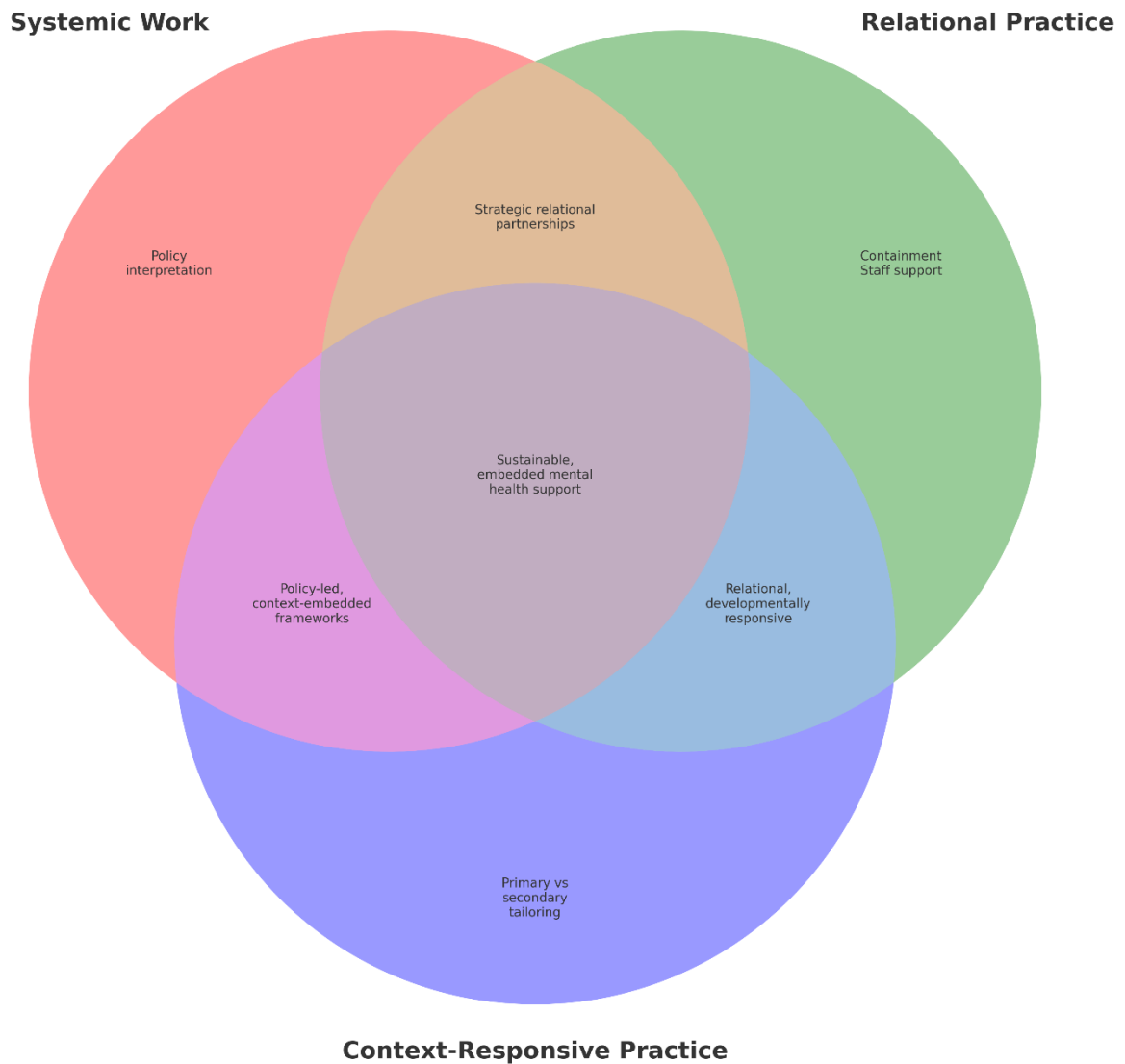
Furthermore, EPs drew attention to macrosystemic pressures, such as ESTYN inspections, funding constraints, and the dominance of academic performance targets, which often take precedence over mental health priorities. These findings align with Bronfenbrenner's (1979) ecological systems theory, where the macrosystem, encompassing societal values, cultural expectations, and policy frameworks, exerts a powerful, often indirect, influence on school practices. In this case, macrosystemic priorities around attainment and accountability create a climate where emotional wellbeing is under-represented, shaping how schools allocate time, resources, and attention. Thus, despite best intentions at the microsystem level (e.g., individual teachers and EPs promoting wellbeing), the wider cultural emphasis on performance metrics acts as a systemic barrier to embedding holistic mental health support. The entrenched focus on academic outcomes over wellbeing also mirrors criticisms from Daniels et al. (2021) and Norwich (2022), who argue that performative cultures in education marginalise pastoral care and emotional support. Participants further reported uncertainty around the EP role within multi-agency work, expressing that ambiguous responsibilities and fragmented mental health provision dilute their potential systemic impact. This reflects concerns raised by Miller (2017), who discusses the problematic diffusion of roles in school mental health systems, and Mackay & Ginter (2023), who call for clearer professional boundaries and shared understandings within collaborative practice.

Ultimately, participants argued that current government guidance lacks clarity, accessibility, and EP-specific relevance. Without clearly defined roles, strategic implementation, and cross-sector coherence, their ability to support schools meaningfully remains hindered by systemic ambiguity, a conclusion echoed throughout the literature on EP's role in mental health and emotional wellbeing support (Farrell & Woods, 2008; Miller, 2017).

## **6.6 Conclusion**

The findings of this study affirm that Educational Psychologists in Wales perceive both significant barriers and facilitators to effective mental health and wellbeing support. These perceptions are situated within a broader biopsychosocial and ecological context, shaped by individual relationships, institutional policies, and national cultural norms. The facilitators include strong relational practice, skilled school staff, and multi-agency collaboration, while the barriers include systemic ambiguity, rigid policy application, and the post-pandemic mental health crisis. Consistent with a Big Q qualitative lens, these findings are not intended to generalise, but rather to illuminate the lived and situated experiences of EPs operating within the unique socio-political context of Wales.

## Venn Diagram: Intersecting Elements of the EP Role



*Figure 5. Venn Diagram Illustrating the intersecting domains of the EP role in mental health and wellbeing support.*

Figure 5 illustrates the intersecting domains that underpin the role of Educational Psychologists (EPs) in supporting the mental health and emotional wellbeing of children and young people in Wales. This visual synthesis is derived from the findings of this study and highlights three interrelated dimensions of EP practice: systemic work, relational practice, and context-responsive approaches. When these dimensions intersect, EPs are able to provide sustainable, embedded mental health support that is sensitive to both the ecological systems influencing

children and the unique social, cultural, and developmental contexts in which they live and learn. This framework reflects the study’s critical realist and contextualist positioning, recognising that while real systemic structures influence EP practice, these are understood and enacted through the situated experiences and professional judgement of practitioners.

The Venn diagram (Figure 5) captures the intersecting dimensions of systemic work, relational practice, and context-responsive approaches that underpin the EP role in supporting mental health and wellbeing. To complement this conceptual synthesis, Table 10 builds on the conceptual overview provided in Figure 5 by mapping the findings to specific domains of practice. This structured framework demonstrates the current operational realities of EP work, highlights areas of untapped potential, and proposes an aspirational vision for systemic, relational, and context-responsive support. This table also provides a practical reference point for dissemination, enabling schools, local authorities, and training providers to engage with these findings in a clear and actionable way.

*Table 10: Synthesis of Current, Potential and Aspirational Roles of Educational Psychologists*

Practice Domain	Current Role	Potential Role	Aspirational Role
Direct Support for CYP	Primarily reactive, focusing on assessments and targeted interventions for identified needs.	Greater involvement in preventative and universal interventions, particularly at primary level.	Developmentally and ecologically tailored proactive support, integrating child voice and systemic awareness.
Staff Support and Capacity Building	Informal training and advice; ad-hoc emotional containment for staff.	Structured supervision and formal emotional containment to enhance staff	Consistent, embedded psychologically informed supervision and training, fostering confident and resilient staff

		wellbeing and resilience.	across all school contexts.
Systemic and Strategic Work	Limited strategic influence due to time constraints and role ambiguity.	More involvement in policy interpretation and data-informed school improvement planning.	Clear, strategically recognised leadership in shaping whole-school wellbeing systems and influencing local authority policy.
Multi-Agency Collaboration	Collaboration occurs but often fragmented, with blurred professional boundaries.	More coordinated partnerships with CAMHS, health, and third-sector agencies using shared language.	Fully integrated, clearly defined multi-agency models with joint planning, training, and implementation.
Theoretical Integration	Use of systemic, ecological, and trauma-informed frameworks, but often implicitly.	More explicit application and articulation of theoretical models in practice.	Deeply embedded theory-to-practice integration, including psychodynamic and relational models, taught explicitly in training and reinforced in practice.

## 6.7 Limitations of the research

While the research was conducted rigorously, it is essential to acknowledge limitations.

*Table 7 . limitations and strengths*

Limitations:	Strengths:
<ul style="list-style-type: none"><li>• Narrow focus on viewpoints of EP's</li></ul>	<ul style="list-style-type: none"><li>• Gained rich, practice-based insights directly from EPs.</li><li>• Highlighted EPs' unique systemic perspective across schools.</li><li>• Addressed an area where EP voices are often under-represented in research.</li></ul>
<ul style="list-style-type: none"><li>• Small sample size limiting richness of data (three participants)</li></ul>	<ul style="list-style-type: none"><li>• Suited Big Q and RTA's focus on depth over generalisation.</li><li>• Provided foundational work for future, broader research.</li></ul>
<ul style="list-style-type: none"><li>• Sample representation (Three Local Authorities in neighbouring areas) and generalisability</li></ul>	<ul style="list-style-type: none"><li>• The process undertaken can be replicated in other areas.</li><li>• The information generated could inform guidance created by the Welsh Government to address Mental Health and Emotional Wellbeing needs.</li></ul>
<ul style="list-style-type: none"><li>• Methodology (Semi-Structured interviews)</li></ul>	<ul style="list-style-type: none"><li>• Aligned with Big Q and RTA's focus on meaning-making.</li><li>• Allowed for exploration of participants' experiences within their specific context (e.g., school systems,</li></ul>



	<p>post-pandemic realities, legislation changes like the ALN Bill).</p> <ul style="list-style-type: none"> <li>• Supported reflexivity and authentic dialogue.</li> <li>• Allowed the researcher to probe deeper into emerging areas of interest during the interview.</li> </ul>
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## 6.8 Implications of the research and future considerations

These findings have significant implications not only for EPs, but also for the Welsh Government, local authorities, schools, children and young people and their families. These implications span across practice, policy, and strategic planning.

This section therefore explores how the findings of this research can be applied across all levels of the system to drive improvements in mental health and emotional wellbeing support, particularly within the context of ALN reform, the Whole-School Approach (Welsh Government, 2021), and the Health and Wellbeing Area of Learning and Experience within the Curriculum for Wales (2022). Moreover, highlighting the need for coordinated efforts, informed by psychological theory and collaborative practice, to ensure that mental health and emotional wellbeing support is accessible, equitable, and embedded into everyday educational experiences.

### 6.8.1 Implications for Welsh Government

Participants' narratives suggested that effective EP support is underpinned by systemic, preventative, and relational work. Yet, EPs reported feeling detached from policy development, with inconsistent role visibility across frameworks like the ALN Code and Whole-School Approach.

Thus, it is suggested that the Welsh Government strengthen the recognition of EPs' systemic contributions by:

- Formally embedding EP roles into national wellbeing strategies, including clear role definition.
- Co-designing frameworks with EPs through advisory panels and cross-sector working groups.
- Clarifying expectations around EP involvement in school-based mental health and emotional wellbeing support, ensuring alignment between education and health sectors. Given the post-pandemic escalation in mental health and emotional wellbeing needs (Racine et al., 2021), EPs' systemic knowledge may be utilised in shaping psychologically informed, whole-school practices that prioritise relational practices and resilience-building alongside academic achievement.

Moreover, policy must acknowledge and respond to the rising mental health needs post-pandemic, ensuring that wellbeing is no longer perceived as secondary to academic achievement. The Welsh Government should consider statutory guidance to better define the scope of EP involvement in mental health and wellbeing, ensuring parity with the expectations placed on health services. The Welsh Government's *Framework on Embedding a Whole-School Approach to Emotional and Mental Wellbeing* (2021) refers to EPs as professionals who can support schools at multiple levels, individual, group, and organisational. However, the lack of operational detail around how this support should be integrated into policy development reflects a missed opportunity. As mental health needs continue to rise post-pandemic (Racine et al., 2021; YoungMinds, 2020), the urgency to mobilise psychological support increases. EPs are uniquely positioned to contribute to policy development not only through service delivery but by translating research into practice, supporting data-informed decision-making, and ensuring the alignment between educational policy and psychological theory. Formalising EP involvement through statutory guidance or ministerial working groups could ensure a more integrated, equitable, and sustainable approach to mental health and wellbeing provision across Welsh schools, bridging the current divide between educational and health service responsibilities.

The recently published 'All-age Mental Health and Wellbeing Strategy' (2024) outlines a 10-year vision to ensure people in Wales live in communities that promote and support mental health and wellbeing. This strategy is based on rights as outlined by the United Nations

Convention on the Right of the Child (UNCRC), the final column will provide ‘suggestions for implementation’

*Table 8 Suggestions for implementation of ‘All-age Mental Health and Wellbeing Strategy’ goals*

<b>Goal:</b>	<b>UNCRC article:</b>	<b>Suggestions for implementation</b>
1. “We want people to have the knowledge, confidence and opportunities to protect and improve their mental health and wellbeing”	<ul style="list-style-type: none"> <li>● Article 15: Every child has the right to meet with friends and join groups.</li> <li>● Article 31: Every child has the right to relax and play.</li> </ul>	<ul style="list-style-type: none"> <li>● Implement structured peer-support groups within schools, facilitated by trained staff and monitored by the EP service.</li> <li>● Embed weekly emotional literacy activities across all KS2/KS3 curricula using age-appropriate tools like the 'Zones of Regulation'.</li> </ul>
2. “We want all Government departments and services to work together”	<ul style="list-style-type: none"> <li>● Article 6: Every child has the right to life, to grow up and reach their potential.</li> <li>● Article 27: Every child has the right to a proper house, food and clothing. Governments must help families who cannot afford this.</li> <li>● Article 29: Every child has the right to be the best they</li> </ul>	<ul style="list-style-type: none"> <li>● Develop a cross-sector wellbeing steering group in each Local Authority (education, health, social care) coordinated quarterly by EPs, with shared outcome monitoring aligned to national frameworks.</li> </ul>

	can be. Education must help them develop their skills and talents to the full.	
3. “We want a connected system so everyone gets the right support when they first ask for help”	<ul style="list-style-type: none"> <li>• Article 36: Every child has the right to be kept safe from things that could harm their development.</li> </ul>	<ul style="list-style-type: none"> <li>• Train school staff in Mental Health First Aid, coordinated and supported through EP-led workshops and supervision.</li> <li>• Establish a 'Wellbeing Champion' role in each school.</li> </ul>
4. “We want all support for mental health to put the person first, to meet their needs in the right way, at the right time, without delays”	<ul style="list-style-type: none"> <li>• Article 3: Everyone who works with children should always do what is best for each child.</li> <li>• Article 17: Every child has the right to honest information from the media that they can understand, but it must be safe.</li> </ul>	<ul style="list-style-type: none"> <li>• Set up a clear, 3-tiered mental health pathway in every school:               <ul style="list-style-type: none"> <li>(1) Universal wellbeing curriculum,</li> <li>(2) Targeted support through EP consultation,</li> <li>(3) Specialist referral, when necessary, reviewed annually with stakeholders.</li> </ul> </li> <li>• Ensure that students have access to safe and accessible resources, both in schools and through external agencies, where they can</li> </ul>

		receive accurate information about mental health without the risk of being exposed to harmful or misleading content.
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The All-Age Mental Health and Wellbeing Strategy 2024 aligns with key UNCRC rights by advocating for opportunities for social connection and play, which directly support children’s emotional and mental development. The Welsh curriculum is well-positioned to incorporate these goals by promoting group activities, physical and emotional relaxation, and enhancing mental health education. By integrating these elements into everyday school life, the curriculum can ensure that children’s mental health and wellbeing are prioritized, empowering them with the knowledge and skills they need to thrive.

### 6.8.2 Implications for Local Authorities

Local authorities (LAs) occupy a pivotal mesosystemic role in operationalising national policy. However, the findings from this research indicate that divergence in service models and conceptualisations of “mental health” across Wales undermines coherent delivery.

It is recommended that LAs:

- Consider psychological language and models across services as standard practice, informed by frameworks such as COMOIRA (Gameson & Rhydderch, 2008). In doing so, creating a shared language and vision between local authority services.
- Facilitate structured multi-agency collaboration through joint training, shared supervision spaces, and systemic consultation forums.

A more consistent, relationally grounded local delivery model would allow EPs to engage in preventative, context-sensitive work aligned with their professional strengths.

Drawing on COMOIRA (Gameson & Rhydderch, 2010), which promotes context-sensitive, collaborative decision-making, LAs should consider how their commissioning models and

service-level agreements enable, or inhibit, psychologically informed work. Furthermore, LAs should consider facilitating multi-agency working through structured opportunities for shared training, supervision, and joint planning with mental health services. This is vital in addressing systemic fragmentation, a key barrier highlighted in both the literature and participant narratives. Clearer operational guidance that supports the use of EPs in early intervention, systemic consultation, and workforce development would optimise their impact across school clusters and communities.

### **6.8.3 Implications for Educational Psychologists**

Participants' findings positioned EPs as relational enablers, working through adults and systems to build emotionally safe environments for children and young people. Training providers and CPD programmes should ensure that TEPs and qualified EPs are equipped with the systemic and relational skills and knowledge needed for sustainable school-based mental health work.

This research reinforces the crucial role of EPs in supporting mental health and wellbeing in schools, particularly for CYP'S with Mental health and Emotional wellbeing needs. Both COMOIRA and Bronfenbrenner's theory support the view that EPs must act as contextually aware change agents who co-construct solutions within and across systems (Gameson et al., 2003; Bronfenbrenner, 1979). The findings suggest that EPs are well-positioned to lead on:

- Whole-school approaches to wellbeing (Welsh Government, 2021b)
- Multi-agency collaboration, particularly in supporting IDPs and early support pathways
- Training and coaching for school staff to develop emotional literacy and trauma-informed practice
- Supporting the use of COMOIRA as a guiding framework in policy development could help ensure a more consistent and co-constructed understanding of mental health, drawing on its social constructionist roots to promote shared language and meaning across professionals and systems.

COMOIRA provides a flexible structure for this systemic psychological support, encouraging EPs to co-construct meaning with staff, acknowledge emotional climates, and collaboratively

plan relational interventions, vital processes for embedding psychological literacy and emotional safety in schools (Gameson & Rhydderch, 2010).

However, while participants referenced systemic factors and resilience-building, there was a noticeable absence of explicit reference to psychodynamic or emotional containment models. Containment, traditionally rooted in psychodynamic theory (Bion, 1962), underpins the notion that EPs can serve as emotional holding spaces for staff and children during periods of distress. The omission suggests that EP training courses may need to integrate more explicit teaching around psychodynamic concepts to strengthen EPs' confidence and effectiveness in this area of practice. Moreover, this research contained experienced EP's who have undergone CPD training in therapeutic approaches within their local authority. If therapeutic work is considered a strength of the EP, yet is attainable following a qualification and local authority funding, training course may consider embedding therapeutic training in to their programmes. As a result, newly qualified EP's will begin work within an LA with further skills that can facilitate effective MH and EWB support in schools directly, with lesser need to refer to external agencies.

As such, this research suggests that the future of EP involvement in mental health support in Wales should focus not only on individual resilience-building for CYP'S but also strengthening systemic relational frameworks within schools. By focusing on relational presence, staff containment, and systemic advocacy, EPs are well-placed to continue promoting sustainable mental health support models within constrained systems.

#### **6.8.4 Implications for Schools, Children and Young People and Their Families**

Schools remain critical microsystems for mental health support. Findings highlight that staff training, emotional literacy, and safe adult relationships are crucial facilitators of CYP'S wellbeing.

Schools may consider:

- Prioritising whole-school training on emotional regulation, trauma-informed approaches, and resilience-building, where children and families are encouraged to join.

Schools may consider embedding mental health and wellbeing practices into daily routines, through training, policy guidance, and EP consultation, as a core aspect of teaching and learning.

Teachers, teaching assistants, and pastoral staff need access to high-quality, role-appropriate training that demystifies mental health and builds confidence in emotional regulation strategies and support signposting.

- Create psychologically safe spaces for both staff and pupils, including reflective supervision for educators.
- Offer safe spaces for parents to discuss the support available in school for CYP'S MH and EWB, creating open dialogue and encouraging relationship building.

For families, the findings point to the need for clearer communication channels, greater involvement in IDP processes, and access to consistent, non-stigmatizing wellbeing support. Person-centred planning approaches, such as those supported by EPs, can help ensure family voices are central to intervention planning, fostering trust and shared responsibility for wellbeing.

## **6.9 Future research**

This research illuminated the rich, contextually grounded perspectives of EPs but also highlighted areas for further exploration:

- Include CYP'S and parent voices to triangulate perspectives and deepen understanding of how EP-led mental health support is experienced.
- Examine variability across Local Authorities in operationalising wellbeing strategies, exploring how structural differences impact EP practice.
- Explore the enactment of containment explicitly in EP practice, researching how relational and psychodynamic models inform systemic change efforts.
- Explore how EPs navigate role ambiguity within fractured multi-agency systems, particularly in the context of mental health service integration post-COVID.
- Explore Educational Psychology Training programmes, including the inclusion or exclusions of therapeutic practices.



A continued focus on systemic, relational, and contextually embedded research is vital to ensuring that EP practice in Wales evolves in a way that is psychologically informed, equitable, and responsive to the real-world needs of children and young people.

### **6.10 Summary**

In summary, Educational Psychologists are at a pivotal point in the evolution of school-based mental health and Emotional Wellbeing. Frameworks like COMOIRA and Bronfenbrenner's ecological model equip them to think systemically, work collaboratively, and intervene preventatively. Most importantly, the research encourages schools and systems to honour the lived experiences of CYP'S, acknowledging mental health as a spectrum, and wellbeing as a shared responsibility across all layers of the ecological system.

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**Part 3: Critical Appraisal**

**Word count: 6,637.**

## **Part 3: Critical Appraisal**

### **1. Introduction**

This critical appraisal provides a reflective and reflexive account of the research process undertaken. This will be discussed in two parts, Part Three A; contribution to knowledge and Part Three B; A critical account of the research practitioner. Extracts from my research diary will be embedded throughout the text to demonstrate reflexive thinking. This will be written in first person to provide transparency around my decisions made as part of the research process and personal thoughts as a researcher (Willig, 2017).

### **2. Part Three A: Critical development of the research practitioner:**

#### **2.2 Critical development of the research practitioner**

Braun and Clark (2022) suggest there are two foundation blocks for maintaining integrity as a researcher, these include:

1: Reflexivity; the ongoing process and practice of a researcher critically reflecting on how their disciplinary, theoretical, and personal assumptions and their design choices inevitably impact the type of research they produce (Braun & Clarke, 2022).

2: Awareness of positionality; As researchers we hold a responsibility to consider how our own experiences and beliefs have shaped the decisions that the researcher makes, including the focus on the topic area and understanding.

With this in mind, I believe it is important to provide the reader with an understanding of how the aforementioned areas have led me to conduct this research, how my experiences and beliefs have impacted the decisions I made throughout the research process.

##### **2.2.1 Professional interests**



Throughout my career in education, beginning in 2014, I have worked in a number of roles supporting children with complex needs that included mental health and emotional wellbeing support. These roles included: Teaching Assistant, Pastoral Support, Youth Worker and an Assistant Educational Psychologist (AEP). In 2019, I gained a role as an AEP within a Welsh Local authority (LA), my role was to work alongside the Mental Health (MH) and Emotional Wellbeing (EWB) senior Lead EP to facilitate and deliver Welsh Government Funded support to CYP'S in schools. Shortly after beginning this role, the UK was governed to national and local lockdowns due to the COVID-19 pandemic and the EPS were inundated with requests to support CYP'S's MH and emotional wellbeing. While the EPS were able to adapt the model of service delivery, my role working alongside EPs was less clear and changed weekly to meet the demand of needs. From this, I reflected on how other EPs were responding to this global crisis, I can recall multiple team meetings whereby the common question asked was "what do we do?" and rarely was there a clear answer to this. The role of the EP changed to feel more of an emergency service, whereby EPs were called upon to 'firefight' in schools, where MH and EWB of CYP'S and adults had become increasingly concerning. Moreover, it appeared as though teaching staff on the 'frontline' were looking to EPs for advice around strategies, interventions and support services in response to the complex changes brought about by the Covid-19 pandemic.

I began the DEDPsy course in September 2022, working across three Welsh Local Authorities (LAs) during each academic year. In each placement, I undertook casework supporting children and young people (CYP'S). Over time, I observed that a large proportion of support requested related to mental health (MH) and emotional wellbeing (EWB). From previous experience, I recognised the significant impact these needs could have on schools, including increased exclusions, staff feeling overwhelmed, and challenges in meeting complex needs.

In response, I sought shadowing opportunities with qualified Educational Psychologists (EPs) to explore how they addressed MH and EWB needs. I noticed considerable variation: each EP responded differently, even within the same service. I reflected on the diverse approaches used, including school-based interventions, collaboration with external services, and work with school staff. When visiting schools, I became increasingly aware of the emotional toll that rising MH and EWB needs were having on staff, impacting their confidence to support CYP'S effectively.

ALNCoS frequently turned to EPs for guidance, further highlighting the critical role EPs play in this area.

Following these observations, I began keeping a research diary, recognising a gap in research exploring EPs' on-the-ground experiences. I believed capturing EPs' perspectives was crucial for developing more inclusive and effective systems to support CYP'S's mental health and wellbeing. Through amplifying their voices, I aim to ensure that EPs' daily contributions are recognised and better integrated into systemic support strategies.

*Research diary extract 09/09/24:*

“I am curious about how I can contribute to influencing change in this area. Could EPs be seen as key stakeholders whose insights are essential for understanding their role in supporting this area of practice? Or is there a possibility that EPs are sometimes viewed as distanced from the broader picture due to their daily work being more focused on direct interventions? Or do they play a role in facilitating systemic change and how?”

“I need to gather comprehensive information on EPs' experiences and views regarding their daily practice and how this impacts their ability to address CYP'S's mental health needs. This could involve conducting targeted qualitative research that highlights their unique perspectives rather than simply broad overviews of the role of the EP that don't capture the nuances of their work. Accessing relevant data will require connecting with EPs directly, perhaps through interviews, surveys, or collaborative discussions to ensure their voices are heard. I also need to examine existing literature to understand the gaps in research and identify any frameworks or resources that could inform my approach.”

### **2.3 Available literature**

This research originated from the exploration of government guidance during my time on placement. From general experience working within EPS services over the last few years I was aware of changes that have been made, including recently published guidance that was available from the Welsh Government (Welsh Government, 2021; Welsh Government, 2023). Despite being familiar with this, I felt it would be imperative to the topic area to ensure that all relevant guidance available had been read, including identifying guidance that I may not have been aware

of from neighboring countries within the UK and Wales itself. From general discussion with EP's, AEPs and TEP's on placement whereby I had asked about relevant guidance, it was clear that the majority could name specific documentation, such as the new ALN act and the general guidance provided but felt there was a lack of literature surrounding how EPs work with CYP'S with MH and EWB needs. Upon searching for government guidance for this information, it was evident that there is dearth of information surrounding what WG and other local governments define MH and EWB as, acknowledging its prevalence. While numerous policy documents and frameworks offer directives for supporting mental health, they rarely delve into the practical application of these guidelines within the context of an EP's work.

Following a brief search of available government guidance, I believed as a researcher that EPs are uniquely positioned to bridge the gap between policy and practice, but there is limited qualitative research exploring how EPs make sense of and apply government guidance within their specific contexts. When considering research methods, I recognised a qualitative approach could provide a richer understanding of the challenges EPs face when integrating policy into their work, offering a more nuanced view of their role in supporting CYP'S's mental health.

Bunn & Boesley (2019) suggests that while policy guidance can shape professional practice, its real-world application often varies depending on practitioners' perspectives and experiences. This reinforced the need for qualitative methods that can capture the complexities of how EPs interpret and implement guidance. My aim was that this approach would also allow for the exploration of how EPs balance the theoretical expectations set by policy with the practical realities of working within schools and other settings.

*Research diary extract 17/19/24:*

“I’ve been reflecting on the wealth of government guidance available regarding CYP’S’s mental health and emotional wellbeing, yet there seems to be little focus on how EPs engage with this guidance in their everyday practice. This gap is something that needs attention. I believe that taking a qualitative approach could significantly enhance the literature currently available by providing deeper insights into how EPs interpret, navigate, and implement this guidance in their day-to-day practice.”

“One of the key challenges I see is that much of the existing research is based on broader, quantitative data or theoretical frameworks that don’t capture the lived experiences of EPs on the ground. This limited literature has significant implications for practice and policy. The absence of EP perspectives in current discussions means that we are missing out on valuable insights that could provide information regarding more effective guidance and training. A qualitative exploration of how EPs navigate these complexities would allow for a more informed approach to developing policies that align more closely with the practical realities of the profession”

## **2.4 Potential challenges**

Reflecting on my search it became apparent that the voice of the EP had not been prioritised. With this in mind and the new changes brought following Covid-19, including new government guidance and changes to the ALN act, more recent research on EP perspectives in Wales appeared to be an underrepresented area.

I acknowledged that whilst this research topic illustrates a gap in literature, what were the reasons for this? And what should I be considering as a potential challenge that I may face? I reflected on this within my research diary.

*Research Diary extract 21/09/24.*

“My main concern now is the current role of the EP and how that will look in terms of recruitment. I understand that there is a gap in the literature where EPs may feel confident to speak on their perceptions – however from experience, I know that EPs services in Wales are extremely busy, working longer hours and juggling a growing volume of caseloads. Is it likely that EPs will have time to support me with my research, as I would be asking for at least an hour of their time?”

“Will I be able to accurately capture the perspectives of EPs, if so how and what is the best way to do this. My current thinking is via semi-structured interviews, to allow a reflective space for EPs to talk openly and confidentially”

## **2.5 The literature review process**

During the initial phases of planning and conducting the literature review, I became increasingly aware that my understanding of literature reviews was rooted in a positivist-empiricist perspective (Braun & Clarke, 2022). During discussion with my research supervisor at the planning stage, it was clear I had assumed that research was primarily for the purpose of “truth-seeking,” focused on identifying gaps in existing knowledge, either due to a lack of research in a particular area or because current knowledge was insufficient. My belief was that literature reviews were primarily structured around this “gap-spotting” approach, requiring researchers to justify their work by summarizing existing knowledge (Braun & Clarke, 2022). I had also accepted the idea that this was the standard or “correct” way to conduct a literature review, reinforcing the notion that research aims to uncover an objective truth. However, this approach did not align with my epistemological and ontological stance, something I had not held at the forefront of my mind at the beginning of the process, which led to confusion in my thinking and planning. Following reflective conversations with my research supervisor, I realised I was not aiming to identify truth or a gap, rather than to justify why my research could enhance understanding and contribute to the research currently available. As well as this reflective conversation, I was able to engage with the work of Braun and Clarke (2022), particularly their guide to thematic analysis, I came to realize that my assumptions about literature reviews were not entirely accurate. Their discussion of the “making an argument” model offered an alternative perspective that resonated more closely with my planned approach, which was grounded in reflexive thematic analysis (RTA) (Braun and Clarke, 2021). This realization provided a sense of clarity whilst writing my literature review, as it aligned with my methodological framework and allowed me to approach the literature review in a way that felt more comfortable with my research perspective.

To facilitate the writing process, I chose to structure my literature review into two sections: Part One A, a contextual narrative review, and Part One B, a narrative review with systemic elements. It was essential to first provide a contextual overview to highlight the significance of the research area and to examine the broader guidance relevant to my study (Part One A). This section encompassed an exploration of the concepts of mental health (MH) and well-being (EWB), the impact of COVID-19, and the external influences on the role of EP including relevant frameworks and professionals.

*Research diary extract 02/10/24:*

“A current challenge I am facing is being able to identify and synthesise the plethora of government guidance available. I understand that guidance is an important consideration as part of the role of the EP, but how I emphasise that in limited wording is proving challenging. Another aspect I am finding difficult is limiting how much information I provide surrounding the systems that an EP works within. The more literature I read, the more information I feel is pertinent to include. When I pull back and consider if this information is relevant, I feel as though I've fallen into a trap of including what I find interesting as opposed to what is relevant and helpful, then deleting and starting again.”

Braun and Clarke (2021) acknowledge that while narrative reviews are more flexible than systematic reviews, they still benefit from the inclusion of diverse forms of evidence, such as grey literature, particularly when the aim is to generate rich, contextualised insights. When considering my ontological position as a critical realist, I felt confident that the inclusion of grey literature was valuable in capturing dimensions of reality such as systemic barriers, practitioner experiences, and socio-political contexts.

I also reflected on my contextualist epistemology, which recognises that knowledge is situated and shaped by specific cultural, historical, and institutional factors. Drawing from grey literature allows researchers to engage with sources that reflect practice-based knowledge, policy perspectives, and local narratives. This felt particularly important as part of this research, as the role of the EP and other mental health practitioners are often documented in grey literature, such as evaluations and policy briefs (Welsh Government, 2021; Welsh Government 2023). Braun and Clarke (2021) suggest that these types of sources can enhance the depth and transferability of a review's findings.

This approach also resonated with my commitment to a Big Q qualitative paradigm, which understands research not simply as a method for extracting data but as a reflexive and contextually embedded process of knowledge construction. Big Q encourages engagement with subjectivity, voice, and positionality, and this became evident in the way I experienced discomfort, indecision, and ethical responsibility when deciding what to include and exclude. My ontological belief that a layered reality exists, combined with my epistemological stance that this

reality is always partially known and socially interpreted, prompted me to wrestle with the tensions between completeness and relevance, structure and fluidity. These tensions weren't just methodological, they were epistemic, reflecting my growing awareness of how research is always shaped by who we are, the systems we operate in, and the realities we seek to represent.

At the outset of the literature review, I was aware that the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2020) were available to guide the process. This was a process that was utilised to enhance the transparency and applicability of Part One B. This was an unfamiliar process to me and one that I found challenging and overwhelming at times. I was able to take part in library sessions for individual support; this was invaluable and enhanced my understanding of the process and enabled me to outline my literature review strategy I undertook to aid replicability and transparency. I was acutely aware throughout the process that this is something I had to work hard at understanding. My confidence to accurately complete this type of work was low, and it was important to acknowledge that my skill set may include being in the early stages of understanding how a systematic approach is best conducted.

Before undertaking this process, I did not fully appreciate the level of systematic structure and transparency required for a high-quality literature review. I had previously understood literature reviews to be more descriptive. I learned that each stage, from database searching to inclusion and exclusion, must be meticulously documented to enhance replicability and trustworthiness. I also learned that systematic reviews require critical decision-making at each stage, rather than being a straightforward, linear process. I realised that systematic literature reviews are not just about summarising existing knowledge but about constructing a justified and defensible foundation for future research.

If I could undertake the process again, I would allocate more structured time early on to fully immerse myself in the methodological expectations of systematic reviewing, perhaps engaging more deeply with existing examples of well-conducted reviews before beginning my own. I would also consider developing a more detailed protocol at the outset, including clearer definitions of search terms, inclusion criteria, and quality appraisal strategies, to streamline the review process and reduce the sense of overwhelm. Additionally, seeking support focused on

critical appraisal earlier in the process might have helped build my confidence and competence more quickly

## **2.6 Inclusion and exclusion of papers**

When deciding what year to exclude research papers, I initially chose to exclude articles published before 2014, as I felt the past decade would be an appropriate amount of time to focus on and consider changes. However, whilst this decision was based around some informed decision and guidance, the guidance around mental health and emotional well-being of CYP'S in the UK over the last ten years (Health and Care Research Wales, 2023). This was mostly my own choice, and this was not sufficient reasoning to support this decision. Upon searching, the most relevant search results were published between 2017 and 2024. During the process of reviewing these articles, I became aware of the 2017 Green Paper (*Transforming Children and Young People's Mental Health Provision*), published by the Department of Health and Social Care (DoHSC) and the Department for Education (DfE) (2017). Following research supervision and a discussion around this guidance and its recognition as a transformative document. I decided to refine my inclusion criteria further by excluding articles published before 2017. This adjustment aimed to capture any changes in the role or perception of the EP role in supporting MH and EW and of CYP'S.

As well as this, some literature explored TEP's perspectives, whilst I acknowledged that this is a valuable contribution, I was interested in how a more experienced EP might perceive their role, as someone who has been working as a qualified EP following the Covid-19 pandemic and experienced in applying teachings from the DedPsy.

*Extract from research diary 03/10/24:*

“Today, I spent time refining my inclusion criteria for the literature review. Initially, I had decided to exclude articles published before 2014 to ensure that my review focused on research from the past decade. However, as I conducted my searches, I noticed that most relevant articles were published between 2017 and 2022.

Upon further reading, I became aware of the 2017 Green Paper, *Transforming Children and Young People's Mental Health Provision* (DoHSC & DfE, 2017). This document marked a



significant shift in the way CYP'S's mental health is supported in educational and community settings. Recognizing its impact, I decided to further refine my inclusion criteria, limiting my review to studies published from 2017 onwards. I feel more confident in my inclusion criteria now, as this refinement strengthens the relevance of my review and aligns with key policy developments. This process has also reinforced the importance of remaining flexible and reflective when making methodological decisions"

## **2.7 Inclusion and Exclusion criteria of participants**

When deciding on inclusion and exclusion criteria, I decided to ask that participants have a minimum of two years experience as qualified EPs working within a local authority. The purpose of this is outlined:

Requiring Educational Psychologists (EPs) to have at least two years' experience ensures they have developed professional competence, engaged in casework, and applied psychological theory to practice (Farrell et al., 2006). This experience allows them to navigate the complexities of working within a local authority, including multi-agency collaboration and systemic interventions. Additionally, familiarity with national frameworks, such as the Additional Learning Needs (ALN) system and Individual Development Plans (IDPs), ensures participants have relevant policy knowledge.

EPs with two or more years of experience are also more likely to have supported children and young people's (CYP'S) mental health through interventions, consultations, and assessments (Chyna et al, 2021). Furthermore, as this research aligns with Reflexive Thematic Analysis (RTA), experienced participants can provide richer, more reflective insights into their role and professional challenges (Braun & Clarke, 2022). This criterion enhances the reliability and depth of the study's findings.

## **2.8 Participants**

Whilst deciding the inclusion and exclusion criteria for participants, I found myself asking "whose voice is needed?" I felt that the voice of the EP was an underrepresented area. I began to explore what support is currently being utilised in Wales, and whether EPs believed they were well placed to engage in this support. Although EP voices are often heard within research, there

was a lack of research exploring the EP perception of effective MH and EW support for CYP'S. There is scope for other voices to be heard within this research, particularly those of teachers and CYP'S. However, it was an important consideration as a researcher to have some understanding of what could realistically be achieved within a timescale and what participants might be best placed to answer my questions. In this instance, EPs were the individuals selected as most appropriate.

## **2.9 Recruitment**

In line with Braun and Clarke's (2021) recommendations for reflexive thematic analysis, a purposive sampling approach was adopted to select participants who could provide rich, relevant insights into the research question. Initially, I had 6 potential participants demonstrate interest, one participant did not respond to follow-up emails. At the time of allocating slots for teams' meetings, one participant did not respond to any emails (including follow ups) to confirm the time to meet, and one participant was unable to meet within a 8-week data gathering period. Following supervision with my research supervisor, it was suggested that I do not recruit further than the allotted time, to ensure I had ample time to analyse the findings. I was aware that data collection took place from October-November 2024, meaning that a new school term had started and the likelihood of EPs being increasingly busy was a potential consideration for limited responses in a timely manner, if at all. This initially caused some concern as I was unsure that 3 participants would be sufficient in identifying strong themes. However, as these participants met the inclusion criteria, I felt that continuing with 3 participants would provide rich data that would be invaluable as part of the bigger picture in which they were contributing to (Braun and Clarke, 2021).

I acknowledged throughout the process of recruitment that offering teams meetings was a positive decision, all participants emphasised that within the working week they would be unlikely to find a time that was suitable to meet in person, however they had more flexibility virtually. I was satisfied that all participants were representatives of different LAs across Wales and were able to provide a breadth of experience and knowledge.

*Research diary extract 12/10/24*

“At first, I felt anxious about only securing three participants, worrying that this might limit my ability to identify strong themes. However, during supervision, I was reassured that prioritizing depth over quantity was a valid approach. I reminded myself that qualitative research values rich, detailed accounts, and each participant could contribute meaningful insights (Braun & Clarke, 2022). This shift in perspective has made me feel more confident in proceeding with my existing sample.

I know the challenges of engaging EPs during a busy school term. This has made me appreciate the commitment of those who participated even more. I also recognized the importance of flexibility in recruitment strategies. Offering Teams meetings proved to be an effective decision, as all participants expressed the opinion that in-person meetings would have been unrealistic within their schedules.

Moving forward, I will approach data analysis with an open and reflexive mindset, ensuring that I remain attentive to the richness of each participant’s narrative rather than being preoccupied with sample size.

### **Next Steps:**

- Begin transcribing and immersing myself in the data.
- Reflect on any biases or assumptions that may influence analysis.

## **2.10 Data gathering**

After some consideration, I decided that semi-structured interviews would be most effective as the primary data collection method, as this approach aligned with the study’s research aims. I originally considered focus groups; however, I wanted to ensure that all participants felt confident talking freely, knowing that the Educational Psychology services across Wales are closely linked, there was a high chance that participants in a focus group may have had an existing relationship that could have impacted the dynamic and findings of the group. I reflected on the use of focus groups and considered, while valuable for generating rich, interactional data, can involve complex power dynamics between participants (Barbour, 2007). In discussions about professional roles, such as EPs supporting mental health and emotional wellbeing, there is also the risk of emotional discomfort: participants could have reflected critically on perceived

inadequacies in their practice, potentially experiencing distress (Barbour 2007). As a result, SSI was felt to be the most appropriate method for data gathering to ensure that privacy and open conversation was enabled.

While professional familiarity with participants raised ethical considerations, appropriate safeguards were implemented to ensure voluntary participation, maintain confidentiality, and preserve data integrity. This approach ultimately enhanced the richness of the data collected while adhering to the British Psychological Society's (2021) ethical guidelines for research. I also emphasised during recruitment and interviews that there were no right or wrong answers, and that honest, critical reflections were valued. Furthermore, anonymity was carefully preserved in the reporting of findings, ensuring that no identifiable information (such as workplace details or specific role descriptions) could be identified as a particular individual participant. However, I did consider the barriers to using semi-structured interviews, particularly when acknowledging that I am a TEP currently working within the same system and have my own thoughts and opinions around this topic. Because of this, my interview schedule was developed with my research questions in mind, rather than my own personal questions I might have. I did acknowledge throughout this process that there was still a possibility that my own values and beliefs may have influenced the interactions with participants and, consequently, the data collected. I tried to minimize this impact by ensuring questions were open-ended and avoiding leading statements that might encourage participants to respond in a particular way. Despite this, it was discussed in research supervision how within a qualitative paradigm, researcher subjectivity is considered an asset, as it allows for deeper engagement with the research topic (Braun & Clarke, 2022a) therefore was not considered as a barrier.

The semi-structured nature of the interviews provided the flexibility to explore key themes while allowing participants to shape the discussion in ways most meaningful to them. This approach enabled a deeper understanding of their experiences and perspectives, reinforcing the value of qualitative inquiry in capturing the complexities of EP practice. Moving forward, a reflexive thematic analysis was conducted, ensuring that data interpretation remains grounded in participants' narratives while acknowledging the researcher's role in the analytic process. This also created space for them to raise issues that were not featured within the interview schedule I had developed.

An important consideration in this study was the pre-existing professional relationships with two of the three participants. In the interest of transparency (Yardley, 2000), this was discussed in research supervision, where it was determined that including these participants was appropriate, as the relationship was professional rather than personal and ongoing. McConnel-Henry (2010) suggests that a professional relationship in these circumstances can act as a facilitator, as a pre-existing relationship has already been formed and may lead to participants feeling more able to talk freely and encourage richer reflective discussions between participants and researcher. This is something I experienced as a researcher, the participants that had already built a pre-existing relationship with me appeared more confident to share their experiences in depth, contributing to what felt like a more natural conversation, in comparison to feeling scripted.

*Research Diary extract 21/11/24:*

“I was mindful that participants might feel less comfortable discussing potential barriers in a group setting. Despite feeling confident in my choice, I am aware of the challenges posed by conducting interviews, particularly given my position as a Trainee Educational Psychologist (TEP) working within the same systems as my participants. I structured my interview schedule around my research questions rather than personal interests, ensuring that my own assumptions did not overly shape the discussions. I also made a conscious effort to ask open-ended questions and avoid leading statements that might inadvertently guide participants’ responses”

“This experience reinforced the importance of reflexivity in qualitative research. While familiarity may have encouraged more open discussions, I remained mindful of my role as a researcher, ensuring that I maintained a critical and balanced approach when collecting and analysing data. Moving forward, I will continue to reflect on my positionality and ensure that my interpretation of the data remains grounded in participants’ perspectives rather than my own assumptions. Reflexive Thematic Analysis will allow me to systematically engage with the data while acknowledging my own influence within the research process”

## **2.11 Data analysis**

To analyse the data, Reflexive Thematic Analysis (RTA) was chosen as the most suitable approach for data analysis due to its theoretical flexibility, which aligns well with the

examination of semi-structured interviews within a contextualist framework (Braun & Clarke, 2022). Having also used RTA as part of other research projects conducted during the DedPsy, I felt confident with the general process to be undertaken. Similarly, the data set I had acquired during this process was similar in terms of volume, as a result, I had some idea around the amount of time and energy this process would take.

I specifically chose Reflexive Thematic Analysis over other qualitative approaches because of its flexibility and compatibility with my critical realist ontology and contextualist epistemology. RTA allowed for a more iterative and organic engagement with the data, enabling themes to be co-constructed through active interpretation rather than imposed from the outset. Grounded theory, while valuable for developing new theories, was not selected because my intention was not to generate a substantive theory but to explore and illuminate the situated experiences and perspectives of Educational Psychologists. Similarly, Interpretative Phenomenological Analysis (IPA), although suited to in-depth exploration of individual lived experiences, was less appropriate because my focus extended beyond individual cases to consider shared, systemic patterns across participants. By adopting RTA, I was able to engage reflexively with the data, acknowledging my role as a co-constructor of meaning while maintaining the flexibility to explore both commonalities and divergences in participants' accounts (Braun & Clarke, 2021).

Despite this, there were some challenges during the coding process, where I felt that on occasion, I was looking for codes that reaffirmed my beliefs, as opposed to what was most prevalent in the text. When considering how to code my transcripts, I experienced an initial internal conflict about whether to code by hand or use NVivo software. I considered that manual coding by hand would have allowed for deep immersive engagement with the data, encouraging a deep level of familiarity with each transcript (Nowell et al., 2017). However, as I had already begun coding by hand and familiarising myself with the data set, I felt that the best way to avoid my own bias would be to use NVivo. I was concerned that hand-coding would be prone to inconsistencies when tracking themes across multiple transcripts. To remain thorough and systematic, I chose to utilise NVivo because of its ability to provide a structured way of organising coded data efficiently, reducing the risk of oversight and allowing for easier refinement of themes as I moved through the separate phases of reflexive thematic analysis (Braun et al., 2019).

*Research Diary extract 25/11/24:*

“I am satisfied with the rich data I have, considering the number of participants, however I am concerned that the findings might reflect something different to what I had hoped. I understand this is a research process, and there is value in what I have identified and what I have not. I am grappling with the idea of using NVivo, however I feel to portray the findings most accurately, I would benefit from a non-bias system to identify major themes. I feel overwhelmed when considering the themes and how they differ/how they are similar, hopefully NVivo will support with this, given the limited time frame”

I utilised research supervision throughout this process to discuss and consider thoughts around data analysis. This was crucial to enable me to make sense of the data and where I stood amongst it as a researcher. A critical component of my thoughts was knowing when enough data is enough. The idea of ‘letting go’ was considered, the idea that sometimes saturating yourself in the data can become overwhelming. In my experience, this was truth, following an extended period of re-reading data and generating codes, I became aware that I needed to move away and accept the data as it was.

Braun and Clarke (2022) highlight the importance of determining when analysis is sufficiently comprehensive, acknowledging that reflexivity is an ongoing process with endless possibilities for new interpretations. I found this challenging, as I grappled with the balance between uncovering deeper insights within the data and adhering to the research time frame. The tension between striving for further exploration and recognising the need to reach a conclusion was a key aspect of my analytical experience.

## **2.12 Confidence of the researcher**

Throughout the research process, particularly during the write-up stage, I was acutely aware of the need to meet the rigorous academic standards required for a doctoral-level submission while also striving to conduct a thorough and meaningful Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2022). This created a sense of pressure, as I wanted to ensure that my analysis was both methodologically sound and reflexively engaged, capturing the depth and complexity of participants’ experiences. Braun and Clarke (2022) emphasize that RTA requires the researcher to actively engage in interpretation rather than simply reporting themes, which at times left me questioning whether my analytic decisions were justified or sufficiently robust. This self-doubt

was a recurring challenge, but through engagement with supervision and revisiting key literature, I gradually developed confidence in my analytical approach and ability to produce a credible and meaningful thesis.

### **3. Part Three B: Contribution to Knowledge and Dissemination**

#### **3.1 Reflections on my findings**

Reflecting on the research findings, it was evident that EPs perceive themselves as playing a crucial role in shaping mental health provision in schools. However, significant challenges emerged, with implications for both policy and practice. The findings suggest a need for EPs to facilitate preventative strategies and resilience-building approaches within whole-school models of wellbeing, yet my reflections highlighted the complexity of translating these aspirations into practice. A persistent lack of clarity regarding the EP role in mental health emerged as a barrier, reinforcing the need for greater professional advocacy and clearer communication.

The need for stronger links between education and health services became increasingly apparent. I reflected on how systemic barriers, such as fragmented service pathways and under-resourced agencies, hinder EPs' effectiveness. This led me to consider the importance of capacity-building approaches, empowering school staff to embed wellbeing strategies sustainably. Challenges were particularly notable in secondary settings, where stigma, fear, and logistical barriers limited engagement, resonating with my experiences of competing priorities and staff apprehensions within schools.

Additionally, the research prompted reflection on the unintended consequences of policy changes, particularly the implementation of the Additional Learning Needs (ALN) Code. I questioned whether systemic pressures on schools, especially the emphasis on academic outcomes, would allow for mental health to be prioritised meaningfully. Throughout the research process, I was struck by the tension between policy aspirations and practical realities.

While the findings highlight potential pathways for improving school-based mental health support, they also reinforce the need for systemic change, stronger advocacy, and a shift in priorities. As both a researcher and TEP, this study has deepened my understanding of these



complexities and highlighted the importance of reflexivity when navigating the intersection of research, policy, and practice.

### **3.2 Reflection on the role of the EP**

This research has reinforced my belief that supporting the MH and EWB of CYP'S is a fundamental aspect of the EP role and should be embedded within whole-school approaches. However, through engaging in this study, I have also developed a deeper awareness of the systemic challenges that EPs face in fulfilling this role, particularly within the current climate of ongoing budget constraints and a well-documented recruitment and retention crisis in Wales and across the UK. These challenges have led me to critically reflect on how EP services are currently structured and how I, as a future practitioner, might navigate these barriers to promote meaningful and sustainable mental health support within schools.

Through this research, I have gained a clearer understanding of the ways in which EPs contribute to mental health provision and, importantly, how these contributions may not always be fully recognised within the wider education system. The findings have encouraged me to be more explicit in identifying and advocating for the role of psychology in supporting CYP'S's mental health within my current practice. Additionally, by recognising the facilitators and barriers to effective mental health support, I feel better equipped to challenge systemic constraints and promote practices that enhance well-being in schools.

Throughout this research journey, I have developed my skills, knowledge, and confidence as both a researcher and practitioner. Initially, I experienced a sense of self-doubt, particularly in relation to conducting a rigorous literature review and ensuring my work met the standards of a doctoral thesis. I frequently questioned my capability and found myself grappling with the balance between producing a high-quality piece of research and engaging in RTA in a meaningful and authentic way (Braun & Clarke, 2022). There is the possibility that I will never feel like a 'good' researcher, someone able to contribute high quality research, yet I acknowledge that research is still a new skill that I am still developing and will be throughout my career. In hindsight, I recognise that this self-doubt was a natural part of the learning process and, over time, my confidence in my ability to engage with research deepened.

One of the most significant aspects of my development as a researcher was the value of engaging in supervision. Regular supervision sessions provided an essential space for reflection, allowing me to critically evaluate my approach, navigate challenges, and refine my thinking. Supervision also helped me recognise my tendency to internalise difficulties, reinforcing the importance of seeking support and engaging in reflexive discussions. This process was instrumental in shifting my perspective from a place of self-doubt to one of professional growth and competence.

### 3.3 Dissemination

The findings from this research will be shared to contribute to the wider educational psychology profession and associated systems, in line with recommendations for dissemination to enhance impact (McCartan & Robson, 2016). I also intend to engage in formal and informal discussions with TEP colleagues, Educational Psychology Services (EPSs), and broader multi-agency services to promote dialogue around service delivery models supporting the mental health and emotional wellbeing of children and young people (CYP'S) in Wales. An overview of the planned dissemination is provided in the table below:

*Table 9 Dissemination plan*

Action	First step	Timescale
Share findings with Cardiff University's DEdPsy cohort and tutor team.	Create a presentation detailing my research and present during summer teaching.	July 2025.
Share findings with research participants	Contact all participants via email to offer a discussion around findings.  Create infographic to share findings concisely.	September 2025.

Share findings with Local Authority I begin working with in September 2025.	Develop a presentation detailing my research to share with the EPS team.	September 2025
Share findings with Association for Educational Psychologists (AEP).	Share infographic when contacting the general secretary to organise in-depth discussion.	August 2025.
Publish my research in a peer-reviewed journal.	Contact general secretary and editors of all relevant journals.	January 2026.

#### 4. Summary

Overall, this research has not only enhanced my understanding of the EP role in supporting mental health but has also strengthened my confidence as a research-practitioner. Moving forward, I intend to apply the insights gained from this study to my practice, ensuring that I remain critically reflective and proactive in advocating for the role of psychology in promoting the well-being of CYP'S.

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## Appendices

### Appendix 1: Full inclusion and exclusion criteria

Criteria	Inclusion	Exclusion	Rationale
<i>Location</i>	Any paper published and practiced within the UK.	Outside of the UK.	Outside of the UK, practice, terminology, policy and legislation is typically similar differ in variation and context.
<i>Participants</i>	Articles were included if participants held the title of EP or were considered as a profession that might directly impact the role of the EP in supporting CYP'S's MH and EWB needs (e.g. EP's, ALNCos, Teachers, CYP'S)	Articles were excluded if the role of the participants was not related to an EP.	To ensure the review reflected the four aims outlined. Including the role of the EP in supporting the MH and EWB needs of CYP'S.
<i>Role of the EP</i>	Any articles discussing the role of the EP including perceptions of the EP or perceptions of other professions/participants in light of the role of the EP supporting the MH and EWB of CYP'S.	Articles were excluded if they did not refer to the role of the EP in supporting CYP'S's MH AND EWB needs.	To ensure the review reflected the four aims outlined. Including; the role of the EP in supporting the MH and EWB needs of CYP'S.
<i>Quality/reliability of paper e.g. Peer reviewed or published</i>	Any articles that were published within an academic journal and met the inclusion	Articles published outside of peer reviewed journal articles or doctoral	If any papers were published within an academic journal or outlined that the VIVA

<i>government guidance.</i>	<p>criteria. Including, doctoral these that had undergone the (VIVA process Moyer, A., Schneider, S., Knapp-Oliver, S.K., &amp; Sohl, S.J. 2010)</p> <p>Including, relevant legislation and systematic review papers relating to CYP'S mental health and the EP role within England and Wales.</p>	theses that were published but had not undergone the VIVA process.	process had taken place, these studies could also be noted as peer reviewed and deemed appropriate.
<i>Date published</i>	Papers published from 2017 onwards.	Papers published should reflect changes brought about by the Green Paper in 2017, in regards to CYP'S MH and EWB (DoHSC & DfE, 2017).	Paper published prior to 2017 do not reference current (2017 onward) changes to the EP practice.



# Critical Appraisal Skills Programme (CASP) Checklists

Reference	Section A: Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Section B: Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	Section C: How valuable is the research (Will the results help locally)?
er, A. (2017). <i>An Exploration Of Psychological Psychologist And Educational Psychologist Constructs Of Mental Health In The Context Of Secondary School Aged Children</i> . Cardiff University.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
nsby, J. (2022). Applying a Cultural Historical Activity Theory approach to explore the tensions within and between the roles of educational psychologists and primary mental health workers when supporting mental health needs in schools.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Educational Psychology in Practice, 44(4), 425–440.										
Wheeler, R. (2017). <i>An exploration of school staff perceptions developing mental health problems in schools, and the implications for the profession</i> [Doctoral dissertation, Cardiff University]. ProQuest.	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Wheeler, A. (2017). <i>The role of the school mental health professional in children and young people's mental health: An exploratory study in Wales</i> [Doctoral dissertation, Cardiff University]. ProQuest.	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Wheeler, K. L., Newby, D., Soneson, M., Vacci, N., Jindra, C., Geulayov, G., Lachar, J., & Fazel, M. (2021). <i>COVID-19 partial school closures and mental health problems: A cross-national survey of 11,000</i>	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes

<p>lescents to determine those most at risk. <i>JCPP Advances</i>, 1(2).  <a href="https://doi.org/10.1002/jcv2.12021">https://doi.org/10.1002/jcv2.12021</a></p>										
<p>own, K., Smith, H., &amp; Davies, A. (2024). A qualitative exploration of contextual factors within schools impacting the introduction of the new statutory 'Framework on Embedding a Whole School Approach to Emotional and Mental Wellbeing' in Wales. <i>British Journal of Educational Psychology</i>. Advance online publication.</p>	Yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
<p>izzard, J. (2019). A whole school approach to supporting children and young people's mental health. <i>Journal of Public Mental Health</i>.</p>	Yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
<p>de, L. (2019). <i>Educational psychologists' role in promoting children's mental and emotional well-being during the pre-school years: An</i></p>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

lorative study in Wales [Doctoral sertation, Cardiff University]. Quest.										
wn, R., Van Godwin, J., Edwards, Burdon, M., & Moore, G. (2023). A litative exploration of stakeholder pectives on the implementation whole school approach to mental lth and emotional well-being in les. <i>Health Education Research</i> , 3), 241–253. <a href="https://doi.org/10.1093/her/cyad002">https://doi.org/10.1093/her/cyad002</a>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

## Appendix 2 Critical Appraisal Skills Programme (CASP) Checklists



### Appendix 3: CASP for systematic review paper:

Paper for appraisal and reference:.....

Reference	Thomas, K.A., Schroder, A.M and Rickwood, D.J. (2021), "A systematic review of current approaches to managing demand and waitlists for mental health services", Mental Health Review Journal, Vol.26 No.1, pp.1-23.
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#### Section A: Are the results of the review valid?

1. Did the review address a clearly focused question?

Yes	/
Can't Tell	
No	

HINT: An issue can be 'focused' in terms of

- the population studied
- the intervention given
- the outcome considered

Comments:

2. Did the authors look for the right type of papers?

Yes	/
Can't Tell	
No	

HINT: 'The best sort of studies' would

- address the review's question
- have an appropriate study design (usually RCTs for papers evaluating interventions)

Is it worth continuing?

3. Do you think all the important, relevant studies were included?

Yes	/
Can't Tell	
No	

- HINT: Look for
- which bibliographic databases were used
  - follow up from reference lists
  - personal contact with experts
  - unpublished as well as published studies
  - non-English language studies

4. Did the review's authors do enough to assess quality of the included studies?

Yes	/
Can't Tell	
No	

- HINT: The authors need to consider the rigour of the studies they have identified. Lack of rigour may affect the studies' results ("All that glisters is not gold" Merchant of Venice – Act II Scene 7)

Comments:

5. If the results of the review have been combined, was it reasonable to do so?

Yes	/
Can't Tell	
No	

- HINT: Consider whether
- results were similar from study to study
  - results of all the included studies are clearly displayed
  - results of different studies are similar
  - reasons for any variations in results are discussed

Section C: Will the results help locally?

8. Can the results be applied to the local population?

Yes	/
Can't Tell	
No	

- HINT: Consider whether
- the patients covered by the review could be sufficiently different to your population to cause concern
  - your local setting is likely to differ much from that of the review

Comments:

9. Were all important outcomes considered?

Yes	/
Can't Tell	
No	

- HINT: Consider whether
- there is other information you would like to have seen

Comments:

10. Are the benefits worth the harms and costs?

Yes	/
Can't Tell	
No	

- HINT: Consider
- even if this is not addressed by the review, what do you think?

Paper for appraisal and reference:... Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatrics*, 178(1), 44–56. <https://doi.org/10.1001/jamapediatrics.2024.1753>

.....



## Section A: Are the results of the review valid?

1. Did the review address a clearly focused question?

Yes

Can't Tell

No

/

HINT: An issue can be 'focused' In terms of

- the population studied
- the intervention given
- the outcome considered

Comments:

2. Did the authors look for the right type of papers?

Yes

Can't Tell

No

/

HINT: 'The best sort of studies' would

- address the review's question
- have an appropriate study design (usually RCTs for papers evaluating interventions)

Comments:

---

Is it worth continuing?

3. Do you think all the important, relevant studies were included?

Yes

Can't Tell

No

/

HINT: Look for

- which bibliographic databases were used
- follow up from reference lists
- personal contact with experts
- unpublished as well as published studies
- non-English language studies

Comments:

4. Did the review's authors do enough to assess quality of the included studies?

Yes

Can't Tell

No

/

HINT: The authors need to consider the rigour of the studies they have identified. Lack of rigour may affect the studies' results ("All that glisters is not gold" Merchant of Venice – Act II Scene 7)

Comments:

5. If the results of the review have been combined, was it reasonable to do so?

Yes

Can't Tell

No

/

HINT: Consider whether

- results were similar from study to study
- results of all the included studies are clearly displayed
- results of different studies are similar
- reasons for any variations in results are discussed

Comments:

Section B: What are the results?

6. What are the overall results of the review?

HINT: Consider

- If you are clear about the review's 'bottom line' results
- what these are (numerically if appropriate)
- how were the results expressed (NNT, odds ratio etc.)

Comments:

7. How precise are the results?

HINT: Look at the confidence intervals, if given

Comments:

### Section C: Will the results help locally?

8. Can the results be applied to the local population?

Yes

Can't Tell

No

/

HINT: Consider whether

- the patients covered by the review could be sufficiently different to your population to cause concern

- your local setting is likely to differ much from that of the review

Comments:

9. Were all important outcomes considered?

Yes

/

HINT: Consider whether

Can't Tell

- there is other information you would like to have seen

No

Comments:

10. Are the benefits worth the harms and costs?

Yes

/

HINT: Consider

Can't Tell

- even if this is not addressed by the review, what do **you** think?

No

Comments:

Paper for appraisal and reference:... Jill Simpson & Atkinson, C. (2021). The role of school psychologists in therapeutic interventions: A systematic literature review. International Journal of School & Educational Psychology, 9(2), 117–131.  
<https://doi.org/10.1080/21683603.2019.1689876>

Section A: Are the results of the review valid?

4. Did the review address a clearly focused question?
- Yes  
Can't Tell  
No

/

HINT: An issue can be 'focused' In terms of

- the population studied
- the intervention given
- the outcome considered

Comments:

5. Did the authors look for the right type of papers?

Yes  
Can't Tell  
No

/

HINT: 'The best sort of studies' would

- address the review's question
- have an appropriate study design (usually RCTs for papers evaluating interventions)

Comments:

Is it worth continuing?

6. Do you think all the important, relevant studies were included?

Yes  
Can't Tell  
No

/

HINT: Look for

- which bibliographic databases were used
- follow up from reference lists
- personal contact with experts
- unpublished as well as published studies
- non-English language studies

Comments:

--

4. Did the review's authors do enough to assess quality of the included studies?	Yes	/	HINT: The authors need to consider the rigour of the studies they have identified. Lack of rigour may affect the studies' results ("All that glisters is not gold" Merchant of Venice – Act II Scene 7)
	Can't Tell		
	No		

Comments:
-----------

5. If the results of the review have been combined, was it reasonable to do so?	Yes	/	HINT: Consider whether <ul style="list-style-type: none"> <li>• results were similar from study to study</li> <li>• results of all the included studies are clearly displayed</li> <li>• results of different studies are similar</li> <li>• reasons for any variations in results are discussed</li> </ul>
	Can't Tell		
	No		



Comments:

## Section B: What are the results?

6. What are the overall results of the review?

HINT: Consider

- If you are clear about the review's 'bottom line' results
- what these are (numerically if appropriate)
- how were the results expressed (NNT, odds ratio etc.)

Comments:

7. How precise are the results?

HINT: Look at the confidence intervals, if given

Comments:

Section C: Will the results help locally?

8. Can the results be applied to the local population?

Yes

Can't Tell

No

/

HINT: Consider whether

- the patients covered by the review could be sufficiently different to your population to cause concern
- your local setting is likely to differ much from that of the review

Comments:

9. Were all important outcomes considered?

Yes

Can't Tell

No

/

HINT: Consider whether

- there is other information you would like to have seen

Comments:

10. Are the benefits worth the harms and costs?

Yes

Can't Tell

No

/

HINT: Consider

- even if this is not addressed by the review, what do **you** think?

Comments:

Paper for appraisal and reference:... Mackenzie, K., & Williams, C. (2018). Universal, school-based interventions to promote mental and emotional wellbeing: What is being done in the UK and does it work? A systematic review. *Educational Psychology Research and Practice*, 4(1), 5–18.

.....

Section A: Are the results of the review valid?

7. Did the review address a clearly focused question?

Yes

Can't Tell

No

/

HINT: An issue can be 'focused' In terms of

- the population studied
- the intervention given
- the outcome considered

Comments:

8. Did the authors look for the right type of papers?

Yes

Can't Tell

No

/

HINT: 'The best sort of studies' would

- address the review's question
- have an appropriate study design (usually RCTs for papers evaluating interventions)

Comments:

Is it worth continuing?

9. Do you think all the important, relevant studies were included?

Yes

Can't Tell

/

HINT: Look for

- which bibliographic databases were used
- follow up from reference lists

No


- personal contact with experts
- unpublished as well as published studies
- non-English language studies

Comments:

4. Did the review's authors do enough to assess quality of the included studies?

Yes

Can't Tell

No

/

HINT: The authors need to consider the rigour of the studies they have identified. Lack of rigour may affect the studies' results ("All that glisters is not gold" Merchant of Venice – Act II Scene 7)

Comments:

5. If the results of the review have been

Yes

Can't Tell

/

HINT: Consider whether

- results were similar from study to study

combined, was it  
reasonable to do so?

No

	<ul style="list-style-type: none"><li>• results of all the included studies are clearly displayed</li></ul>
	<ul style="list-style-type: none"><li>• results of different studies are similar</li></ul>
	<ul style="list-style-type: none"><li>• reasons for any variations in results are discussed</li></ul>

Comments:

#### Section B: What are the results?

6. What are the overall results of the review?

HINT: Consider

- If you are clear about the review's 'bottom line' results
- what these are (numerically if appropriate)
- how were the results expressed (NNT, odds ratio etc.)

Comments:

7. How precise are the results?

HINT: Look at the confidence intervals, if given

Comments:

Section C: Will the results help locally?

8. Can the results be applied to the local population?

Yes

Can't Tell

No

/

HINT: Consider whether

- the patients covered by the review could be sufficiently different to your population to cause concern
- your local setting is likely to differ much from that of the review

Comments:

9. Were all important outcomes considered?

Yes

Can't Tell

/

HINT: Consider whether

- there is other information you would like to have seen

No

Comments:

10. Are the benefits worth  
the harms and costs?

Yes

Can't Tell

No

/

HINT: Consider

- even if this is not addressed by the review, what do **you** think?

Comments:



## Appendix 4 Participant information sheet



### **School of Psychology Participant Information Sheet Version: XX Date:**



Educational Psychologists Perspectives of  
Effective Mental Health Support in Primary  
Schools and Secondary Schools in Wales

You are being invited to take part in a research project. Before you decide whether or not to take part, it is important for you to understand why the research is being undertaken and what it will involve. Please take time to read the following information carefully and discuss it with others, if you wish.

Thank you for reading this.

#### **1. What is the purpose of this research project?**

This research project will aim to explore Educational Psychologists (EPs) perspectives of their role in relation to mental health support in primary (ages 3-11) and secondary schools (ages 11-16) across Wales. In 2022 the new National Curriculum in Wales devolved the 'key stages' and introduced 6 key areas as part of one continuum of learning from ages 3-16. NHS Wales (2023) reports that adolescent girls ages 16-19 are currently most frequently presenting with mental health crises to acute services. In addition, data from 2019 reports that females ages 11-19 were twice as likely to need support, whilst males presented with more need as they increased in age. Moreover, the data suggests that mental health support is more commonly recognised in males and females aged 16-24 (NHS Wales, 2023). In turn, data produced by Wellbeing of Wales (2023) that suggests children and young people are demonstrating a greater need for mental health support. Similarly to NHS Wales figures, the Wellbeing of Wales data sets focuses significantly on the data retrieved from children in the age ranges of 11-24 that have accessed mental

health services. However, the NICE (2022) report suggests that mental health needs emerge in Primary school aged children yet are more likely to be noticed in the teenage years. With this in mind, this research will aim to explore best practice for mental health support in for primary school aged children as well as secondary school. The recent guidance published by Welsh Government focuses on a ‘whole-school approach’ to children and young people’s mental health and wellbeing. This includes working with CYP’S, schools, parents/carers and external agencies as a multi-agency approach. This research has chosen to focus on perspectives of EP’s as their role enables them to work as part of a multi-agency team and they are commonly cited within government guidance as professionals that are able to support (NHS Wales, 2023; NICE, 2022; Curriculum for Wales, 2022). Furthermore, ‘Health and Wellbeing’ in both primary and secondary school is one of the key areas of focus and learning across all age groups in education. Moreover, a shift in understanding around mental health, following the implementation of the Welsh Government’s ‘Whole School Approach,’ has led to a focus on adults supporting children and young people to develop skills to enable them to build their emotional resilience and recognise when they may need mental health support (Curriculum for Wales, 2022). This research will focus on the perspective of EPs, in relation to primary school and secondary schools to further understand what support is most effective when supporting mental health in Wales.

## **2. Why have I been invited to take part?**

You have been invited to take part because you are an Educational Psychologist that is willing to share your own perspectives of effective mental health support in primary and secondary schools in Wales.

## **3. Do I have to take part?**

No, your participation in this research project is entirely voluntary and it is up to you to decide whether or not to take part. If you decide to take part, I will discuss the research project with you and ask you to sign a consent form. If you decide not to take part, you do not have to explain your reasons and it will not affect your legal rights.

You are free to withdraw your consent to participate in the research project at any time, without giving a reason, even after signing the consent form.

## **4. What will taking part involve?**

Taking part will involve a semi-structured interview, this will be held online via Zoom, Microsoft teams or in person and will take place over 60-90 minutes maximum. All questions and answers will be recorded on an audio device and stored in a word encrypted computer.

Following this, a Reflexive Thematic Analysis of the individual semi-structured interview will be conducted.

**5. Will I be paid for taking part?**

No, if you agree to take part in this research it will be on a voluntary basis.

**6. What are the possible benefits of taking part?**

There will be no direct advantages or benefits to you from taking part, but your contribution may inform the practices of Educational Psychology services in Wales, when working with teaching staff and children and young people, around the most effective practices to support mental health in Wales.

**7. What are the possible risks of taking part?**

There are no possible risks to taking part. All participants have a right to withdraw at any point prior, during or two weeks after the individual semi-structured interview has been completed.

**8. Will my taking part in this research project be kept confidential?**

All information collected from (or about) you during the research project will be kept confidential and any personal information you provide will be managed in accordance with data protection legislation. Please see 'What will happen to my Personal Data?' below for further information.

**9. What will happen to my Personal Data?**

All personal data will be stored on an encrypted computer device e.g. Name, school name, signature for consent and voice recordings. The researcher will not share any personal information and all individuals that consent to take part will be anonymised for research purposes.

Cardiff University is the Data Controller and is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. Further information about Data Protection, including:

- your rights
- the legal basis under which Cardiff University processes your personal data for research
- Cardiff University's Data Protection Policy
- how to contact the Cardiff University Data Protection Officer

- how to contact the Information Commissioner's Office

may be found at <https://www.cardiff.ac.uk/public-information/policies-and-procedures/data-protection>

Once the semi-structured interview is complete, the research team will anonymise all the personal data it has collected from, or about, you in connection with this research project, with the exception of your consent form. As per Cardiff University's Research Records and Retention Schedule, data will be retained for a minimum period of 5 years after the end of the project or after publication of any findings based upon the data (whichever is later). Personal data collected during the audio recording will be stored on an encrypted and password protected computer system to which only the researcher will have access. After a 2-week period, this will be transcribed and anonymised using alternative initials for participants names and for any other person identified in the recording.

Once data is anonymised it will not be possible for participants to withdraw their data from the research project. Transcribed anonymous data will be stored on an encrypted and password protected computer system. As per Cardiff University's Research Records and Retention Schedule, transcribed data will be retained for a minimum period of 5 years after the end of the project or after publication of any findings based upon the data (whichever is later).

#### **10. What happens to the data at the end of the research project?**

Following completion of the project, all data will be anonymised and included in a research report write up. This data will be shared with Cardiff University Doctorate of Educational Psychology staff. All participants will not be identifiable by their anonymised data.

#### **11. What will happen to the results of the research project?**

The results will be shared with Cardiff University Doctorate of Educational Psychology staff as well as one Local Authorities Educational Psychology department. All participants will not be identifiable by the results. Participants will not be identified in any report, publication or presentation.

Your anonymised data may be stored in a data repository as part of Cardiff University's commitment to Open Science.

#### **12. What if there is a problem?**

If you wish to complain or have grounds for concerns about any aspect of the manner in which you have been approached or treated during the course of this research, please contact Dr Victoria Biu. Email: [BiuV1@cardiff.ac.uk](mailto:BiuV1@cardiff.ac.uk) or the School of Psychology Research Ethics Committee, Cardiff University at the address below. If your complaint is not managed to your satisfaction, please contact the Information Commissioner's Office should you wish

to complain, can be found at the following: <https://www.cardiff.ac.uk/public-information/policies-and-procedures/data-protection>.

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence, you may have grounds for legal action, but you may have to pay for it.

**13. Who is organising and funding this research project?**

The research is organised by Trainee Educational Psychologist Ellen Burrows and supervised by Educational Psychologist Dr. Victoria Biu in Cardiff University.

**14. Who has reviewed this research project?**

This research project has been reviewed and given a favourable opinion by the School of Psychology Research Ethics Committee, Cardiff University. Secretary of the Ethics Committee, School of Psychology, Cardiff University, Park Place, Cardiff, CF10 3AT. Tel: 029 2087 0707 Email: [psychethics@cardiff.ac.uk](mailto:psychethics@cardiff.ac.uk).

**15. Further information and contact details**

Should you have any questions relating to this research project, you may contact us during normal working hours:

Ellen Burrows ([BurrowsE2@cardiff.ac.uk](mailto:BurrowsE2@cardiff.ac.uk)) or Dr. Victoria Biu ([BiuV1@cardiff.ac.uk](mailto:BiuV1@cardiff.ac.uk))

**Thank you for considering to take part in this research project. If you decide to participate, you will be given a copy of the Participant Information Sheet and a signed consent form to keep for your records.**

**Allocation for participation in this project will be on a first come first served basis. If the number of individuals expressing interest in taking part in the research exceeds the required number of participants, you will be informed immediately and thanked for your generous offer to take part.**

## Appendix 5 Consent Form



### School of Psychology Consent Form Version: XX Date: XX/XX/XX

Educational Psychologists Perspectives of  
Effective Mental Health Support in Primary  
Schools and Secondary Schools in Wales



**Name of Chief/Principal Investigator:** Ellen Burrows

#### **Type of Consent:**

- i) **If research study is in the format of a questionnaire:** please tick box if consent is considered implied in taking part in the Questionnaire ☐
- ii) If consent is not implied or research study is NOT a questionnaire, please complete table below

**Please  
initial box**

I confirm that I have read the information sheet dated [TBC] version [TBC] for the above research project.	
I confirm that I have understood the information sheet dated [TBC] version [TBC] for the above research project and that I have had the opportunity to ask questions and that these have been answered satisfactorily.	
I understand that my participation is voluntary, and I am free to withdraw at any time without giving a reason and without any adverse consequences (e.g. to medical care or legal rights, if relevant).	
I understand that data collected during the research project may be looked at by individuals from Cardiff University or from regulatory authorities, where it is relevant to my taking part in the research project. I give permission for these individuals to have access to my data.	
I consent to the processing of my personal information including: Name, School Name, signature for consent and voice recording for the purposes explained to me. I understand that such information will be held in accordance with all applicable data	

protection legislation and in strict confidence, unless disclosure is required by law or professional obligation.	
I understand who will have access to my personal information, how the data will be stored and what will happen to the data at the end of the research project. Personal data collected during the audio recording will be stored on an encrypted and password protected computer system to which only the researchers will have access. After a 2-week period, this will be transcribed and anonymised using alternative initials for participants names and for any other person identified in the recording.	
I understand that it will not be possible to identify me from this data that is seen and used by other researchers, for ethically approved research projects, on the understanding that confidentiality will be maintained.	
I consent to being audio recorded for the purposes of the research project and I understand how it will be used in the research.	
I understand that anonymised excerpts and/or verbatim quotes from my semi-structured interview may be used as part of the research publication.	
I understand how the findings and results of the research project will be written up and published.	
I agree to take part in this research project.	

Name of participant (print)      Date      Signature

Name of person taking consent      Date      Signature  
(print)

---

**Role of person taking consent**

**ELLEN BURROWS**

**THANK YOU FOR PARTICIPATING IN OUR RESEARCH**

**YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP**



## Appendix 6 **Debrief Form**

### Educational Psychologists Perspectives of Effective Mental Health Support in Primary Schools and Secondary Schools in Wales

#### Participant Debrief information

Thank you for taking part in this study, your participation is appreciated.

The information gained from the individual semi-structured interview will be used to inform the researcher's small scale research project, as part of the Doctorate in Educational Psychology requirements. This project aims to capture the perspectives Educational Psychologists have of effective mental health support in Wales for children and young people in primary and secondary schools. The anonymised results may be published and used in presentation. The data from semi-structured interviews may inform the practices of Educational Psychologists when attempting to identify the needs of children and young people needing mental health support within primary and secondary schools. Moreover, this may reduce the number of children being referred to external services for diagnoses as school staff may have a developed understanding of their needs in relation to mental health. This may inform the work of adults that work closely with children regularly, such as teachers, when considering the support that is available for children needing mental health support. The semi-structured interview audio recordings and subsequent transcripts will be kept confidential, in a secure location only accessible to the researcher. The semi-structured interview recording will be kept confidential throughout the transcription process. Following completion of this process, the data will be deleted, and all transcribed information will be anonymised with pseudonyms used. Thank you for taking the time to participate in this research.

You have the right to withdraw your data up to two weeks after the semi-structured interview, beyond this there will be no identifiable link between yourself and your responses. If you are concerned about the conversation in the semi-structured interview or have any further questions, please contact:

The researcher: Ellen Burrows [Burrowse2@cardiff.ac.uk](mailto:Burrowse2@cardiff.ac.uk)

The research Supervisor: Dr Victoria Biu [BiuV1@cardiff.ac.uk](mailto:BiuV1@cardiff.ac.uk)

If you have any queries or complaints, please contact the address below:

Cardiff University Research Ethics Committee:

School of Psychology, Cardiff University, Towe Building, 30 Park Place, Cardiff, CF10 3EU

## Appendix 7 Gatekeeper letter

**FAO: Head teacher/ALNCo**

Address:

Date: January 2024

Dear Sir/Madam,

I am a Trainee Educational Psychologist studying within the School of Psychology at Cardiff University. I am seeking to conduct research into **Educational Psychologists Perspectives of Effective Mental Health Support in Primary Schools and Secondary Schools in Wales.**

This includes qualified Educational Psychologists currently practicing with a Local Authority in Wales. I am writing to enquire whether you would be willing to give permission for me to recruit participants from your school that fit the above criteria and if so, whether you please could share the attached information (recruitment poster, participant information sheet and consent form) with them on my behalf. This would mean acting as my gatekeeper for this research project.

All Educational Psychologists that will be invited to participate should they meet the below inclusion criteria;

- Currently practicing as a registered Educational Psychologist
- Must have been practicing for 6 months minimum within the Welsh system.
- Must currently be practicing within a Local Authority in Wales
- Must be willing to openly discuss their thoughts, feelings, understanding and experiences of working with primary and secondary schools to support with mental health needs of children and young people.
- Must have a good level of spoken English and understanding to enable the researcher to undertake and transcribe the conversation that will take place.

Participation will involve a individual semi-structured interview via Microsoft Teams, Zoom or in person whichever best suits the participant. The individual semi-structured interview will include answering questions related to Educational Psychologists of effective mental health support in primary and secondary schools. This will last approximately 60-90 minutes. All information will be kept confidential and anonymised using pseudonyms for the final report.

To indicate your consent for acting as a gatekeeper for my research project, or for further information, please reply to this email contacting Ellen Burrows who is acting as principal researcher, [burrowse2@cardiff.ac.uk](mailto:burrowse2@cardiff.ac.uk) or to speak with the research supervisors, Dr Victoria Biu [BiuV1@cardiff.ac.uk](mailto:BiuV1@cardiff.ac.uk).

Thank you for taking the time to consider my request, I would be very grateful for your support.

Kind Regards,  
Ellen Burrows,  
Trainee Educational Psychologists of Psychology, Cardiff University Tower Building, 30 Park Place, Cardiff, CF10 3EU.






If you have any queries you would like to raise, please contact the ethics committee below:

Cardiff University's Research Ethics Committee:

School of Psychology, Cardiff University, Towe Building, 30 Park Place, Cardiff, CF10 3EU

Email: [Psychethics@cardiff.ac.uk](mailto:Psychethics@cardiff.ac.uk)

## Appendix 8 Nvivo Participant Pseudonyms

Cases	
 Name 	
 PPA - done	
 PPB - done	
 PPC- done	

## Appendix 9: Example of early coding stages using NVivo

Codes

Name	Files	References
Barriers to identifying MH needs	3	16
Collaboration	3	14
COMOIRA	1	2
Defining mental health	2	10
External support	1	5
Facilitators	2	5
Government guidance identification	3	26
Identifying MH needs	3	7
MH in primary schools	1	1
MH in secondary school	1	1
Primary school intervention	2	6
Psychological models to support	3	13
Relevance to EP role	3	16
School-based intervention	3	13
Secondary school intervention	2	9
Supporting other adults	3	15

Drag selection here to code to a new code

PPA - done Barriers to identifying MH needs

Files\VCJ - done> - 6 references coded [4.75% Coverage]

Reference 1 - 0.84% Coverage

you know, boys Especially Don't identify with their feelings...Emotions, especially difficult ones and ones that I'm going to put in my quotes "Masculine ones" You know, the less masculine ones, they don't want to identify and Feel that there's this perception that You know these less masculine features that we shouldn't have and that crying's only for girls

Reference 2 - 1.31% Coverage

I think identification is first the main barrier and understanding the norms like what's normal, you know, it's OK to have bad days. You know, it's OK to feel sad when something's sad happens, you know. And I think a lot of it is understanding Human behaviour, you know, when we think about children who, you know, behave in certain ways that are challenging. Sometimes that's an appropriate response to what's going on. But actually some people don't see it like that. So I think that's an another thing that we need to be mindful of is what is normal.

Reference 3 - 0.57% Coverage

However, have I recently gone through something difficult? Yes or no, you know. And I think if you went through the little chart, yes or no, you know. I think it's, it's that really Is something we don't teach our children how to identify. So

## Appendix 10 Further example of early coding stages using NVivo

The screenshot displays the NVivo software interface. On the left, a 'Codes' list shows various categories with their respective file and reference counts. The 'Psychological models to support' code is selected. On the right, the detailed view for this code is shown, including a coverage percentage of 1.55% and three references with their respective coverage percentages.

Name	Files	References
Barriers to identifying MH needs	3	16
Collaboration	3	14
COMOIRA	1	2
Defining mental health	2	10
External support	1	5
Facilitators	2	5
Government guidance identification	3	26
Identifying MH needs	3	7
MH in primary schools	1	1
MH in secondary school	1	1
Primary school intervention	2	6
Psychological models to support	3	13
Relevance to EP role	3	16
School-based intervention	3	13
Secondary school intervention	2	9
Supporting other adults	3	15

Drag selection here to code to a new code

PPA - done   Barriers to identifying MH needs   Psychological models to support

<Files\CL - done> - 3 references coded [1.55% Coverage]

Reference 1 - 0.39% Coverage

that's a model that I think when we're looking in terms of addressing any change would be that. But I think in terms of exploring a child's mental health in that sense.

Reference 2 - 0.55% Coverage

the one thing I always train ALNCO's in is Maslow's hierarchy of needs in that that model of where do we provide intervention. OK, so the top one is that we want self actualization. That's great, but not achievable straight away.

Reference 3 - 0.60% Coverage

You know, we do need to be thinking in terms of when we're looking at child's mental health, you know, looking at those physiological needs first, that's really, really important. I think that's something that. Is often done like without people realising.

<Files\CL - done> - 5 references coded [2.83% Coverage]

Reference 1 - 0.78% Coverage

Like we're working towards being a trauma informed organisation and it's that inward and outward facing because we did...We've done, we've trained a lot of teachers and senior leadership, we trained a lot of practitioners out in, in the school workforce, but we were thinking actually we need to be looking to us as an organisation working this way.

## Appendix 11

### CASP Checklist: For Descriptive/Cross-Sectional Studie

Mansfield, K. L., Newby, D., Sonesson, E., Vaci, N., Jindra, C., Geulayov, G., Gallacher, J., & Fazel, M. (2021). COVID-19 partial school closures and mental health problems: A cross-sectional survey of 11,000 adolescents to determine those most at risk. *JCPP Advances*, 1(2). <https://doi.org/10.1002/jcv2.12021>

### Section A: Are the results valid?

<p>1. Did the study address a clearly focused issue?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>
<p><i>CONSIDER:</i></p> <p><i>A question can be 'focused' in terms of</i></p> <ul style="list-style-type: none"> <li>• <i>the population studied</i></li> <li>• <i>the risk factors studied</i></li> <li>• <i>is it clear whether the study tried to detect a beneficial or harmful effect</i></li> <li>• <i>the outcomes considered</i></li> </ul>	
<p>2. Did the authors use an appropriate method to answer their question?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>



<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li><i>Is a descriptive/cross-sectional study an appropriate way of answering the question</i></li> <li><i>did it address the study question</i></li> </ul>	
<p>3. Were the subjects recruited in an acceptable way?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>
<p><i>CONSIDER:</i></p> <p><i>We are looking for selection bias which might compromise the generalisability of the findings:</i></p> <ul style="list-style-type: none"> <li><i>Was the sample representative of a defined population</i></li> <li><i>Was everybody included who should have been included</i></li> </ul>	
<p>4. Were the measures accurately measured to reduce bias?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>

*CONSIDER:*

*Look for measurement or classification bias:*

- *did they use subjective or objective measurements*
- *do the measurements truly reflect what you want them to (have they been validated)*

5. Were the data collected in a way that addressed the research issue?

/ ☐ Yes ☐ No ☐ Can't Tell

*CONSIDER:*

- *if the setting for data collection was justified*
- *if it is clear how data were collected (e.g., interview, questionnaire, chart review)*
- *if the researcher has justified the methods chosen*
- *if the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted?)*

6. Did the study have enough participants to minimise the play of chance?

/ ☐ Yes ☐ No ☐ Can't Tell

<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li>• <i>if the result is precise enough to make a decision</i></li> <li>• <i>if there is a power calculation. This will estimate how many subjects are needed to produce a</i></li> </ul> <p><i>reliable estimate of the measure(s) of interest.</i></p>	
<p>7. How are the results presented and what is the main result?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>
<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li>• <i>if, for example, the results are presented as a proportion of people experiencing an outcome, such as risks, or as a measurement, such as mean or median differences, or as survival curves and hazards</i></li> <li>• <i>how large this size of result is and how meaningful it is</i></li> <li>• <i>how you would sum up the bottom-line result of the trial in one sentence</i></li> </ul>	
<p>8. Was the data analysis sufficiently rigorous?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>

<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li>• <i>if there is an in-depth description of the analysis process</i></li> <li>• <i>if sufficient data are presented to support the findings</i></li> </ul>	
<p>9. Is there a clear statement of findings?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>
<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li>• <i>if the findings are explicit</i></li> <li>• <i>if there is adequate discussion of the evidence both for and against the researchers' arguments</i></li> <li>• <i>if the researchers have discussed the credibility of their findings</i></li> <li>• <i>if the findings are discussed in relation to the original research questions</i></li> </ul>	
<p>10. Can the results be applied to the local population?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>
<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li>• <i>the subjects covered in the study could be sufficiently different from your population to cause concern.</i></li> </ul>	

<ul style="list-style-type: none"> <li><i>your local setting is likely to differ much from that of the study</i></li> </ul>	
11. How valuable is the research?	/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<p><b>CONSIDER:</b></p> <ul style="list-style-type: none"> <li><i>one descriptive/cross-sectional study rarely provides sufficiently robust evidence to recommend changes to clinical practice or within health policy decision making</i></li> <li><i>if the researcher discusses the contribution the study makes to existing knowledge (e.g., do they consider the findings in relation to current practice or policy, or relevant research-based literature?)</i></li> <li><i>if the researchers have discussed whether or how the findings can be transferred to other populations</i></li> </ul>	

<p>Greig, A., MacKay, T., &amp; Ginter, L. (2019). Supporting the mental health of children and young people: A survey of Scottish educational psychology services. <i>Educational Psychology in Practice</i>, 35(3), 257–270. <a href="https://doi.org/10.1080/02667363.2019.1573720">https://doi.org/10.1080/02667363.2019.1573720</a></p>
<p><b>Section A: Are the results valid?</b></p>

12. Did the study address a clearly focused issue?	/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<p><i>CONSIDER:</i></p> <p><i>A question can be 'focused' in terms of</i></p> <ul style="list-style-type: none"> <li><i>the population studied</i></li> <li><i>the risk factors studied</i></li> <li><i>is it clear whether the study tried to detect a beneficial or harmful effect</i></li> <li><i>the outcomes considered</i></li> </ul>	
13. Did the authors use an appropriate method to answer their question?	/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell

<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li><i>Is a descriptive/cross-sectional study an appropriate way of answering the question</i></li> <li><i>did it address the study question</i></li> </ul>	
<p>14. Were the subjects recruited in an acceptable way?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>
<p><i>CONSIDER:</i></p> <p><i>We are looking for selection bias which might compromise the generalisability of the findings:</i></p> <ul style="list-style-type: none"> <li><i>Was the sample representative of a defined population</i></li> <li><i>Was everybody included who should have been included</i></li> </ul>	
<p>15. Were the measures accurately measured to reduce bias?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>

*CONSIDER:*

*Look for measurement or classification bias:*

- *did they use subjective or objective measurements*
- *do the measurements truly reflect what you want them to (have they been validated)*

16. Were the data collected in a way that addressed the research issue?

/ ☐ Yes ☐ No ☐ Can't Tell

*CONSIDER:*

- *if the setting for data collection was justified*
- *if it is clear how data were collected (e.g., interview, questionnaire, chart review)*
- *if the researcher has justified the methods chosen*
- *if the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted?)*

17. Did the study have enough participants to minimise the play of chance?

/ ☐ Yes ☐ No ☐ Can't Tell



<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li>• <i>if the result is precise enough to make a decision</i></li> <li>• <i>if there is a power calculation. This will estimate how many subjects are needed to produce a</i></li> </ul> <p><i>reliable estimate of the measure(s) of interest.</i></p>	
<p>18. How are the results presented and what is the main result?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>
<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li>• <i>if, for example, the results are presented as a proportion of people experiencing an outcome, such as risks, or as a measurement, such as mean or median differences, or as survival curves and hazards</i></li> <li>• <i>how large this size of result is and how meaningful it is</i></li> <li>• <i>how you would sum up the bottom-line result of the trial in one sentence</i></li> </ul>	
<p>19. Was the data analysis sufficiently rigorous?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>

<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li><i>if there is an in-depth description of the analysis process</i></li> <li><i>if sufficient data are presented to support the findings</i></li> </ul>	
<p>20. Is there a clear statement of findings?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>
<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li><i>if the findings are explicit</i></li> <li><i>if there is adequate discussion of the evidence both for and against the researchers' arguments</i></li> <li><i>if the researchers have discussed the credibility of their findings</i></li> <li><i>if the findings are discussed in relation to the original research questions</i></li> </ul>	
<p>21. Can the results be applied to the local population?</p>	<p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell</p>
<p><i>CONSIDER:</i></p> <ul style="list-style-type: none"> <li><i>the subjects covered in the study could be sufficiently different from your population to cause concern.</i></li> </ul>	

<ul style="list-style-type: none"> <li><i>your local setting is likely to differ much from that of the study</i></li> </ul>	
22. How valuable is the research?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell
<p><b>CONSIDER:</b></p> <ul style="list-style-type: none"> <li><i>one descriptive/cross-sectional study rarely provides sufficiently robust evidence to recommend changes to clinical practice or within health policy decision making</i></li> <li><i>if the researcher discusses the contribution the study makes to existing knowledge (e.g., do they consider the findings in relation to current practice or policy, or relevant research-based literature?)</i></li> <li><i>if the researchers have discussed whether or how the findings can be transferred to other populations</i></li> </ul>	

## Appendix 12 Summary of Studies Included in the Semi-Systematic Review

#	Citation	Study focus	Participant s (number & role)	Methods / Design	Key findings (brief)	Context / Notes

1	Miller (2017). Cardiff University.	Clin. vs. Educ. Psychologists' constructs of MH in secondary schools	6 Educational Psychologists & 6 Clinical Psychologists	Qualitative exploration (SSI interviews)	EPs emphasise systemic promotion; CPs address specific mental health needs. Role ambiguity can hinder EP–CP collaboration	Context: Wales/UK; doctoral research.
2	Crosby (2022). Educational Psychology in Practice, 38(4), 425–440.	Tensions between EPs and Primary Mental Health Workers (CHAT lens)	6 Educational Psychologists and 5 Primary Mental Health Workers	Qualitative; Cultural-Historical Activity Theory	Role tensions and boundary issues; need for shared language and structures.	Wales/UK school MH context.
3	Carney (2017). Exeter University (Doctoral).	Developing EPs' perceptions of MH role in schools	8 Newly Qualified Educational Psychologists And 22 SENCo's	Qualitative (interviews and questionnaire)	EPs desire clearer role and greater systemic influence in schools. Training and supervision needed to expand therapeutic competencies	Doctoral; England context.

					and confidence.	
4	Mansfield et al. (2021). JCPP Advances , 1(2).	Partial school closures & MH problems; identifying at-risk adolescents	≈11,000 adolescents	Cross-sectional survey	Partial school closures associated with higher adolescent depression and anxiety.	COVID-19; UK sample.
5	Brown, Smith, & Davies (2024). British Journal of Educational Psychology (advance online).	Contextual factors affecting WG Whole School Approach implementation	54 school staff across 12 welsh schools. Roles varied.	Qualitative exploration	Increased pupil need, poor staff wellbeing, limited services hinder implementation .	Wales policy context.
6	Glazzard (2019). Journal of Public Mental Health.	Whole-school approach to MH for CYP	Studies reviewed.	Narrative review / conceptual	Centrality of relationships; staff development. Leadership commitment is critical to whole-school mental health	General UK context.

					implementation .	
7	Slade (2019). Cardiff Universit y (Doctoral ).	EP role in promoting MH/EWB in pre-school years (Wales)	8 Early Years Educational Psychologis ts	Explorative qualitative study	Early-years relational focus; EP facilitation. EPs promote preschool wellbeing via consultation and multi- agency systemic work.	Doctoral; Wales; pre- school focus.
8	Brown et al. (2023). Health Education Research, 38(3).	Stakeholder views on implementing whole-school approach (Wales)	22 school Stakeholder s (EPs, leaders etc.)	Qualitative	Buy-in, training, leadership key barriers include capacity building.	Wales implementat ion study.
9	Thomas, Schroder & Rickwood (2021). Mental Health Review Journal.	Managing demand & waitlists for MH services	studies reviewed	Systematic review	Strategies for triage, stepped care, and service redesign.	Service systems literature.
1 0	Racine et al.	Global prevalence of	Meta- analysis	Meta- analysis	Marked increases in	UK practice.

	(2021). JAMA Pediatrics .	anxiety/depression in CYP during COVID-19	(studies pooled)		anxiety/depression; heterogeneity following Covid 19.	
1 1	Simpson & Atkinson (2021). International Journal of School & Educational Psychology, 9(2), 117–131.	School psychologists' role in therapeutic interventions	reviewed studies	Systematic literature review	Therapeutic competencies and models within EP practice are sought after yet under used in practice.	UK scope; practice models.
1 2	Mackenzie & Williams (2018). Educational Psychology Research and Practice, 4(1), 5–18.	UK universal school-based interventions for MH/EWB	Reviewed studies.	Systematic review	Effectiveness varies; relational contexts matter to CYP and adults working to support MH and EWB.	Implications for EP design/delivery.

13	Price (2017). Cardiff University (Doctoral).	EP role in CYP MH in Wales	7 Educational Psychologists and 6 SENCo's	Qualitative (Questionnaires and interviews)	EPs engage in systemic, consultative, multi-agency, and therapeutic work. School role constructions and constraints limit EP mental health involvement	Doctoral; Wales.
14	Beckman, Hassler & Hellström (2023). BMC Psychiatry, 23:669.	CYP perceptions of MH (qualitative scoping review)	Scoping review of 11 studies.	Scoping review	How CYP conceptualise MH; implications for school practice. Common language and mental health education in schools are needed	UK synthesis.
15	Atkinson & Kenneally (2021). Educational Psychology	Model for therapeutic educational psychology practice	Scoping review of 8 studies.	Scoping review.	Proposes flexible therapeutic practice model for EPs grounded in COMOIRA.	Guidance for therapeutic EP work.



	gy in Practice, 37(3), 284–302.					
1 6	Greig, MacKay & Ginter (2019). Education al Psycholo gy in Practice, 35(3), 257–270.	Survey of Scottish EPS support for MH of CYP	21 Educational Psychologis ts.	Survey	EPSs confident, in demand, yet peripheral in provision/polic y. Time and staffing constraints limit EPS mental health involvement.	Scotland; service-level view. UK implications .

Abbreviations: EP = Educational Psychologist; MH = Mental Health; EWB = Emotional Wellbeing; CYP = Children and Young People; WG = Welsh Government; EPS = Educational Psychology Service; TEP = Trainee Educational Psychologist; CHAT = Cultural-Historical Activity Theory.

## Appendix 13 Early stages of coding by hand:

**"How can we help when we don't know how?"**

PT1  
PT2  
PT3

"The guidance tells us to be collaborative which is easier than doing it"

"Are they different or the same?"

"We want to share effectively otherwise it gets confusing"

Unknowing

Important efforts as all cope "Does" More unknowing?

"It's complicated, how do I explain?"

Strategy? Support?

**Policy Procedure gov guidance?**

"I know it exists but I couldn't tell you what it says?"

"It takes time we don't always have"

**Time constraints**

"We don't allow for in depth exploration"

"We need more time"

"We want to work together but we all have different agendas"

**Price 2017**

- EP+SENCO
- Ambiguity in EP role
- Policy-Practice gap
- Pre-ALN
- Current practice context?

**Brown 2023**

- Eval whole Sci
- Sci Valve
- Systemic help
- Pressure (time/money)
- No EPS
- Longitudinal
- Room for EP voice

**MH: "Well or unwell" - Diagnostic**

**EWB: Broader, every day functioning**

**MH + EWB: Interdependent - Biopsychosocial**

**All Age MH + ALN - Inclusive - Interchangeable**

- MH Beyond individual (West) - systemic
- MH as component of WB

**RQ | Findings**

- Relational prac
- Skilled staff
- MA collab
- Systemic ambiguity
- Rigid policy
- COVID-19 rise
- Biopsychosocial, ecological
- Cultural norms

**Ont: Nature of reality**

- "Real"
- Historical, cultural, contextual

**EP = How knowledge acquired**

- Emerges from context
- Social, cultural, political

Possible themes:

Barriers  
Facilitators

MH  
→ Primary  
— Secondary

WB  
— Primary  
— Secondary

Interventions/  
Support P/s

Psych modules

COMOIRA

COLLAB / Multi  
Agency

Gov Guidance  
→ what is it?

Identification  
Differentiation

#### Summary

EPS play role in MH & WB  
→ Staff capacity, supervision, containment  
Research - little in WALES  
MAINSTREAM EP unexplored  
Policy names EPS - not what they  
do.

NEST POLICY  
NEST - "NO USE"  
Interaction - interview  
who get to see  
→ EPS named  
→ Prevention team  
ALM Act - Terms  
IDPs, New cur  
All same time



#### LR Key:

- Training, supervision
- Emotional containment
- Systemic interventions
- Research UK wide
- Info on role execution?

Effectivity in addressing & using used

"I try to see from the point of view"

"You are not always in good mental health or bad, it moves!"

→ Binary?

- Challenging understanding

→ Can we be both?



**SUMMARY**

PS Play role in MH & EWB  
 → Staff capacity, supervision, containment  
 research - little in WALES  
 INCREASE EP UNEXPLORED  
 key names EPS - not what they do.

**POLICY**

NEST - "No Wrong Door"  
 "Interaction = Intervention"  
 who ref to MH  
 → EPS named  
 → Prevention/early intervention  
 ALN Act - TERMINOLOGY,  
 IDPs, NEW CURRICULUM  
 - All same time

